

# DENTAL PROTECTION XTRA PROGRAMME HOLDER TRANSFER FORM – UK

0800 561 9000 (Mon – Fri: 8.00am – 6.30pm) | [member.help@dentalprotection.org](mailto:member.help@dentalprotection.org) | [dentalprotection.org](http://dentalprotection.org)

Please complete all parts of this form in **BLACK INK** and **BLOCK CAPITALS** and return to: **Member Operations, Dental Protection, Victoria House, 2 Victoria Place, Leeds LS11 5AE**. If you require further assistance please contact Member Services on 0800 561 9000.

The transfer of management of the Dental Protection Xtra programme is subject to approval. A transfer can only occur between Dental Protection members.

## Section A – Details of current Dental Protection Xtra membership

Dental Protection Xtra membership number

Practice name

Practice address

Practice contact number

Practice email address

Name of Practice Principal

Practice Principal individual membership number

Last date at practice (DD/MM/YYYY)

\*(‘Transfer date’)

### Declaration

I hereby instruct Dental Protection to transfer the Dental Protection Xtra programme, of which I am Practice Principal, to the individual named in Section B below with effect from the ‘Transfer date’.

Signed:

Date: DD/MM/YYYY (Please note must be current date)

## Section B – Details of transfer

Name of Practice Principal

Practice Principal Dental Protection membership number

Start date as Practice Principal (DD/MM/YYYY)

\*(‘Transfer date’)

### Declaration

I accept full responsibility for the Dental Protection Xtra programme transferred to me on the ‘Transfer date’, including for the avoidance of doubt all and any outstanding payments that may be due to Dental Protection as at the ‘Transfer date’. I confirm that I will act as Practice Principal for the Dental Protection Xtra programme going forwards.

Signed:

Date: DD/MM/YYYY (Please note must be current date)

**Please note that, once Dental Protection Xtra membership has been transferred, all current and future Dental Protection Xtra programme obligations will fall to the new appointed Practice Principal.**

\*Note: Transfer dates must be the same

## **Dental Protection Contact information**

Member Operations  
Victoria House  
2 Victoria Place  
Leeds LS11 5AE  
United Kingdom

0800 561 9000 (Mon – Fri: 8.00am – 6.30pm)

Calls to Member Services may be recorded for training and monitoring purposes.

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