Registrant's Name

Registration Number

Please enter your registration number

Current Registered Address Details

Postcode:

Changes of address

Your address forms part of the public register so please only use an address that you are happy for the public to see on our website. Your telephone numbers and email addresses will not be published on the register, but we need up to date contact details in case we need to contact you. For example in the event of returned post. We will post all annual retention fee related correspondence, including your certificate to your registered address.

Postcode:

Contact telephone numbers and email

Mobile:

Home:

Work:

Email:

Registrant's Name

Registration Number
Please enter your registration number

Your payment details

Dentist	Y ☐	N ☐	£438
Dental & Maxillofacial Radiology	Y ☐	N ☐	£52
Dental Public Health	Y ☐	N ☐	£52
Endodontics	Y ☐	N ☐	£52
Oral Medicine	Y ☐	N ☐	£52
Oral Microbiology	Y ☐	N ☐	£52
Oral Pathology	Y ☐	N ☐	£52
Orthodontics	Y ☐	N ☐	£52
Oral Surgery	Y ☐	N ☐	£52
Paediatric Dentistry	Y ☐	N ☐	£52
Periodontics	Y ☐	N ☐	£52
Prosthodontics	Y ☐	N ☐	£52
Restorative Dentistry	Y ☐	N ☐	£52
Special Care Dentistry	Y ☐	N ☐	£52

Your current total
Please enter the total amount £

Your payment details

Are you paying via **cheque**? Y ☐ N ☐

Cheque Number Cheque Amount £

Or

Are you paying via **Postal Order**? Y ☐ N ☐

Postal Order Postal Order Amount £

Please ensure that you write your name and registration number on the back of any cheques, postal orders or banker's drafts you may send us.

Do you require a receipt? Y ☐ N ☐

(Please note, if both boxes are left blank we will not send you a receipt.)

Cancel my registration on 31 December 2009

☐ I want to cancel my registration. I understand that if I wish to re-register I will have to pay a fee and meet the current GDC registration requirements.

Signature/ Date