I ………………………………………………………………………

(Full name of BP)

acknowledge receipt of the following forms for:

……………………………………………………………………………………….

Name of staff member

|  |  |  |
| --- | --- | --- |
| **Name of form** | **Received**  | **Date** |
| 1. Revised declaration of interest  |  |  |
| 2. Registration of life partner |  |  |
| 3. Next of kin  |  |  |
| 4. Library consent  |  |  |
| 5. GLA nomination  |  |  |
| 6. Funeral nomination  |  |  |
| 7. EEA-1 |  |  |
| 8. Dependants and nominee |  |  |
| 9. Confidentiality undertaking |  |  |
| 10. Bank details |  |  |

………………………………………..

Signature of BP

………………………………………..

Date