Tameside Hospital NHS
NHS Foundation Trust

NHS DELIVERY NOTE – Form OF Indemnity A

Date:			
Job Ref:	MES Tech:	Expiry Date:	Asset No:

Date _____ day of _____ 201_____

Supplier _____

Form of Indemnity Reference Number _____ Contact Name _____

Authority: Tameside Acute NHS Trust, Ashton under Lyne, Greater Manchester

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

Description: _____

Model/ Make: _____

Serial Number: _____ Value: _____

Purpose of Loan: _____

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

Commencing On: Day Of 201

Finishing On: Day Of 201 Total Loan Period: _____

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

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: _____

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: _____

Note: the supplier also acknowledges that:

- The equipment listed above has been fully serviced and decontaminated
- All relevant user training will/ has been provided

Signed on behalf of the supplier: _____ Print Name: _____