



Fleet Street Dental Centre

2-3 Salisbury Court

London EC4Y 8AA

Tel: 020 7353 2627

Em: info@fleetstreetdental.co.uk

PATIENT APPLICATION FORM

| | | |
|-------------------|-----------------------|---------------|
| Surname: | First Name: | Title: |
| Address: | Daytime Tel: | |
| | Date of Birth: | |
| Post Code: | E -mail: | |

A £12 one-off initial registration fee followed by a monthly fee of £15.

I would like to register with Dr Jasbinder Singh for a minimum period of twelve months, and request Smilecare Ltd to collect direct debits as detailed above. I understand that Smilecare Ltd (on behalf of 'Your own dental plan.com') is the administrator of the payment scheme and the responsibility for my dental care remains with my dentist.

Signature:**Date:****Instruction to your Bank or Building Society to pay by Direct Debit**

Originator's Identification Number

8 0 6 3 6 4

Name and full postal address of your Bank/Building Society

| | |
|-----------------------|------------------------------|
| To the Manager | Bank/Building Society |
| Address | |
| Postcode | |

Instruction to your Bank or Building Society

Please pay Smilecare Ltd 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 Smilecare Ltd on behalf of Your Own Dental Plan.com and, if so, details will be passed electronically to my Bank/Building Society.

Signature:**Date:****Name(s) of Account Holder(s):**

Bank/Building Society Account Number (8 digits only)

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Branch Sort Code (6 digits only)

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Smilecare Office Use Only

Reference No. 6 8 4 8 8

GDC No. 6 8 4 8 8

Banks and Building Societies may not accept Direct Debit instructions for some type of accounts.....

The guarantee should be detached and retained by the payer.

The Direct Debit Guarantee

- The 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 amount to be paid or the payment dates change Smilecare Ltd (on behalf of Your own dental plan.com) will notify you five working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Smilecare 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 Smilecare Ltd, Network House, Station Yard, Thame, Oxfordshire OX9 3UH.

