To enrol with XXXXXXXXXXXXX CENTRE we need to see some ID please

**NAME AND NHI NUMBER**

**PROOF OF IDENTITY, ELIGIBILITY AND ENTITLEMENT**

*PLEASE PROVIDE EITHER*

• A **New Zealand passport** (valid or expired ok) OR

• A **New Zealand Birth Certificate** (or Cook Island, Niue or Tokelau birth certificate) **AND**

2 forms of proof that they are the person on the birth certificate **OR**

• A **New Zealand Certificate of Citizenship** **AND**

2 forms of supporting IDENTITY DOCUMENTS - 1 needs to have a photo OR

• **Evidence the person is currently getting a Social Security (WINZ) Benefit** (except emergency benefit) AND

2 forms of IDENTITY DOCUMENTS – 1 needs to have a photo of the patient.

Examples of IDENTITY DOCUMENTS include *• a driver’s licence* • *an 18+ card/Kiwi Access card • an employment contract, or* *• letters addressed to the patient at their current address •bank statement on phone •car rego •pay slip • tenancy agreement*

*ID can be emailed to* [*xxxxxxxx@xxxxxx*](mailto:reception@maraenuimed.co.nz)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | OFFICE USE ONLY – DOCUMENTS SIGHTED | | | |
| **TYPE OF DOCUMENT** | | **LAST FOUR DIGITS** | **EXPIRY DATE** | **INITIAL** |
| NZ PASSPORT | |  |  |  |
| BIRTH CERTIFICATE | |  |  |  |
| DRIVER’S LICENSE | |  |  |  |
| CITIZENSHIP CERTIFICATE | |  |  |  |
| 18+ CARD OR CSC CARD OR KIWIACCESS | |  |  |  |
| PERSON IS ON WINZ BENEFIT | |  |  |  |
| VISA – 2 YEAR MINIMUM – photocopy – patient must reside in NZ for 2 years | |  |  |  |
| PERSON RESIDING IN NZ FOR NEXT 183 DAYS | |  |  |  |
| OTHER - SPECIFY | |  |  |  |
| NOTES - | |  |  |  |