



ANZCA

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS

ABN 82 056 042 852

IMGS

Paper Assessment Fee Form

PAF

1. PERSONAL INFORMATION

Family Name: _____

First Name: _____

Middle Name: _____

2. PAYMENT DETAILS

Payment Amount:
(incl. GST)

AUD \$576.00

Cheque, Bank Draft or Money Order attached
(Payable to ANZCA and crossed "Not Negotiable".)

Credit Card (please tick one)



Credit Card Number:

Expiry Date:

Name
on Card: _____

Cardholder's
Signature: _____

Send the completed form to:

**ANZCA
c/o IMGS Accreditation
PO Box 6095
ST KILDA ROAD CENTRAL
VIC 8008 AUSTRALIA**