

## FEE PAYMENT FORM (effective 12 February 2025)

Name:		Registration Number: 3		
Please	e indicate the fee(s) you intend to pay:			
✓	Services		Currently living in New Zealand	Currently living outside New Zealand
	Registration Fee (Aotearoa New Zealand gradua	ate)	\$503.80	\$438.09
	Registration Fee (Internationally qualified)		\$788.69	\$685.82
	Registration certification/Re-issue of reg cert		\$83.60	\$72.70
	Letter of good standing		\$83.60	\$72.70
	Restoration to the Register		\$83.60	\$72.70
	Online Exam Fee		\$3394.60	\$2951.83
	Total to be paid:			
PLEAS	SE NOTE ALL OF THE ABOVE FEES ARE NON-REFU	NDABLE		
	Idress:			
City:		Postcode:		
Со	ountry:			
All fee	MENT DETAILS  es must be paid in New Zealand dollars (NZD) by be dit card. Your application cannot be processed if   Enclosed is my cheque/bank draft for NZ Medical Sciences Council of New Zealand	payment is receive \$m		•
	CVV Credit Card: Please debit my (tick one)	O Visa O M	lasterCard	
Expiry Date:  Cardholders Name:		Amount: Signature:		