The Ivory Group Dental Membership

Membership Registration Form

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 _____ **First name** _____ **Last name** _____

Date of birth _____

Home address _____

Address line 2 _____

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

Tick one plan. Fees and included services must be confirmed using the current Membership Schedule.

[ ]	**Maintenance plan**	**£10 / month**
[ ]	**Preventative plan**	**£16 / month**
[ ]	**Comprehensive plan**	**£20 / month**
[ ]	**Periodontal plan**	**£32 / month**

Selected membership tier _____

Membership start date _____

Minimum commitment end date _____

Minimum 12-month commitment. Membership may automatically renew if the required notice is not received, as set out in clause 9 of the Terms and Conditions.

5. Child benefit registration

For biological or legally dependent children under 12 only. A parent or legal guardian must consent.

Child full name	Date of birth	Relationship	Registered?	Guardian initials

Parent/guardian confirmation: I confirm I have authority for the children listed and understand the child benefit.

Parent/guardian name _____

Signature _____

Date _____

6. Payment instructions

Membership fees are payable monthly in advance. 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 my personal, health and payment information will be processed to administer membership and care.

[ ] I consent to service communications by email, telephone or SMS, including appointment reminders and membership notices.

Optional marketing consent — not a condition of membership:

[ ] I consent to marketing communications by email.

[ ] I consent to 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 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 tier, fees, included services, exclusions, minimum commitment and automatic renewal.

[ ] I understand unused allowances do not roll over and missed or short-notice cancelled appointments may be treated as used.

[ ] I understand treatment remains subject to clinical judgement and services outside included benefits may incur separate charges.

[ ] I 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 membership benefit and clinical judgement.

Parent/guardian full name _____

Relationship / authority _____

Signature _____

Date _____

10. Practice confirmation

The practice confirms the member has been provided with or directed to the 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