



OPTOMETRISTS
AND DISPENSING
OPTICIANS BOARD

Te Poari o ngā Kaimātai Whatu me ngā Kaiwahakarato Mōhiti

Request for Cancellation from the Register

The Board has received your request to have your name removed from the Register and in order to process your request, the Board requires that you complete this form and return it to the Board's office.

Section 1: Contact Information:

Name:

Registration Number:

Name and address of last place in which you practised:

.....
.....

Section 2: Request for cancellation:

I, [insert full name here] _____,
hereby request that the Board action the cancellation of my name from the Register
of Optometrists/Dispensing Opticians. (Please delete the option that does not apply).

Section 3: Statutory Declaration:

PLEASE CONSIDER THE FOLLOWING DECLARATION CAREFULLY, BEFORE YOU SIGN.

I,.....
(Full name)

Of
(Place of abode)

Solemnly and sincerely declare that:

1. All of the information provided with this application is true and correct in every particular and detail.

2. I am not aware of any pending investigation or proceeding by police, professional body, Health and Disability Commissioner, Disciplinary Tribunal, employer or any other agency in New Zealand or elsewhere; and

3. I have not been the subject of any adverse finding by a professional body, the Health and Disability Commissioner, Disciplinary Tribunal, or any other agency in New Zealand or elsewhere; and

4. I understand that my cancellation from the Register does not affect my liability for acts or defaults occurring before the date of cancellation; and

5. I understand that after my name has been cancelled from the Register, I cannot use the title of 'Optometrist'/'Dispensing Optician', and if I wish to return to the Register in future, that I have to submit a new application for registration.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the *Oaths and Declarations Act 1957*.

Signature of declarant:

Declared at
(e.g. Auckland)

on this day of 20
(e.g. 11th) (e.g. June) (e.g. 2019)

Before me:
(A person authorised to take statutory declaration)

** If you are unable to complete the above declaration as a result of a pending matter, please contact the Board for further advice on your options.

Please return your completed form to:

The Registrar
 Optometrists and Dispensing Opticians Board
 PO Box 9644
 Wellington 6141
 New Zealand