



## Payment Form 2026

**This form is not to be used for a new Application for Registration.**

### CONTACT DETAILS

Under the Health Practitioners Competence Assurance (HPCA) Act 2003, you are required to keep Te Poari Kaikorohiti o Aotearoa | Chiropractic Board (Board) up to date with your contact information.

Please complete the following sections.

Full name:	
Registration number:	00-0
Residential address:	
Postal address (if different):	
Mobile number	
Email address	
Work address:	Clinic name: Clinic address:
Work phone number:	

**To ensure your request is not delayed, please ensure you complete all sections of this form.**

✓	Payment for (Tick required items/s). All fees include GST	Fee	Amount
	Annual Practising Certificate between 1 April and 31 October (first time only and already have registration) includes \$100.00 Disciplinary Levy	\$1103.25	
	Annual Practising Certificate between 1 November and 31 March (first time only and already have registration) includes \$41.60 Disciplinary Levy	\$449.60	
	Retain as non-practising	\$100.00	
	Certificate of Registration	\$30.00	
	Copy of Register	\$50.00	
		<b>TOTAL</b>	

**PAYMENT DETAILS**

Please ensure you complete the payment details and sign where indicated.

**Credit Card Payment:**

Please debit my (tick one):  Visa  MasterCard  Bankcard for \$50.00

Card Number:

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

Cardholder Name:

Cardholder Signature:

**SEND TO**

Please email your completed application to the Deputy Registrar: [admin@chiropracticboard.org.nz](mailto:admin@chiropracticboard.org.nz)