Irish Life health

Dentist Registration Form

For Office Use Only
Registration Number:

PERSONAL INFORMATION

Title*:

First Name*:

Second Name:

Surname*:

Name to appear on correspondence*:

PPS Number*:

Irish Dental Council Number*:

Contact Telephone Number*:

Contact E-Mail Address*:

Correspondence Address:

Practice Address*:

Speciality:

Contact Fax Number:

Contact Mobile Number:

Please provide your bank account details below in order to facilitate direct payment:

Bank Name:

Bank Address:

Bank Account Name:

Account number - IBAN:

*Mandatory fields

Please turn over

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DATA PROTECTION

Irish Life Health dac is registered with the Office of the Data Protection Commissioner to act as a data controller and data processor in relation to the information you provide about yourself. The information you have provided will be used to administer and pay claims and for the operation of anti-fraud policies on financial services provided by us. We will share this information with our third party administrators and any other commercial entity for the purposes above and as required to provide our services and in order to comply with legal obligations imposed on us. We may share and use this information both inside and outside of the European Economic Area, in confidence, for these purposes.

You have a right (subject to applicable data protection legislation) to obtain a copy of the personal information we hold about you. In order to obtain a copy of such information, please write to: Irish Life Health, Lower Abbey Street, Dublin 2. Please enclose a fee of €6.35 with your request. Should you discover any errors or omissions in the personal information held by us, you may have the right to have such errors corrected, blocked or erased, free of charge, so please contact us by writing to us at the address above.

Declaration

I confirm that all the details, answers and information given in this form are true, accurate and complete. I confirm that I am giving my permission to you to use the information I have given on this form for the purposes set out in the Data Protection section above.

Print name in block capitals: .....

Your signature: ..... Date: .....

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