

NZQA use only



**NEW ZEALAND  
QUALIFICATIONS AUTHORITY  
NATIONAL QUALIFICATIONS FRAMEWORK  
PAYMENT COVER SHEET**

(FRAMEWORK USE ONLY)

Provider Details

Name:

Code:

Location:

Location No.:

Contact Person:

Phone:

Email address:

Address:

Fax:

Method of Exchange:      Electronic                      Paper                      **(Circle one)**

Please complete the panel below and send this document to the Qualifications Authority along with the registrations, unit standard results and payment.

Payment Due			
Total Credit Value of Results	_____	@ \$1.55 per Credit	_____
No. of Certificates	_____	@ \$15 per certificate	_____
Total Fees Payable			_____

I declare to the best of my knowledge, that all the information attached is true and correct.

Signed:

Designation:

Date:

/ /

**NOTE:** All submissions of Results to NZQA must use this cover sheet. This will assist NZQA to process your data more quickly and accurately.

**NZQA USE ONLY:**

RC \_\_\_\_\_

\$ \_\_\_\_\_ Date received / /