

PAYMENT FORM (effective from 12 February 2024)

Name _____ Registration No: **40-**_____

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

<input checked="" type="checkbox"/>	Services	Currently living in New Zealand	Currently living outside New Zealand
	Copy of Registration Certificate	\$67.00	\$58.26
	Letter of good standing	\$157.00	\$136.52
Total to be paid			

PLEASE NOTE ALL OF THE ABOVE FEES ARE NON-REFUNDABLE

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: _____