



**PLEASE PRINT DETAILS CLEARLY**

I, \_\_\_\_\_  
(Full name)  
Declare that I **will not be practising chiropractic** in New Zealand during the period 1 April 2024 and 31 March 2025 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 applicant .....Date.....  
\*\*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 applicant .....Date .....

OR

I, \_\_\_\_\_  
(Full name)  
Plan to apply for an annual practising certificate in the near future and will complete the applicable application form on the [Board's Practitioner Portal](#) . 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  Bankcard  MasterCard for the following amount:  \$100.00

Credit Card Number:

Expiry Date: \_\_\_\_ / \_\_\_\_ (month/year)

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Register Information

**PLEASE PRINT FULL NAME - «RegistrationNo»**

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**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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