

Tēnā koe

Thank you for your request for a payee number application form.

Please complete this application form and return along with supporting documents to:

**Email:** [adminsupport@health.govt.nz](mailto:adminsupport@health.govt.nz) *or*

**Post:** Primary Care Team  
Sector Operations  
Health New Zealand - Te Whatu Ora  
Private Bag 1942  
Dunedin 9054

Please ensure all details are provided to avoid delays when processing your application. You will be notified when your application has been processed.

For further information, please contact us at:

**Phone** 0800 855 066 *or*

**Email:** [adminsupport@health.govt.nz](mailto:adminsupport@health.govt.nz)

Ngā mihi,

**nā**

**Contract Support  
Sector Operations**



Health New Zealand  
Te Whatu Ora

Reason for Application

Please indicate below why you require a new payee number

Provider Details

**Legal entity name/Provider name**  
*(The name of the company or individual who will claim under the payee number)*

**New Zealand business number**

**Trading as** *(If different from above)*

**Type of provider**  
*(GP, Midwife, GP Practice, etc)*

**Date claiming to commence**

**Geographical Region**

**Name of Primary Health Organisation**

Agreement Details

**Existing payee number**

**Existing agreement number**

Contact Details

**Business address**  
*(Physical address)*

**Postal address**  
*(If different from above)*

**Primary phone number**

**Alternate phone number**

**Email address**

**Practice contact**

**Name**

**Email** *(If different from above)*

## Practising Certificates

A copy of the current Annual Practising Certificate **MUST** be provided for **ALL** practitioners who will claim under the payee number.

## Payee Details

New payee number required      **or**       Existing payee number

**Bank account details.** Please provide one of the following to confirm and verify your bank account:

- Screenshot of your internet/phone banking** please remove any personal financial information
- Bank statement** please remove any personal financial information
- Bank letter** from the bank which must be signed and on letterhead
- A pre-printed bank deposit slip**
- Handwritten bank account** which must be signed and stamped by the bank

**All verification must be generated by the bank and include the bank logo, full bank account number and the bank account holder's name.**

## GST Details

Are you GST registered?       No       Yes

GST number

GST registered name

## Checklist

- I have enclosed a copy of the current Annual Practising Certificates of all practitioners who will claim under this payee number
- I have enclosed verification of the Bank Account Details

## Declaration

I hereby certify, to the best of my knowledge, the above information is true and correct, and I am authorised to make this declaration on behalf of the legal entity named above.

Print Name

Signature

Date signed

Please complete the section below if you are making this declaration on behalf of the organisation:

Name

On behalf of