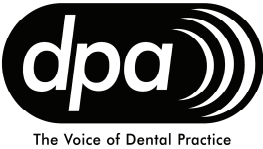


APPLICATION FORM

APPLICANT

TITLE	FIRST NAME	LAST NAME	PROFESSION	M / F
GDC NUMBER		E-MAIL		



ADDRESS:

TEL: DAY MOBILE

PLEASE COMPLETE USING BLOCK CAPITALS.

FOR ASSISTANCE FILLING IN THIS FORM
RING: 0207 636 1072

RATES VALID UNTIL 31 DEC 2010

**POST TO: DPA FREEPOST
NAT8459 LONDON W1E 8BR**

SELECT PAYMENT METHOD	ANNUAL	MONTHLY
PRACTICE OWNER / PARTNER	£299 <input type="radio"/>	£25.40 <input type="radio"/>
ASSOCIATE / PERFORMER	£199 <input type="radio"/>	£16.90 <input type="radio"/>
RETIRED / KITS	£74 <input type="radio"/>	
DENTAL CARE PROFESSIONAL	£29 <input type="radio"/>	
FINAL YEAR STUDENT / VDP	FREE <input type="radio"/>	

I AM INTERESTED IN...	TICK
CLINICAL NEGLIGENCE COVER	<input type="radio"/>
FREE VERIFIABLE CPD	<input type="radio"/>
CLINICAL GOVERNANCE	<input type="radio"/>
EMPLOYMENT ADVICE	<input type="radio"/>
DPA CREDIT CARD	<input type="radio"/>
DPA PRIVATE FEES AND WAGES GUIDE	<input type="radio"/>
MERCHANT SERVICES PACKAGE	<input type="radio"/>
DPA DENTAL PLANS	<input type="radio"/>
OTHER (PLEASE SPECIFY)...	<input type="radio"/>

I APPLY TO JOIN THE DENTAL PROFESSIONALS ASSOCIATION
SUBJECT TO THE CONSTITUTION AND RULES

SIGNATURE

DATE

FOR OFFICE USE

<u>SET UP DDI</u>	<u>ENTERED ON DATABASE</u>	<u>SCANNED</u>	<u>REF</u>
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INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

ORIGINATOR'S REF:

8	5	4	6	6	2
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NAME OF ACCOUNT HOLDER

NAME OF ACCOUNT HOLDER

TO THE MANAGER: PLEASE PAY THE DPA DIRECT DEBITS FROM THIS ACCOUNT SUBJECT TO THE SAFEGUARDS ASSURED BY THE DIRECT DEBIT GUARANTEE.

SIGNATURE

DATE

BRANCH SORT CODE AND ACCOUNT NUMBER

□□-□□-□□ □□□□□□□□

BANKS AND BUILDING SOCIETIES MAY NOT ACCEPT DIRECT DEBITS FOR SOME TYPES OF ACCOUNT

NAME AND FULL POSTAL ADDRESS OF YOUR BANK OR BUILDING SOCIETY BRANCH

BANK NAME:

ADDRESS

POSTCODE

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 THE DPA WILL NOTIFY YOU TEN WORKING DAYS IN ADVANCE OF YOUR ACCOUNT BEING DEBITED, OR AS OTHERWISE AGREED. IF YOU REQUEST THE DPA 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 THE DPA 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 THE DPA 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 THE DPA.