

Application for Certificate of Registration - Hairdresser



Details of Applicant:

Company / Sole Trader / Partnership Name (Legal Entity): _____

Postal address: _____

Postcode: _____

Daytime Ph: _____ A/H Ph: _____

Fax No: _____ Mobile No.: _____

Email: _____

Details of Contact:

Given names: _____

Surname: _____

Postal address: _____

Postcode: _____

Daytime Ph: _____ A/H Ph: _____

Fax No: _____ Mobile No.: _____

Email: _____

Details of Premises:

Trading name: _____

Physical address: _____

Town: _____

Please include full payment when lodging your application.

Fees included \$145.00 _____

Applicant's signature: _____ Date: _____

If Paying by Internet Banking please use the following details:

Account Name: Matamata-Piako District Council

Bank: Bank of New Zealand

Branch: Te Aroha

Bank Account No: 02 0436 0021611 00

Payee Name: < your name >

Pay at one of our three offices:
35 Kenrick Street, Te Aroha
56-62 Canada Street, Morrinsville
Cnr Tainui and Tui Streets, Matamata

Office Use Only

Receipt Number: _____

Document Number: _____

Licence Number: _____

Date Received

