



Te Kaunihera
Rata o
Aotearoa

**Medical
Council of
New Zealand**

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NZREX7: Clinical recount of result

Fee payment form

PLEASE READ THE FOLLOWING, IT CONTAINS IMPORTANT INFORMATION.

- The policy on recount and appeals for the NZREX Clinical is detailed at www.mcnz.org.nz.
- This form is to be completed by all candidates who are applying to have their result recounted.

SECTION 1 – Applicant details – PLEASE PRINT CLEARLY

Family name	_____
Given names	_____

Contact address	_____

Telephone (home)	_____
Telephone (work)	_____
Mobile	_____
Email	_____

Reason for request	_____

PRIVACY STATEMENT

I understand that the information I have provided for the recount of my result is used by the Medical Council of New Zealand for the purposes of considering my application and may be disclosed to agents of the Medical Council of New Zealand for these purposes. I certify that the information I have given is true and correct.

Candidate's signature _____ Date _____

SECTION 2 – Recount of result fee (NZ\$)

For information about the current recount of result fee please refer to our website: <https://www.mcnz.org.nz/get-registered/fees-forms-and-checklists>

Credit card: Once your request has been received, payment details will be emailed to the email address you have provided on this form in order to make the payment

Cheque enclosed: (NZ\$), **please ensure you print your full name on the back of the cheque**