

Application Form

Required start date of Legal Representation and Indemnity Package

 /

Section 1 | Your application for HR and Employment Law benefits will be assessed and following approval benefits will run concurrently with the Practice Scheme indemnity; unless a prior agreement has been made between yourself and the Membership Services Department. Please note that full terms and conditions of membership are available within our Membership Agreement at www.mddus.com

Please complete in BLOCK CAPITALS

Name of practice

Address of practice
Postcode

Contact name / Practice Manager

Practice Scheme No Practice list size

Email address

Preferred method of communication Letter Email

We will endeavour to take your request into account wherever possible

Has the practice ever been subject to an employment law tribunal complaint?
 No Yes

If Yes, then please give details below

Are you aware of any employment disputes in the practice at the current time?

No Yes

If Yes, then please give details below

Section 2 | Payment

I wish to pay the subscription amount by :-

Cheque *(please cross your cheque and make it payable to MDDUS)*

Delta / Switch / Maestro / Solo / Visa / Mastercard

Card number

CVC code *(the last 3 digits on the signature strip)*

Start date / / Expiry date / / Issue number *(if applicable)*

Card holder name *(as it appears on the card)*

I already pay by Direct Debit. Additional payment to be added to existing payment arrangements.

Instalments are payable annually, quarterly or monthly by Direct Debit from a UK bank account only. Please note that there is a £15 additional charge which will be incorporated into your payment.

Section 3 | Declaration

The MDDUS will hold the information that 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 advisers and other relevant organisations as part of our advisory and claims handling process. In order to provide you with the best possible service we would like to inform you of other products and services offered by us, that we believe may be of interest to you. If you do not wish your information to be used for this purpose, please tick this box . 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.

- I confirm that the information provided within this form is complete and accurate
- I permit the MDDUS to contact any relevant organisation, insurer or employer who has previously provided me with employment law indemnity/insurance, that has, or may result in a claim, disciplinary, legal or regulatory action being taken against me
- I consent to the MDDUS processing my information for risk assessment purposes, claims handling and advisory purposes
- I consent to my personal information being transferred abroad where it is necessary to do so
- I consent to the MDDUS using the email address provided for member communications

I understand that I do not benefit from the LRI package until the application has been approved. I fully understand the terms of employment law protection. The MDDUS is not an insurance company. All benefits are discretionary and are all subject to the Memorandum and Articles of Association.

Signed Date / /

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

If you require assistance with the completion of this form call our Membership Services Department on 0845 270 2038

Once completed this application for our Legal Representation and Indemnity Package should be returned using the envelope enclosed to :- Membership Services Department, MDDUS, Mackintosh House, 120 Blythwood Street, Glasgow G2 4EA