



Te Kaunihera  
Rata o  
Aotearoa

**Medical  
Council of  
New Zealand**

PO Box 10509  
The Terrace  
Wellington 6143  
New Zealand

+64 4 384 7635  
0800 286 801  
[finance@mcnz.org.nz](mailto:finance@mcnz.org.nz)  
[www.mcnz.org.nz](http://www.mcnz.org.nz)

## Declaration

Declaration and application for a 50% refund, when the full practising certificate fee has been paid for the financial year to 31 March 20.....

Low Income Declaration form  
*For office use only*

Registration No:

I, \_\_\_\_\_, (Registration No \_\_\_\_\_)

(full name)

of \_\_\_\_\_, (Address)

New Zealand, registered medical practitioner, solemnly and sincerely declare that in the year ending 31 March 20..... my income from **medical practice** (before tax) was less than \$20,000.

The reasons for this are:

The nature of my current practice is:

**In support I attach a certified copy of my Statement of earnings (or similar evidence) for the year ended 31 March 20..... showing earnings from Medical Practice to be less than \$20,000.**

AND I make this solemn declaration conscientiously believing the same to be true, and by virtue of the Oaths and Declarations Act 1957.

Declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_

(place)

Signed: \_\_\_\_\_

Please Print Name : \_\_\_\_\_

**If this refund is to be direct credited please enter your bank account details below or attach a deposit slip:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--