

Part 3 Fee Payment

Applicant's Name: TPMHA Subject's Name _____

Payment Exemption

There may be no fee depending on the purpose of the check. Please refer to Manitoba Regulation 16/99 subsection 11.1(2).

All fee exemptions are subject to an audit.

Exempted – no fee attached

Payment Method (Please check one box only and print all information clearly)

VISA Card Number _____ Expiry Date _____
 Name as it Appears on Card _____
 Amount: _____ (Canadian funds)
 Authorization: _____
Signature of Cardholder

MASTERCARD Card Number _____ Expiry Date _____
 Name as it Appears on Card _____
 Amount: _____ (Canadian funds)
 Authorization: _____
Signature of Cardholder

CHEQUE *made payable to the Minister of Finance*

Note: Post-dated cheques will not be accepted. **There is a \$20.00 NSF charge for all returned cheques.**

MONEY ORDER *made payable to the Minister of Finance*

CASH (Note: It is recommended that you **do not send cash through the mail.)**

Receipts will only be issued if requested at the time the Application is submitted.

Check if receipt is required.

All three parts of this Application must be forwarded to the Child Abuse Registry for a check to be completed.

FOR CHILD ABUSE REGISTRY OFFICE USE ONLY	
Application Received	Date
<input type="checkbox"/> IN-HOUSE	
<input type="checkbox"/> MAIL	
<input type="checkbox"/> COURIER	
<input type="checkbox"/> FAX	
<input type="checkbox"/> Multiple Applications # _____	