



Optometrists and Dispensing Opticians Board

Code:
MISC1

Payment Form

First/other names: Family name/surname:

Registration number (if applicable):

Contact email address:

Postal address:

.....Postcode:

Address Certificate of Good Standing/Letter of Standing should be sent to (if applicable):

.....

.....Postcode:

Service for payment

Tick as required	Service	Fee (incl GST)
<input type="checkbox"/>	Maintenance of registration and communication for non-practising practitioners	\$100.00
<input type="checkbox"/>	Maintenance of registration and communication, and recording of continuing professional development credits, for non-practising practitioners	\$306.00
<input type="checkbox"/>	Certificate of Registration	\$30.00
<input type="checkbox"/>	Restoration of name to Register	\$100.00
<input type="checkbox"/>	Certificate of Good Standing/Letter of Standing	\$30.00
<input type="checkbox"/>	Letter confirming Authority to Practise	\$30.00
<input type="checkbox"/>	Copy of Register	\$30.00
<input type="checkbox"/>	Application for assessment by the CPD accreditation committee of an individual CPD dossier	\$204.00
<input type="checkbox"/>	Hourly fee for application for assessment of accreditation of online CPD activity, where the activity provides more than one hour's learning.	\$60.00

Payment section

Fee banked stamp:

Please debit my *(please tick one)*

MasterCard

Visa

the sum of NZ\$

Card number

Expiry date

Cardholder's name.....Cardholder's signature.....