

NZQA use only



**NEW ZEALAND  
QUALIFICATIONS AUTHORITY  
PAYMENT COVER SHEET**

(FRAMEWORK USE ONLY)

Provider Details

Name:

Code:

Location:

Location No.:

Contact Person:

Phone:

Email address:

Address:

Fax:

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

Payment Due			
Total Credit Value of Results	_____	@ \$1.58 per Credit	_____
No. of Certificates	_____	@ \$15.30 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 / /