

Denplan Excel Accreditation Registration

Please complete this form, detach and send with your Direct Debit form in the pre-paid envelope provided.

Section One – Programme Details

Denplan Excel

Denplan Excel for Children

Both

Section Two – Practice Details

Practice Name:

Practice Address:

Postcode:

Email Address:

Practice Telephone Number:

Additional practice location at which to be accredited (if applicable):

Practice Name:

Practice Address:

Postcode:

Email Address:

Practice Telephone Number:

Section Three – Dentist Details

Please list all the dentists in the practice who would like to become Denplan Excel accredited:

- In order to participate in the Denplan Excel Accreditation Programme you must be a Denplan member. Please request a Denplan Joining Pack by calling freephone 0800 328 3223
- If you wish to pay your monthly fees separately, please complete a separate application form for each dentist.

Title:

Forename:

Surname:

GDC Number:

Denplan Membership Number:

Title:

Forename:

Surname:

GDC Number:

Denplan Membership Number:

Title:

Forename:

Surname:

GDC Number:

Denplan Membership Number:

Title:

Forename:

Surname:

GDC Number:

Denplan Membership Number:



Denplan
At the heart of dental care

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Section Four – Your Agreement

I wish to participate in the process leading towards Accreditation under the Denplan Excel Accreditation Programme. I confirm that:

- I have read the enclosed booklet
- I have read and agreed to comply with the terms and conditions of Denplan Excel
- I have read and agreed to comply with the Denplan Excel Practice Commitment
- The details on this form are correct and complete

Signature of each applying dentist:

Date:

Section Five – Confirmation of payment methods for Denplan Excel

Please tick your chosen payment method:

- Monthly by Direct Debit I have completed the attached Direct Debit
- Annually by cheque or credit card I understand that I will receive an annual invoice to be paid in full upon receipt

Please tick your chosen payment method for the Denplan Excel start-up fee (£100 per dentist per practice):

- Cheque I have enclosed a cheque made payable to Denplan Ltd
- Invoice I understand that I will shortly receive an invoice to be paid in full upon receipt
- Monthly Report I understand that my registration facility will shortly be debited for the full amount owed

Checklist

Before posting your form, please check you have completed/enclosed the following information:

- Are all applying dentists Denplan members?
 - If not, have they completed a Denplan Membership Application form?
- Have all applying dentists signed Section Four?
- Have you enclosed a Denplan Excel start-up fee of £100 per applying dentist per practice?



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



Please fill in the form and send with completed registration form to:

Professional Services, Denplan Limited, Denplan Court, Victoria Road, Winchester SO23 7RG.

To: The Manager

Bank/Building Society

Address:

Postcode:

Name(s) of Account Holder(s):

Branch Sort Code: - -

Bank/Building Society Account Number:

Service User Number:

940273

Instruction to your Bank or Building Society

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

Signature(s)

Date

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

FOR DENPLAN OFFICE USE ONLY

This is not part of the instruction to your Bank or Building Society.

Reference Number