

FEE PAYMENT FORM

Name: _____

Registration Number: 3 _____

Please indicate the fee(s) you intend to pay:

✓	Services	Amount (incl. of GST)	
	Registration Fee: NZ qualified	\$350.00	
	Registration Fee: Overseas-Trained	\$550.00	
	Add a scope of practice (MLS, MLT, MLPAT only)	\$100.00	
	Work-Based-Assessment (AT only)	\$3,700.00	
	Additional Certificate of registration	\$57.50	
	Certificate of Good Standing	\$57.50	
		Amount Total:	\$ _____

PLEASE NOTE ALL OF THE ABOVE FEES ARE NON-REFUNDABLE

If applying for a certificate of good standing, please supply the name and/or organisations and address of where you would like this sent.

Name: _____

Address: _____

City: _____ Postcode: _____

PAYMENT DETAILS

All fees must be paid in New Zealand dollars (NZD) by bank draft, New Zealand trading bank cheque, or credit card. Your application cannot be processed if payment is received in foreign currency.

Enclosed is my **cheque/bank draft** for NZ\$_____ made payable to: The Medical Sciences Council of New Zealand.

Credit Card: Please debit my (tick one) Visa MasterCard

CVV

Expiry Date: _____ Amount: _____

Cardholders Name: _____ Signature: _____