



Optometrists and Dispensing Opticians Board

Payment Form

First/other names: Family name/surname:

Registration number: Contact email address:

Postal address:

.....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	\$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

Payment section

I enclose my cheque for **NZ\$** made payable to the name of **“Optometrists and Dispensing Opticians Board”**

Please debit my *(please tick one)*

MasterCard

Visa

the sum of NZ\$

Fee banked stamp:

Card number **Expiry date**

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