

NHS Delivery Note

Date _____ day of _____ 20 _____

Supplier _____

Form of Indemnity Reference Number _____

Authority _____

This NHS Delivery Note specifies the Equipment provided under the NHS Form of Indemnity with the reference number shown above.

Model/make _____

Serial Number _____

Value _____

Description _____

Purpose _____

Form of Indemnity A

Period of loan:

[] years and [] months commencing on [] day of [] 200[]

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

Premises at which the Equipment will be kept:

The Authority acknowledges receipt of the Equipment detailed above on the terms of the Form of Indemnity detailed above:

SIGNED on behalf of the Authority _____

The Supplier confirms delivery of the Equipment detailed above to the Authority for loan on the terms of the Form of Indemnity detailed above:-

SIGNED on behalf of the Supplier _____

Form of Indemnity B

The Authority acknowledges receipt of the Goods detailed above from the Supplier on the terms of the Form of Indemnity detailed above:-

SIGNED on behalf of the Authority _____

The Supplier confirms delivery of the Goods detailed above and transfer of the legal and equitable title to those Goods to the Authority as from the date hereof on the terms of the Form of Indemnity detailed above:-

SIGNED on behalf of the Supplier _____

Form of Indemnity A – collection at the end of the loan period

The Authority confirms collection by the Supplier of the Equipment detailed above:

SIGNED on behalf of the Authority _____

The Supplier acknowledges receipt of the Equipment detailed above:

SIGNED on behalf of the Supplier _____

DATE: _____