



NEW ZEALAND QUALIFICATIONS AUTHORITY
MANA TOHU MĀTAURANGA O AOTEAROA

Candidate Entry Fee Form for National Schools Qualifications

Name	<input type="text"/>	<input type="text"/>
	First name	Surname
Address	<input type="text"/>	
	<input type="text"/>	
Name of school	<input type="text"/>	
NSN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(National Student Number)
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(dd/mm/yy)
Fee paid	\$ <input type="text"/>	Late Payment Fee Included? (Y/N) <input type="checkbox"/>
Declaration: I agree to abide by the Assessment and Certification Rules and Procedures set down by NZQA concerning national schools qualifications.		
Candidate's signature	<input type="text"/>	
Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Academic Year being paid for <input type="text"/>
Method of Payment	<input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Post this form with appropriate fee to: Finance NZQA PO Box 160 Wellington 6140 Fax: 04 802 3409 Phone: 04 463 3000
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	
Card Account Number	Expiry Date	
<input type="text"/>	<input type="text"/>	
Cardholder's Signature	Cardholder's Name	
For NZQA use only		
Receipt number: _____	Receipt Date: ____/____/____	
Payment Processed by: _____	Processed Date: ____/____/____	