



Comhairle na nDochtúirí Leighis  
Medical Council

**LETTER OF COMPLIANCE APPLICATION FORM**

*PLEASE COMPLETE BOX AND WRITE LEGIBLY IN BLOCK CAPITALS*

REGISTRATION NUMBER								
DATE OF BIRTH	D	D	M	M	Y	Y	Y	Y
MOTHER'S MAIDEN NAME FOR SECURITY REASONS								
SURNAME								
FORENAME								
EMAIL ADDRESS								
CURRENT REGISTERED ADDRESS								
ADDRESS CERTIFICATION TO BE SENT TO (IF DIFFERENT FROM ABOVE)								
For Office Use Only: Applicant is compliant based on EU/EEA Training (Article 24 ) Y / N								

**IMPORTANT:**

Unless otherwise specified, a Letter of Compliance will be issued to your **registered address** on completion of this request. If you have changed address, you should update your address first. The cost of the Letter of Compliance is **€65**.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Please return the completed signed form to **Medical Council, Kingram House, Kingram Place, Dublin 2** or e-mail the form to **registration@mcirl.ie**



**PAYMENT FORM**  
**MEDICAL COUNCIL - FINANCE SECTION**  
**KINGRAM HOUSE, KINGRAM PLACE, DUBLIN 2**

REGISTRATION NO

SURNAME:  
(BLOCK CAPITALS)

FORENAMES:  
(BLOCK CAPITALS)

TELEPHONE NO:

EMAIL ADDRESS:

PLEASE STATE TYPE OF PAYMENT, (E.G.ANNUAL REGISTRATION FEE):

**METHOD OF PAYMENT:**

- DRAFT (Drawn on Irish Bank)       CREDIT CARD (MASTERCARD / VISA)  
 VISA DEBIT CARD                       LASER CARD

**Credit/Laser Card Payment**

- A fee of 2.02% will apply to all Visa/Mastercard payments (only these credit cards are accepted)
- CCV number **MUST** be entered as failure to do so will result in application being delayed.
- A fee of €0.25 for all Laser Card OR Visa Debit Card transactions

Please debit my Visa / Mastercard / Laser card for the sum of €\_\_\_\_\_

VISA/ MASTERCARD NO.																				Exp. Date				
-------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--------------	--	--	--	--

CVV NO. (last 3 digits on back)			
---------------------------------------	--	--	--

Lasercard/ VisaDebit Card No.																					Exp. Date				
-------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--------------	--	--	--	--

Name of Credit Card/Laser Holder (Complete in Block Capitals): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

FEE TAKEN BY: \_\_\_\_\_ DATE \_\_\_\_\_

[TO BE COMPLETED BY STAFF MEMBER PROCESSING APPLICATION]