

Wayside Dental Practice Registration Form

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

TITLE:	FORENAME (S):	SURNAME:	D.O.B.	DENTIST:
ADDRESS:		START DATE: 01/ /		
POSTCODE :		CATEGORY:	FEE AMOUNT:	
PAYMENT DETAILS :				
BANK NAME:			ACCOUNT NAME:	
SORT CODE:			ACCOUNT NUMBER:	

Additional Patients:				
TITLE:	FORENAME (S):	SURNAME:	D.O.B.	DENTIST:
ADDRESS: <i>if different from above, please complete</i>		START DATE: 01/ /		
POSTCODE :		CATEGORY:	FEE AMOUNT:	

TITLE:	FORENAME (S):	SURNAME:	D.O.B.	DENTIST:
ADDRESS: <i>if different from above, please complete</i>		START DATE: 01/ /		
POSTCODE :		CATEGORY:	FEE AMOUNT:	

TITLE:	FORENAME (S):	SURNAME:	D.O.B.	DENTIST:
ADDRESS: <i>if different from above, please complete</i>		START DATE: 01/ /		
POSTCODE :		CATEGORY:	FEE AMOUNT:	

NOTES AND EXCLUSIONS (FOR OFFICE USE ONLY)				

<p>DEMANDS AND NEEDS STATEMENT: The Dental Injury & Emergency Insurance policy meets the demands and needs of those who want to ensure they have insurance cover for treatment costs arising from dental injury or emergency. This policy is a mandatory part of your dental plan, and no recommendation has been made in connection with this insurance policy.</p> <p>DECLARATION: I confirm that I have read the explanatory brochure and the Insurance Policy Summary and have understood all treatment that I am covered for. I am also aware of any registration fee and the date of commencement of cover.</p>		
Signature:	Print Name:	Date:

Please detach and retain this section for your records

- 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 or Building Society.
- If the amounts to be paid or the payment dates change, you will be told of this in advance by at least 14 days as 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.



Instruction to your Bank or Building Society to pay Direct Debits



Please fill in the whole form and send it to:

DPAS Ltd, Place Farm Courtyard, Tisbury, Salisbury, SP3 6LW

1. Name and full postal address of your Bank or Building Society branch

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

2. Name(s) of account holder(s) :

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

Originators Identification Number

9	4	2	2	1	6
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3. Branch sort code (from the top right hand corner of your cheque)

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4. Bank or Building Society account no

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4660

5. Reference number (Office Use Only)

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6. Instruction to your Bank or Building Society:

Please pay DPAS Ltd Direct Debits from the account detailed on 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.

Signature(s) :

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Date :