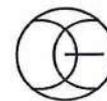


# The Dental Excellence Health Plan Agreement Child



DENTAL EXCELLENCE  
THE OLD BANK HOUSE

This Agreement is made between:  
Dental Excellence, The Old Bank House, High Street, Chalfont St Giles, Buckinghamshire, HP8 4QZ  
And the Patient(s) named below.

- The "Practice"
- The "Patient"

- Please complete the Agreement in BLOCK CAPITAL letters -

## Your Details

Title:	Full name <small>The "Patient":</small>	<b>Additional Patients</b> <small>For Multiple Patient Plans</small> 1. Name: ..... DOB: ...../...../..... 2. Name: ..... DOB: ...../...../..... 3. Name: ..... DOB: ...../...../..... 4. Name: ..... DOB: ...../...../.....
Address:	Postcode:	
Tel. No. :	Email: <small>We will contact you via email, regarding this Plan, unless you tick the following box for contact via post: <input type="checkbox"/></small>	
DOB: DD MM YYYY	Patient No. (if known):	
Current Dentist Name:		

## Your Direct Debit

<b>Instruction to your Bank or Building Society to pay by Direct Debit</b> Name(s) of Account Holder(s) <input type="text"/> Branch Sort Code <input type="text"/> Bank/Building Society account number <input type="text"/> Signature(s) <input type="text"/> Date <input type="text"/>		Originators Identification Number <b>6 7 9 9 5 9</b> Reference Number (For Office Use) <input type="text"/> <b>Instructions to your Bank or Building Society</b> Please pay Insurance Broking Finance Ltd Direct Debits from account detailed in this instruction subject to the safeguards assumed by the Direct Debit Guarantee. I understand that this instruction may remain with Insurance Broking Finance Ltd and, if so, details will be passed electronically to by Bank/Building Society.
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**DD15**

### The Direct Debit Guarantee

- This 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 amounts to be paid or the payment dates change Insurance Broking Finance Ltd will notify you normally 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Insurance Broking Finance 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 us.

Insurance Broking Finance Ltd are authorised and regulated by the Financial Conduct Authority. Registered in England No. 04981657. Registered Office: Affinity House, Bindon Road, Taunton, TA2 6AA

## Your Declaration

This is the Practice's standard Agreement upon which they intend to rely. For your own benefit and protection you should read these terms, which continue overleaf, carefully before signing them.	By signing this form you are also consenting to the use of personal information as described in clause 4.1 overleaf. If you wish to receive marketing information from the Practice please tick the box. <input type="checkbox"/>
Patient Signature:	Date: DD MM YYYY

## Your Plan

Monthly Fee: £10.00	Joining Fee (if applicable): £	Date of Commencement: 01 MM YYYY
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Signed On Behalf Of The Practice

Signature:	Date: DD MM YYYY
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