

## Application for Payee Number

Please complete this form and return to the Northern Regional Alliance, PO Box 112147, Penrose, Auckland 1642 or fax (09)-579 1433 or email [contractadmin.Generic@nra.health.nz](mailto:contractadmin.Generic@nra.health.nz)

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

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

<b>Physical Address of Practice (Compulsory):</b>

<b>Postal Address (If different from above):</b>

<b>Practice Phone Number:</b>	
<b>Practice Fax Number:</b>	
<b>Email Address:</b>	
<b>Date of commencement at Practice (Compulsory):</b>	

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

**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.

_____	_____	_/_/____	_____
<b>Contact Name (Printed)</b>	<b>Position</b>	<b>Date</b>	<b>Signature</b>

**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](mailto: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.