



Please complete in **BLOCK CAPITALS**

Section 1 - Personal Details

Title <input type="text"/>		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Surname <input type="text"/>		First name(s) <input type="text"/>	
Pre qualification address <input type="text"/>		Post qualification address / family address <input type="text"/>	
Postcode <input type="text"/>		Postcode <input type="text"/>	
Pre qualification e-mail address <input type="text"/>			
Post qualification e-mail address <input type="text"/>			
Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>		Home telephone no. (including STD code) <input type="text"/>	
Qualifications <input type="text"/>		University <input type="text"/>	Graduation date <input type="text"/> / <input type="text"/> / <input type="text"/>
Cover starts on <input type="text"/>		MDDUS student membership no. (if applicable) <input type="text"/>	
Job: (Medical) F1 <input type="checkbox"/>	Armed Forces <input type="checkbox"/>	The MDDUS is not an insurance company. The benefits of membership of the MDDUS are discretionary and are all subject to the Memorandum and Articles of Association.	
Job: (Dental) GPT <input type="checkbox"/>	HO <input type="checkbox"/> VDP <input type="checkbox"/> Armed Forces <input type="checkbox"/>		
Signature <input type="text"/> x		Date <input type="text"/> x	

Section 2 - Data Protection Act 1998

The MDDUS will hold the information you provide on its system for administration of your membership, claims handling, marketing, risk assessment and advisory purposes. We may disclose the information to legal or other advisors and other defence organisations as part of our advisory and claims handling process, your personal information may be transferred abroad. In order to provide you with the best possible service, we would like to inform you of other products and services offered by us which we believe may be of interest to you. If you do not wish your information to be used for this purpose, please tick here.

You have the right to apply for a copy of your file (for which we may charge a small fee) and to have any inaccuracies corrected.

It is a requirement by the MDDUS, in order that we might adequately look after your interests, that you sign and return this form to enable us to comply with the Data Protection Act 1998

Name <input type="text"/> x
Signature <input type="text"/> x
Date <input type="text"/> x

Please return to: **The Medical and Dental Defence Union of Scotland, Mackintosh House, 120 Blythswood Street, Glasgow, G2 4EA**

Section 3 - Direct Debit Instruction

i) Name and full postal address of your bank/building society
Banks and building societies may not accept direct debit instructions from some types of accounts.

To : The Manager

Bank/Building Society <input type="text"/>
Address <input type="text"/>
Postcode <input type="text"/>
Office Use <input type="text"/>



ii) Name(s) of account holder <input type="text"/>									
iii) Branch sort code <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>									
iv) Account no. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>									
v) Membership no. <input type="text"/>									
Please pay the MDDUS direct debits from the account detailed on this instruction subject to the safeguards assured by the direct debit guarantee.									
Signature <input type="text"/> x									
Date <input type="text"/> x									