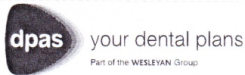


21025 – GID Hygienists/Therapists Registration Form

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

| | | | | |
|--|-----------|-------------------|--------------------|--|
| Title: | Forename: | Surname: | D.O.B. | |
| Address: | | Start date: 01/ / | Reg fee: £10.00 | |
| Postcode: | | Category: | Fee amount: £20.00 | |
| 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 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 (GID Hygienists/Therapists) membership and for no other purpose.</p> <p>I agree with DPAS that DPAS will manage and administer the payments to be made by me in respect of my GID Hygienists/Therapists membership.</p> | | | | |
| Signature of payer: <input checked="" type="checkbox"/> | | Print name: | Date: | |



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 |
|---|---|---|---|---|---|

Reference:

| |
|-------|
| 21025 |
|-------|

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):

| |
|--|
| |
|--|

Branch Sort Code:

| | | | | | |
|--|--|--|--|--|--|
| | | | | | |
|--|--|--|--|--|--|

Bank/Building Society account number:

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Signature(s):

Date:

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.

21025-RF30118 CW-v0118

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.