

Application for Payee Number

Please complete this form and return to the Northern Regional Alliance, PO Box 112147, Penrose, Auckland 1642 or fax (09)-589 3901 or email contractadmin@nra.health.nz

Please indicate below why you require a new Payee number (e.g. new practice, no previous practice payee number, Compulsory):

Legal Entity Name (The full name that you or the company are registered under, Compulsory):	
Practice Trading Name (If different from above):	

Physical Address of Practice (Compulsory):

Postal Address (If different from above):

Practice Phone Number:	
Practice Fax Number:	
Email Address:	
Date of commencement at Practice (Compulsory):	

Is the practice an affiliated member of a PHO? (Compulsory) YES / NO

If 'Yes' which PHO is the practice a member of (Compulsory) _____
(Please attach a letter from your PHO confirming your practice membership.)

Direct Credit Details **PLEASE ATTACH A DEPOSIT SLIP WITH APPLICATION** (Must match legal entity name above)

GST Registration (Please tick the appropriate box)

<input type="checkbox"/>	Yes, I am registered for GST. My number is:								
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<input type="checkbox"/>	No, I am not registered for GST.
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		NZ Medical Council Registration Number(s)
List the practitioners who will be claiming under this Payee number:		

Practising Certificate (Compulsory)

Yes, I have enclosed a copy of the current Annual Practising Certificate(s) of the practitioner(s) above who will claim under this payee number.

_____	_____	____/____/____	_____
Contact Name (Printed)	Position	Date	Signature

CHECKLIST

(Please ensure that all of the attachments are enclosed with application as any missing documentation will create a delay in processing)

	Application signed
	PHO membership letter
	Current Annual Practising Certificate(s) (APCs) attached
	Copy of Bank Deposit Slip – Pre-printed or bank verified notification
	Company Certificate of Incorporation (if applicable)

Notes

1. The Northern Regional Alliance is managing approvals for Payee numbers.
2. Contact the Northern Regional Alliance if you have a query – by phone: (09)-589 3922 or email contractadmin@nra.health.nz
3. Sector Services are responsible for all payments.
4. All inquiries about payments should be directed to Sector Services by writing to PO Box 1026, Wellington 6140, or sending a fax to (04)-381 5344 or phoning 0800 458 448.