



# Payment Form

- registration or licensing history, including scopes of practice
- whether the psychologist is the subject of a pending or open complaint or enquiry
- whether the psychologist is subject to a competence or health review or monitoring.

Full Name \_\_\_\_\_ Registration No. 90-\_\_\_\_\_

Posted 

Emailed: ☐

## PAYMENT DETAILS

- **Direct credit** to account 03 0502 0254983 00 **only if paid from a New Zealand bank account**; your name and registration number must show on our bank statement
- **Credit Card Payment:** Please debit my ☐ Visa ☐ MasterCard credit card the amount of NZ\$ 180.00 incl GST.

Card number                 Expiry

Name on Card: \_\_\_\_\_ Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SEND YOUR COMPLETED FORM AND FEE TO**

New Zealand Psychologists Board  
(Post only) PO Box 9644  
Marion Square  
Wellington 6141  
New Zealand

New Zealand Psychologists Board  
(Courier only) Level 5  
22 Willeston Street  
Wellington 6011  
New Zealand

Email: [registration@nzpb.org.nz](mailto:registration@nzpb.org.nz)

## ENQUIRIES TO

New Zealand Psychologists Board  
Telephone (64 4) 471 4580  
0800 471 4580

Email: [registration@nzpb.org.nz](mailto:registration@nzpb.org.nz)