



The Ivory Group Dental Membership

Membership Registration Form

Please complete this form together with the Membership Terms and Conditions. A member should retain a copy of both documents.

Practice: The Ivory Group Dental Practice, Gibraltar | Effective date: 14th September 2026

1. Practice use only

Membership number		Date received	
Date accepted		Staff member	
Start date		Membership year ends	
Initial examination date		Clinical approval	☐ Yes ☐ No

2. Member details

Title and full name: _____	
Date of birth: ____ / ____ / ____	
Home address: _____	
Postcode: _____	
Mobile telephone: _____	Alternative telephone: _____
Email address: _____	
Preferred contact method: ☐ Email ☐ Telephone Call ☐ SMS ☐ WhatsApp ☐ Post	

3. Emergency contact

Name: _____	
Relationship: _____	Telephone: _____
Alternative contact details: _____	

4. Membership selection

The applicable fees and included services must be confirmed using the current Membership Schedule.

Membership tier	Select	Monthly fee	Notes
Maintenance plan	☐	£ / € _____	_____
Preventative plan	☐	£ / € _____	_____
Comprehensive plan	☐	£ / € _____	_____
Periodontal plan	☐	£ / € _____	_____

Selected membership tier: _____

Membership start date: ____ / ____ / ____ Minimum commitment end date: ____ / ____ / ____

The member acknowledges that the membership includes a minimum 12-month commitment and may automatically roll over into a further 12-month commitment if the required notice is not received, as set out in clause 9 of the Terms and Conditions.

5. Child benefit registration

Complete this section only for biological or legally dependent children under 12. A parent or legal guardian must provide consent for each child. The child benefit is subject to the Terms and Conditions and current Membership Schedule.

Child full name	Date of birth	Relationship	Registered?	Guardian initials

I confirm that I am the parent or legal guardian of the children listed above and understand the scope and exclusions of the child benefit.

Parent/guardian name: _____ Signature: _____

Date: ____ / ____ / ____

6. Payment instructions

Membership fees are payable monthly in advance. Please complete the relevant payment details below and ensure that the payment instruction remains active throughout the membership. Cancelling a payment instruction does not itself terminate membership.

Payment method: ☐ Standing order ☐ Card ☐ Bank Transfer ☐ Other: _____
Monthly amount: _____ First payment date: ____ / ____ / ____
Monthly Recurring payment date: _____
Account name: XEL ENTERPRISE LTD
Bank/card provider: REVOLUT BANK
Account number / IBAN (if applicable): 11455705
Sort code / BIC (if applicable): 23-01-20

Payment authority / instruction reference (practice use): _____

Proof of recurring payment method must be emailed to admin@theivorygroup.gi

7. Privacy and communications

- ☐ I have received or been directed to the practice Privacy Notice. (www.theivorygroup.gi)
- ☐ I understand that my personal, health and payment information will be processed to administer membership, arrange appointments, provide care, process payments and comply with legal or professional obligations.
- ☐ I consent to receiving service communications by email, telephone or SMS, including appointment reminders and membership notices.

Optional marketing consent — this is not a condition of membership:

- ☐ I consent to receive marketing communications by email.
- ☐ I consent to receive marketing communications by WhatsApp/SMS/telephone.

I understand that I may withdraw marketing consent at any time without affecting my membership.

8. Member declarations

By signing below, I confirm that:

- ☐ I have read and understood the Membership Terms and Conditions and the applicable Membership Schedule.
- ☐ The information I have provided is accurate and complete, and I will notify the practice of relevant changes.
- ☐ I understand the selected membership tier, fees, included services, exclusions, minimum commitment and automatic-renewal provisions.
- ☐ I understand that unused allowances do not roll over and that missed or short-notice cancelled appointments may be treated as used.
- ☐ I understand that treatment remains subject to clinical judgement and that services outside the included benefits may incur separate charges.

☐ I have had the opportunity to ask questions before joining and understand how to contact the practice with a complaint or query.

Member full name: _____

Signature: _____ Date: ____ / ____ / ____

9. Parent or guardian consent (where applicable)

I confirm that I have parental responsibility or legal authority for the minor named in this form and consent to the practice providing appropriate dental assessment and treatment within the scope of the membership benefit and applicable clinical judgement.

Parent/guardian full name: _____

Relationship / authority: _____

Signature: _____ Date: ____ / ____ / ____

10. Practice confirmation

The practice confirms that the member has been provided with or directed to the applicable Membership Terms and Conditions, Membership Schedule, Privacy Notice and complaints information.

Staff member name: _____
Signature: _____
Date membership accepted: ____ / ____ / ____
Notes / documents provided: _____

Practice contact details

Legal entity: THE IVORY GROUP

Practice address: 270 MAIN STREET, GIBRALTAR, GX11 1AA

Membership email: ADMIN@THEIVORYGROUP.GI Telephone: 20044414

Complaints contact: NADIA M LOBATO Privacy contact: KELLY CORREIA

Privacy Notice: WWW.THEIVORYGROUP.GI