

Friends Of Westport

SimplyHealth Application Form

NAME:

ADDRESS:

HOME PHONE:

MOBILE PHONE:

EMAIL ADDRESS:

(Please write clearly)

PET'S NAME:

DOB:

PLAN REQUIRED

Dog<10kg [] Dog 10-25kg [] Dog 25-40kg [] Dog >40kg [] Indoor Cat [] Outdoor Cat [] Rabbit []

The monthly direct debit payments are collected on the 1st working day of each month.

Our plans start on the 1st of the month. When would you like your plan to start?

_____ 2019

Initial Payment Taken in Practice - Yes / No

Please be aware that there is a £10.00 joining fee if this is the first time that you're joining our health plan. This is a one off payment that gives you a lifetime membership with SimplyHealth Professionals.

To set up the Direct Debit, please could you provide your account details:

Account Name:

Account Number: _____

Sort Code: ___ - ___ - ___

By joining your pet to our Friends of Westport health plan, please confirm that:

- You understand the treatment that the pet health plan entitles you to.
- You hold a UK Bank or building society account, and you are the account holder.
- You are happy for us to share your personal details with relevant people involved in administering the plan, this may include processors outside the European Economic Area (EEA).
- We may disclose information about you when there is a legal requirement to do so and to people who perform a service to us on the understanding that they will keep the information confidential and in accordance with the data protection legislative requirements.

By signing, you confirm that you agree with this declaration.

For Office Use Only:

Signature of owner/Agent:

..... Date:

Application Complete []