



# New Zealand Dietitians Board

Te Mana Mātanga Mātai Kai

## Application Oral Registration Examination

I wish to register for the Oral Registration Examination on: \_\_\_/\_\_\_/\_\_\_

<b>Title: (circle one)</b>	Miss, Mrs, Ms, Mr, Dr
<b>First Name(s):</b>	
<b>Surname:</b>	
<b>Previous names:</b>	<b>Date Changed:</b>
<b>Gender: (circle one)</b>	Female / Male
<b>Country of birth:</b>	<b>Date of Birth:</b>
<b>Primary language:</b>	
<b>Postal Address:</b>	
<b>Town / City</b>	<b>Postcode:</b>
<b>Country:</b>	
<b>Contact telephone number:</b>	
<b>Main e-mail address:</b>	

<b>Oral Registration Examination</b>	<b>\$1,000 (inc GST)</b>
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## PAYMENT DETAILS

**ALL FEES MUST BE PAID IN NEW ZEALAND DOLLARS (NZ\$) BY INTERNET BANKING OR CREDIT CARD. YOUR APPLICATION CANNOT BE PROCESSED IF PAYMENT IS RECEIVED IN A FOREIGN CURRENCY.**

I have paid by **Internet Banking** – my reference was \_\_\_\_\_  
(Bank Account for payment **03-0502-0254-940-000** please reference your name and service required)

**CREDIT CARD:** (tick one)     Visa     Mastercard

Card Number                 

Expiry Date: Month/Year \_\_\_\_\_/\_\_\_\_\_    Amount (NZ\$) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Signature: \_\_\_\_\_