

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

Debit or Credit Card

Visa

Mastercard

Card Number

Expiry Date: _____ Cardholder Name: _____

Signature: _____