

Tēnā koe

Thank you for your request for a S88 Assisted Dying Notice application form.

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

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

**Post:** WHBP Team  
Sector Operations  
Te Whatu Ora - Health New Zealand  
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:** [DunedinAASupport@health.govt.nz](mailto:DunedinAASupport@health.govt.nz)

**Subject:** Payee Number Application

Ngā mihi,

**nā**

**Contract Support  
Sector Operations**

**Provider Details**

**Health practitioner name**

**Type of practitioner**

*(GP, Nurse Practitioner or Psychiatrist)*

**Professional body number**

**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**

**Alternative contact**

**Name**

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

## Practising Certificate

A copy of your current Annual Practising Certificate **MUST** be provided.

## 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 my current Annual Practising Certificate
- I have enclosed verification of the bank account for Payment Details

## Declaration

I hereby certify, to the best of my knowledge:

- the information above is true and correct, and
- I am not an undischarged bankrupt, and
- I have completed the required training for the Assisted Dying service, and
- I agree to comply with the terms and conditions of the Assisted Dying Notice 2021, and
- I am authorised to make this declaration on behalf of the Company named above (if applicable).

Print Name

Signature

Date signed