APPLICATION FOR REPLACEMENT CERTIFICATE

MARCH 2018

Personal details

Given names	Family name
Other names	Title
Date of birth (to verify identity)	
Registration number	

Replacement certificate required

☐ Registration certificate ☐ Certificate of good standing

☐ Annual practising certificate

Address details

Street name & no.
Suburb
Town/city
Country
Postcode

Payment

☐ Cheque (must be payable to the Dental Council and must be drawn on a New Zealand trading bank)

☐ Credit card (provide details below)

Type of card	**VISA / MASTERCARD (ONLY)**	
Name on card		
Expiry date		
Card number	☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐	
	Fee applicable until 31 March 2018	Fee applicable after 1 April 2018
Amount NZ$	☐ $ 107.08	☐ $ 109.22
Cardholder signature		

Signed: ______________________ Date: ______________________

Please return this completed form by mail, email or fax to:

Dental Council
PO Box 10-448
Wellington 6143
New Zealand
Fax +64 4 499 1668
Email inquiries@dcnz.org.nz