



# NEW ZEALAND CHIROPRACTIC BOARD

Level 21, Grand Plimmer Tower  
2-6 Gilmer Terrace  
PO Box 10-140  
Wellington, New Zealand  
Phone + 64 4 499 7979  
Fax + 64 4 472 2350

NZ Chiropractic Board GST No. 73-081-076

PAYMENT FORM	
NAME	REGISTRATION NO:

*Tick required item*

*Fees include GST*

<input checked="" type="checkbox"/>	SERVICES	FEE	AMOUNT
<input type="checkbox"/>	Application for Registration:	\$150.00	
<input type="checkbox"/>	Application for Temporary Registration:	\$300.00	
<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	\$50.00	
<input type="checkbox"/>	Examination:	\$700.00	
<input type="checkbox"/>	Examination Re-sit:	\$250.00	
	<b>TOTAL:</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 \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>		
Authorisation No. _____	Banked. _____	Initials. _____