



PLEASE PRINT DETAILS CLEARLY

Registration No. _____

I, _____
(full name)
declare that I **will not be practising chiropractic** in New Zealand during the period 1 April 2022 and 31 March 2023 and have therefore not applied for an annual practising certificate. I do however wish to have my name maintained on the Register of Chiropractors.

Signature of applicantDate.....

****If you would like to maintain your registration please complete the payment section below.**

OR

I, _____
(full name)
request that my name be removed from the Register of Chiropractors under s142 of the HPCA Act 2003. I understand that if I wish to be registered in New Zealand again in future, I will need to submit a full application for registration.

Signature of applicantDate

OR

I, _____
(full name)
plan to apply for an annual practising certificate in the near future and will download the applicable form from the Board's website. I understand until I am issued with a practising certificate I am not legally able to practise chiropractic.

PAYMENT DETAILS for maintaining registration

Please ensure you complete the payment details below and sign where indicated. GST No. 73-081-076

Credit Card Payment

Please debit my (tick one) Visa MasterCard Bankcard for the following amount: \$150.00

Credit Card Number:

Expiry Date: _____ / _____ (month/year)

Cardholder's Name: _____

Cardholder's Signature: _____ Date _____

Office Use Only
 Registration No. _____
 Amount Paid \$ _____ Payment Method Chq M'card Visa
 Approval No: _____ Cheque Clearance Date: _____ Processed by _____ Date _____
Payment for:
 App Reg APC Reg Cert Other _____
 Entered on Database
 Signed _____ Date _____

Register Information

PLEASE PRINT FULL NAME AND REGISTRATION NUMBER

**Chiropractors are required to promptly inform the Board of any changes of address.
Please complete this section to ensure the Board has up to date information.**

Current Residential Address:	Current Postal Address:

Current contact telephone number:	
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Current e-mail address:	
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