**Annual General Meeting of Contractors**

**Email Voting Form – Financial Statements** (CCA)

Under the provisions of the LPC constitution contractors unable to attend the annual general meeting may vote by email. To do so please complete this form ensuring that it reaches the returning officer by 17:00 on Monday 16th September 2024.

Email votes received by that time will be added to the votes cast at the annual general meeting.

Year End Accounts 2023/24 available here [AGM 2024 – Derbyshire LPC (cpderbyshire.org.uk)](https://cpderbyshire.org.uk/about-us/annual-reports/agm-2024/)

**Casting your vote: Please tick one option only**

|  |  |  |
| --- | --- | --- |
| **I approve** the 2023/24 financial statements | |  |
| **I do not approve** the 2023/24 financial statements | |  |
| **If not, reason why-** |  | |

**About your vote weightings**

One vote will be permitted per pharmacy premises (i.e. one vote per NHS ODS code) in the LPC area.

* You have been nominated to place a weighted vote on behalf of ?????????
* NHS Parent Organisation Code (POC): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Total number of ODS codes associated with this POC code in Derbyshire area: **? votes**
* This is based on the latest available information held by the LPC, as of 16.08.24. To raise a query about the data please contact us using the email address below.

**About your vote**

One vote will be permitted per pharmacy premises (i.e. one vote per NHS ODS code) in the LPC area.

|  |  |
| --- | --- |
| Contractor name |  |
| Trading as name |  |
| Number of premises and ODS code(s) |  |
| Address and postcode |  |

**Declaration**

I confirm that I am authorised on behalf of the contractor to complete this form.

|  |  |
| --- | --- |
| Signed |  |
| Print name |  |
| Position |  |
| Date |  |
| Contact information |  |

**Returning your voting form**

This form should be returned by 17:00 on Monday 16th September 2024 - email to [info@cpderbyshire.org.uk](mailto:info@cpderbyshire.org.uk)