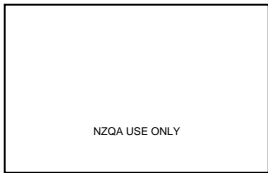


**NEW ZEALAND
QUALIFICATIONS AUTHORITY
NATIONAL QUALIFICATIONS FRAMEWORK
PAYMENT COVER SHEET**



(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			
No. of Registration/Hookons records	_____	@ \$20 each (10 or more) \$25 each (1-9)	_____
Total Credit Value of Results	_____	@ \$1 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 Hook-ons and 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 / /