|  |  |  |
| --- | --- | --- |
| Full Name | |  |
| Practice Name | |  |
| Practice Address | Line 1 |  |
| Line 2 |  |
| Town/City |  |
| County/Region |  |
| Postcode |  |
| My/Our Telephone number(s) | |  |
| My/Our Email address(es) | |  |
|  | |  |
| **DETAILS OF ILLEGAL ACTIVITY** | |  |
| Name of Establishment: | |  |
| Address: | |  |
| Website (if known) | |  |
| E-mail address (if known) | |  |
| Telephone number (if known) | |  |
| Nature of illegal activity | |  |
| Can you provide photographic evidence? (if so, please attach it with this form) | |  |
| **Please return the completed form to:** [**membership@bcla.org.uk**](mailto:membership@bcla.org.uk) | | |

**ILLEGAL CONTACT LENS SALES REPORT FORM**