

NHS Delivery Note

Date _____ day of _____ 20

Supplier _____

Form of Indemnity Reference Number _____

Authority ("Premises") SALISBURY NHS FOUNDATION TRUST

This NHS Delivery Note is supplementary to the NHS Form of Indemnity with the reference number shown above.

Model/make _____

Serial Number _____

Value _____

Description _____

Purpose _____

Department _____

Form of Indemnity A - (EQUIPMENT ON LOAN)

The Supplier wishes to make the Equipment detailed above available to the Authority for the following period of time:-

Period [] months [] weeks or [] days commencing on [] day of [] 20

The trial/testing to be undertaken by the Authority (if any) _____

SALISBURY NHS FOUNDATION TRUST

The Authority acknowledges receipt of the Equipment detailed above on the terms of the Form of Indemnity detailed above and this NHS Delivery Note:-

SIGNED on behalf of the Authority _____

PRINT NAME & DESIGNATION _____

The Supplier hereby loans the Equipment detailed above to the Authority on the terms of the Form of Indemnity detailed above and this NHS Delivery Note:-

SIGNED on behalf of the Supplier _____

PRINT NAME & DESIGNATION _____

P.T.O for Free Issues

Form of Indemnity B - (FREE ISSUES)

The Authority hereby receives the Goods detailed above from the Supplier on the terms of the Form of Indemnity detailed above and this NHS Delivery Note:-

SIGNED on behalf of the Authority _____

PRINT NAME & DESIGNATION _____

The Supplier hereby transfers the legal and equitable title to the Goods detailed above to the Authority as from the date hereof on the terms of the Form of Indemnity detailed above and this NHS Delivery Note:-

SIGNED on behalf of the Supplier _____

PRINT NAME & DESIGNATION _____