

BETWEEN

"THE PRINCIPAL"

Dr Fabrizio Rapisarda

Chiswick Park Dental Practice

62 South Parade

Chiswick, London, W4 5LG

Agreement start date

0 1 M M 2 0 Y Y

Backdated

AND

THE "PATIENT/PAYER" WHO IS THE CONTRACT HOLDER

Title Mr/Mrs/other First name

Surname

Date of birth Dentist initials Gender M F

Address

Town

County Postcode

Email

Telephone Monthly fee £

Optional dental accident and emergency cover 97p per month

The following group members are included in this plan

Title Mr/Mrs/other First name

Surname Age Gender M F

Date of birth Dentist initials Monthly fee £

Optional dental accident and emergency cover 97p per month

Title Mr/Mrs/other First name

Surname Age Gender M F

Date of birth Dentist initials Monthly fee £

Optional dental accident and emergency cover 97p per month

Title Mr/Mrs/other First name

Surname Age Gender M F

Date of birth Dentist initials Monthly fee £

Optional dental accident and emergency cover 97p per month

If you have more than 4 in your group please attach an additional form

Total monthly fee

The monthly plan fees for adults are £19.50 and £25.50, children under 6 are free so long as one parent or carer is on the plan. For children 6 to 17 years old the plan fees are £11.00 per month.

Method of payment

Collected monthly by Direct Debit on the first working day of each month

I accept this agreement:

Patient/Payer's signature Date Treating Dentist's initials Name Signed for and on behalf
of the Dentist Date

Data Protection Act: your data will be kept confidential but we may send it confidentially to other companies for processing payments or correspondence about your membership. By signing this Agreement you are consenting to such use of personal details.

**Instruction to your bank or building society
to pay by Direct Debit**

Name and address of your bank or building society

To the manager Bank/building societyAddress Postcode

Name(s) of account holder(s)

 Branch sort code Bank account number Reference number Service User number

Instruction to your bank or building society: Please pay CODEplan 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 CODEplan Ltd 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 accounts.

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 CODEplan Ltd will notify you 5 working days in advance of your account being debited or as otherwise agreed.

If you request CODEplan Ltd 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 CODEplan Ltd 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 CODEplan Ltd 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.

Please complete this form, detach it and post it to:

CODEplan, Elm Tree House, Bodmin Street, Holsworthy, Devon, EX22 6BB