



**Please complete and return this sheet to:
The Registrar, Optometrists and Dispensing Opticians Board, P O Box 9644, Wellington 6141**

Name: _____ Registration No: _____

Tick one option –

<input type="checkbox"/>	<p>I wish to remain on the Register, have my Continuing Professional Development points recorded, and receive Board newsletters. (\$306.00)</p> <p>I do not wish to hold an Annual Practising Certificate at present, and understand that without that I cannot lawfully practise in New Zealand.</p>
<input type="checkbox"/>	<p>I wish remain on the Register and receive Board newsletters. (\$100.00)</p> <p>I do not wish to hold an Annual Practising Certificate nor to have my Continued Professional Development points recorded, and understand that without those I cannot lawfully practise in New Zealand.</p>
<input type="checkbox"/>	<p>I wish to have my name removed from the Register (No charge) and have attached my completed 'Request for Cancellation from the Register' form.</p> <p>(this form can be located on the Board's website under the 'For registered practitioners' section - 'Registration Services'.</p>

REMITTANCE ADVICE

Name: _____ Registration No: _____

Please tick boxes

Please debit my MasterCard VISA the sum of NZ \$100/\$306 *(strike out one)*

Card Number

Card Expiry Date:/.....
month year Cardholder name:.....

Signature..... Date.....