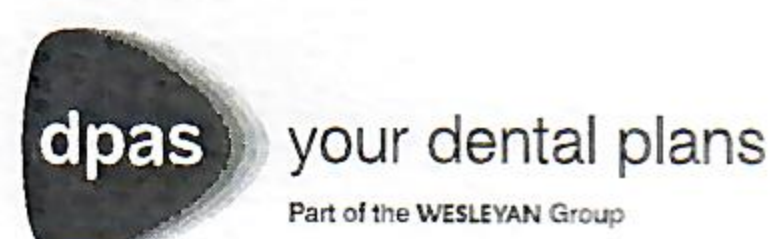


114 – Carlton Dental Practice Registration Form

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/ /	Reg fee: £10.00	
Postcode:		Category:	Fee amount:	
Email:				
Payment details:				
Bank name:		Account name:		
Sort code:		Account number:		
Notes and exclusions (office use):				
<p>DPAS AUTHORISATION: Please read and sign this DPAS Authorisation. It forms the basis of your agreement with DPAS that they will manage and administer your dental plan payments for you.</p> <p>The answers on this form contain your personal data. DPAS Limited (DPAS) records, processes and holds your personal data in accordance with data protection law. Your personal data will be used by DPAS, its group and its suppliers (for example providers of banking services) in the management and administration of your dental plan, including providing access to the Worldwide Dental Emergency Assistance Scheme (the Scheme). For more details, please see DPAS's Privacy Policy which has been provided to you by your dental practice and which is also available online at http://scheme.dpas.co.uk/patients.</p> <p>By signing this DPAS Authorisation, you are agreeing to proceed with the dental plan described on this form and in the plan brochure. You confirm that you have read the plan brochure, have been provided with details of the Scheme, and are also aware of any registration fee payable.</p> <p>You agree that DPAS will manage and administer the monthly payments to be made by you in respect of the dental plan. In return for its management and administration services, you authorise DPAS to deduct and retain a monthly charge which will not exceed £3.00*. DPAS will deduct this charge from the total monthly payments that it collects from you. The level of the total monthly payments is agreed between you and your dentist from time to time.</p> <p>If you decide within 14 days of signing this form that the dental plan does not meet your requirements, you may cancel this agreement. A full refund of any payments made will be allowed, provided no requests for assistance have been admitted by the Scheme. After this initial 14 day period, you may cancel the agreement at any time on 30 days' notice by contacting either your dental practice or DPAS and in these circumstances no payments will be refunded. DPAS reserves the right to update these terms at any time on at least 30 days' notice.</p>				
Signature of payer: <input checked="" type="checkbox"/>		Print name:	Date:	

*The monthly charge per patient will be made up of £1.23 plus an equal share of a monthly group patient charge of £300.00 to be divided equally according to the number of patients registered under the dental plan(s). The total monthly charge will not exceed £3.00 per patient. This charge is subject to periodical review.



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



Please fill in the form and send to: DPAS Limited, Cambrian Works, Gobowen Road, Oswestry, Shropshire SY11 1HS

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

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

Service User Number:

9	4	2	2	1	6
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Reference:

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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 Limited and, if so, details will be passed electronically to my Bank/Building Society.

Name(s) of Account Holder(s):

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Branch Sort Code:

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Bank/Building Society account number:

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Signature(s): <input checked="" type="checkbox"/>	Date:
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FOR DPAS LIMITED OFFICIAL USE ONLY

This is not part of the instruction to your bank or building society. Only sign above if you are the payer(s).

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

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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 accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit DPAS Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request DPAS Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by DPAS Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when DPAS Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.