



# Request for certificate of registration (Only required if you do not wish to request a Certificate of Professional Status)

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Aug 2017

SCAN and EMAIL to [verification@mcnz.org.nz](mailto:verification@mcnz.org.nz)

or

Post to PO Box 10509, The Terrace, Wellington, 6143, New Zealand

## Personal details:

Medical Council registration number

Name:

Former names:

Date of birth:

Gender:

Address for register - NZ or overseas. Registered address is public information:

Postcode:

Confirm email

## Address to send certificate to:

Post to :

Email to:

## Payment: A non-refundable application fee applies.

For a current list of Medical Council fees please visit our website [here](#).

Cheque enclosed (payable to: Medical Council of New Zealand)

Visa (card processing fee will also apply)

Mastercard (card processing fee will also apply)

Card number

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Expiry date:  /

Name on card

Cardholder's signature

Date