



Optometrists and Dispensing Opticians Board

Te Poari o ngā Kaimātai Whatu me ngā Kaiwhakarato Mōhiti

**Please complete and return this sheet to:
The Registrar, Optometrists and Dispensing Opticians Board, P O Box 9644, Wellington 6141**

Name: _____ Registration No: _____

Tick one option –

<input type="checkbox"/>	I wish to remain on the Register, have my Continuing Professional Development points recorded, and receive Board newsletters. (\$306.00) I do not wish to hold an Annual Practising Certificate at present, and understand that without that I cannot lawfully practise in New Zealand.
<input type="checkbox"/>	I wish remain on the Register and receive Board newsletters. (\$100.00) I do not wish to hold an Annual Practising Certificate nor to have my Continued Professional Development points recorded, and understand that without those I cannot lawfully practise in New Zealand.
<input type="checkbox"/>	I wish to have my name removed from the Register (No charge) and have attached my completed 'Request for Cancellation from the Register' form. (this form can be located on the Board's website under the 'For registered practitioners' section - 'Registration Services'.

REMITTANCE ADVICE

Name: _____ Registration No: _____

Please tick boxes

I enclose my cheque for \$100/\$306 (*strike out one*) payable to the Optometrists and Dispensing Opticians Board

Please debit my MasterCard VISA the sum of NZ \$100/\$306 (*strike out one*)

Card Number

Card Expiry Date:/.....
month year Cardholder name:.....

Signature..... Date.....