

## Request for Verification of Registration Certificate (Certificate of Good Standing)

### SECTION A: Personal Details

**Last Name:**

**Given Name(s):**

**Former Names (if applicable):**

**Date of Birth:**

**Registration Number:**

### SECTION B: Individual or Organisation to receive Certificate

By Email     By Post     By Fax

**Name of Individual or Organisation**

**Contact Person**

**Email Address or Fax Number**

**Postal Address**

### SECTION C: Declaration

Please read and make sure you understand these statements before signing:

Declaration:

- I am the registrant named in this document
- I authorise that the Verification of Registration certificate which provides details of my registration, any conditions on my registration and any disciplinary proceedings underway or contemplated to be released to the individual or organisation named on this form.

**Signature**

**Date**

 /  / 

### SECTION D: Fee Payment - NZ\$69.00

**Method of Payment**

Cheque/Bank Draft for **NZ\$69** addressed to **Occupational Therapy Board of NZ** (attached)

**Debit or Credit Card**

Visa

Mastercard

Card Number

Expiry Date: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Signature: \_\_\_\_\_