Dental Practice

Registration Form for SUMDE payments for   
Undergraduate Teaching and Examining

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name |  | | Dental Service Number |  |
| \*Practice Address | |  | | |
| Telephone number | |  | | |
| Email address | |  | | |
| Name of Practice Account | |  | | |
| Bank Name and Address | |  | | |
| Current Account Number | |  | | |
| Sort Code | |  | | |

Notes

1. \*SUMDE payments are made to the Practice. You must include your Dental Service Number for payment to be made.
2. Payment may be delayed if the necessary paperwork has not been completed.
3. These details will be held by Queen’s for the purposes of paying Dental Practitioners to teach/examine for the Centre for Dentistry.

For Office Use

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| SUMDE GDP |  | QUB GDP |  |  |