**ANNEX C**

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| **ITT RECEIPT FORM** |

**Partnership Pharmacy Service**

1. **Bidder name**

Bidder name:

1. **Submission of ITT Bidder response**

We will be submitting an ITT response, (please delete as appropriate):

|  |  |  |
| --- | --- | --- |
| **YES** | **NO** | **Undecided** |

1. **Authorised Representative**

Details of our Authorised Representative are set out below:

|  |  |
| --- | --- |
| Name |  |
| Role |  |
| Email address |  |
| Landline number |  |
| Mobile number |  |
| Fax number |  |
| Postal address |  |

1. **Questions & Answers**

Bidders will be provided with the opportunity to ask open clarification questions. This will be strictly between the dates of 1st February 2024 – 16th February 2024 inclusive and questions should be submitted on the attached ‘Question & Answer Template’ attached at Annex H to [navigo.businesssupport@nhs.net](mailto:navigo.businesssupport@nhs.net). All submitted questions will be answered within 5 working days and answers will appear on a private link on the Navigo website <https://navigocare.co.uk/what-we-do/partnership-pharmacy-tender-clarification-questions>

1. **ITT Receipt Form submission**

Please complete this ITT Receipt Form (Annex C) and submit to the address below no later than one week after receipt of your tender pack.

|  |  |
| --- | --- |
| Name: | Sally Gell |
| E-mail address: | [navigo.businesssupport@nhs.net](mailto:navigo.businesssupport@nhs.net) |