

4290 – Maycroft Dental Care Centre Registration Form

Please complete this form clearly and ensure it is returned as soon as possible

Title:	Forename:	Surname:	D.O.B.	Dentist:
Address:		Start date: 01/ /		
Postcode:		Category:	Fee amount:	
Payment details:				
Bank name:		Account name:		
Sort code:		Account number:		
Notes and exclusions (for office use only)				
<p>DATA PROTECTION: The answers on this form contain your personal data. DPAS Limited records, processes and holds your personal data on behalf of the practice in accordance with the Data Protection Act(s). Your personal data will only be used by DPAS Limited and/or its subcontractors in the administration of the dental care plan and for no other purpose.</p> <p>DEMANDS AND NEEDS STATEMENT: The Supplementary Insurance policy is designed to meet the demands and needs of patients who require insurance cover for treatment costs arising from dental injury or emergency. The policy forms part of your dental plan and is mandatory. No recommendation has been made in connection with this insurance policy.</p> <p>DECLARATION: I confirm that I have read and now fully understand the explanatory brochure and Supplementary Insurance policy. I am also aware of any registration fee payable.</p>				
Signature:		Print name:	Date:	

Instruction to your Bank or Building Society to pay by Direct Debit



Please fill in the form and send to: DPAS Limited, Place Farm Courtyard, Court Street, Tisbury, SP3 6LW

Name and full postal address of your Bank or Building Society:

To: The Manager	Bank/Building Society
Address:	
Postcode:	

Service User Number:

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Reference (office use only):

Reference

4290

Instruction to your Bank or Building Society:

Please pay DPAS Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with DPAS and, if so, details will be passed electronically to my Bank/Building Society.

Name(s) of Account Holder(s):

Account Holder Name

Branch Sort Code:

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Bank/Building Society account number:

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Signature(s):

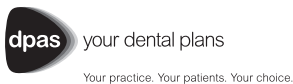
Signature

Date:

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

4290-CS-RF 3 DDM-0309



This guarantee should be detached and retained by the Payer.



The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.
- The efficiency and security of the Scheme is monitored and protected by your own Bank and Building Society.
- If the amounts to be paid or the payment dates change DPAS Limited will notify you 14 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by DPAS Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.