

HOW CAN I CHANGE MY REGISTERED NAME?

If your name has changed and you wish to practise under your new name, please complete the form overleaf.

You should complete and return it to us along with **certified copies** of documentary evidence such as your marriage certificate or a change of name deed poll.

RETURN ADDRESS: Registration Support Team
General Dental Council
37 Wimpole Street
London W1G 8DQ
United Kingdom

Your documentary evidence should be certified by a person of professional standing (in any country) such as a:

- dentist
- dental care professional
- doctor
- person entitled to practise law
- minister of religion
- bank/building society official
- chiropodist
- civil servant
- MP
- officer of the armed forces
- optician
- police officer
- teacher
- pharmacist
- or persons of similar standing

A certified copy is one:

- On which the person certifying has confirmed in writing, in English, that they have inspected the original document and that the copy is a true copy; and
- Where the person certifying is the head of the applicant's dental training school or their nominee or the person responsible for supervision of the applicant's training, or another person of professional standing (in any country) including a dentist, doctor, person entitled to practise law, minister of religion or a civil servant ; and
- Where the copy bears the name, address and signature of the person certifying it; and
- Where the person certifying the document is not the applicant themselves, or a member of their family.

PLEASE COMPLETE AND RETURN THIS FORM TO: Registration Support Team
General Dental Council
37 Wimpole Street
London W1G 8DQ
United Kingdom

Please complete in **BLOCK CAPITALS** and **sign and date** at the bottom of the page

Current registered details:

Title: Registration number:

First name(s): Last name(s):

CHANGE OF REGISTERED NAME

You must provide **supporting documentary evidence** such as a **certified** copy of your marriage certificate or change of name deed poll. For information on who can certify your documents please see overleaf.

New name to appear on the register:

Title:

First name(s): Last name(s):

HAVE ANY OF YOUR OTHER CONTACT DETAILS CHANGED?

House name / number: Street:

Town: County:

Postcode: Country:

Home number: Mobile number:

Work number: Email address:

WOULD YOU LIKE YOUR SUPPORTING DOCUMENTATION RETURNED TO YOU?

- YES - by recorded delivery (£10 fee applies)**
Please enclose either a cheque (made payable to the **General Dental Council**) or provide a valid email address above so that electronic payment can be requested.
- YES - by standard (non-recorded) post (No fee)**
The General Dental Council accepts no liability for any loss of documents sent via standard post.

PLEASE NOTE: IF YOU DO NOT REQUEST YOUR DOCUMENTS TO BE RETURNED THEY WILL BE DESTROYED.

- Please tick if you wish to receive a replacement Annual Practising Certificate (APC) showing your new registered details (No fee)**
If you have also requested your supporting documents to be returned to you these will be enclosed in the same envelope as your APC.

Signed: **Date:**