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**Application Form - Annual practising certificate (APC) Fee by Instalment**

Full name: …………………………………………………………………………………. Date of birth: …………………………………

Registrant ID: ……………………………………………………

I, ………………………………………………………………………………………………………… (print full name), make application to the Chinese Medicine Council of New Zealand to pay my upcoming APC fee by instalment and declare that:

❑ I have earned $32,000 or less gross income per annum (this includes both personal and business income in New Zealand and overseas). I have included proof of this income from all sources for the previous tax year (i.e. a certified declaration of earnings or a taxation statement) that is no more than 12 months old with my application, as requested in the *Policy on eligibility to pay APC by instalment*.

❑ I do not receive any employer contribution towards my APC fee.

❑ I do not qualify for special assistance of payment of professional registration fees from Work and Income New Zealand (WINZ)

❑ I have submitted a signed statutory declaration as requested in the *Policy on eligibility to pay APC by instalment*.

In addition to the above:

❑ I understand and agree that if my application to pay my APC fee by instalments is approved and I default on these payments, my APC will be cancelled and I will owe the balance of the APC fee to the Council.

❑ I understand and agree that any monies owing to the Council will need to be paid before

another APC application will be approved.

**Payment method:**

I will be paying by:

❑ Credit card: I will make a payment over the phone with the Council for both instalments

❑ Direct credit: I will make a payment directly into the Council’s bank account for both instalments.

**Payment dates:**

Please advise the Council when you intend to make your payments taking into account that you will

need to have made your first payment before your current APC expires (31 March) and that both payments need to have been made in full by 31 March of the following year (the new APC year starts

on 1 April).

Payment 1 date: ………………………………………………………

Payment 2 date: ………………………………………………………

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Signature of applicant: ………………………………………………………………………………..

Date: ………………………………………….