

# THE SKIPTON FUND

## Application for a Prescription Pre-payment Certificate (PPC) for people living in England

[www.skiptonfund.org](http://www.skiptonfund.org) e-mail: [apply@skiptonfund.org](mailto:apply@skiptonfund.org) Tel: 020 7808 1160

Please complete this form and an **FP95** form to apply for a **Prescription Pre-payment Certificate (PPC)** from the Skipton Fund and return them to the below address. Please note that there is no need to complete the payment sections of the FP95 form as the Skipton Fund will make the payment on your behalf.

**Skipton Fund Limited**  
**FREEPOST NAT18555**  
**London**  
**SW1H 0BR**

This application is only necessary if you are living in England since there are currently different arrangements for prescription charging in Scotland, Wales and Northern Ireland. If you are also a registrant of either the Macfarlane or Eileen Trusts, you should apply through that Trust for your PPC.

**IF YOU REQUIRE A PPC NEXT YEAR YOU WILL NEED TO REAPPLY BY COMPLETING THIS FORM AND AN FP95 FORM AGAIN, RENEWALS WILL NOT BE SENT AUTOMATICALLY. PLEASE BE AWARE THAT THE NHS BUSINESS SERVICES AUTHORITY (BSA) WILL AUTOMATICALLY SEND YOU A REMINDER TO RENEW YOUR PPC WHICH YOU SHOULD NOT COMPLETE; PLEASE INSTEAD CONTACT US AT THAT TIME.**

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Title Mr/Ms/Miss/Mrs\* Delete where appropriate

Name

Address

Post Code

Daytime telephone number:

Is it acceptable for the Skipton Fund to call this number and leave a message? YES

NO

E-mail:

(if applicable)

Date of birth:

NHS Number:

(This number follows the format 012 345 6789)

4 digit Skipton Fund Creditor ID from past payment/s:

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**By signing this form I confirm that I have received at least the Skipton Fund Stage One ex gratia payment of £20,000 and that I wish to be sent a Prescription Pre-payment Certificate (PPC). I confirm that I am under 60 years of age, I have not previously applied to receive this certificate in the last 12 months, I live in England and that I am not otherwise exempt from paying prescription charges. I also provide my consent for my details to be shared with the NHS Business Services Authority through whom the Skipton Fund will arrange a certificate to be sent to the address I have provided above.**

Signature

Date