



# NEW ZEALAND CHIROPRACTIC BOARD

Level 3, Freemason House  
195-201 Willis Street,  
Wellington, New Zealand  
PO Box 10 140, Wellington  
Phone (04) 4740703  
Fax (04) 4740709

NZ Chiropractic Board GST No: 73-081-076

## PAYMENT FORM

NAME:

REGISTRATION NO:

Tick Required Item Tick

Fees include GST

<input checked="" type="checkbox"/>	SERVICES	FEE	AMOUNT
<input type="checkbox"/>	Application for Registration:	\$150.00	
<input type="checkbox"/>	Annual Practising Certificate:	\$1,100.00	
<input type="checkbox"/>	Post September New Applicant Annual Practising Certificate:	\$400.00	
<input type="checkbox"/>	Certificate of Registration:	\$30.00	
<input type="checkbox"/>	Certificate of Good Standing:	\$50.00	
<input type="checkbox"/>	Copy of Register:	\$32.00	
<input type="checkbox"/>	To sit Competency Examination:	\$3,000.00	
<input type="checkbox"/>	To resit a single Competency paper:		
	Written paper	\$650.00	
	Practical paper	\$850.00	
<input type="checkbox"/>	Application to consider Competency Examination subject exemptions (per subject):	\$250.00	
<input type="checkbox"/>	Candidate discussion with examiner on details of examination performance:	\$150.00	
<input type="checkbox"/>	Remarking of an examination script (per paper):	\$350.00	
	<b>TOTAL</b>		<b>\$</b>

## Payment Details

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

### CHEQUE OR BANK DRAFT

Enclosed is my cheque/bank draft for NZ\$ \_\_\_\_\_ made payable to the "New Zealand Chiropractic Board"

**CREDIT CARD:** (tick one)  Visa  Mastercard

Card Number

Expiry Date \_\_\_\_\_ Amount (NZ\$) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

### FOR OFFICE USE ONLY

Authorisation No: \_\_\_\_\_ Banked: \_\_\_\_\_ Initials: \_\_\_\_\_