

Please attach

FEE \$60 (amendment of register)

Payment details – PLEASE DO NOT POST CASH

Direct Debit

BSB: 066040

Account: 19800005

Account Name: Veterinary Surgeons' Board

Please identify with NAME & REGISTRATION NUMBER

Cheque

Money Order

Credit Card ***Visa or Mastercard Only*** Please fill in details below.

Card Number																			
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Name on card: _____

EXPIRY DATE / **CSC**

Signature of cardholder: _____