

PAYMENT FORM

Name _____ Registration No: 40-_____

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

✓	Services	Currently living in New Zealand	Currently living outside New Zealand
	Application to register (New Zealand Graduate)	357.00	310.43
	Application to register (Overseas Graduate)	816.00	709.57
	Application to register (TTMRA)	357.00	310.43
	Application to add a further scope of practice	194.00	168.70
	Application to register in a trainee scope of practice	194.00	168.70
	Copy of Registration Certificate	61.00	53.04
	Restoration to the register	52.00	45.22
	Letter of good standing	143.00	124.35
	Registration Examination Assessment (REA) Fee	2,725.00	n/a
	Online Examination Fee	2,448.00	\$2,086.96
Amount Total \$			

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. If you are making a bank transfer you must pay your bank fees and the recipient's bank fees.

Enclosed is my **cheque/bank draft** for NZ\$ _____ made payable to:
Medical Radiation Technologist Board.

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

CVV

Expiry Date: _____

Amount: _____

Cardholders Name: _____

Signature: _____

Cardholder's Signature
