



AFFIDAVIT IN TERMS OF THE HEALTH PROFESSIONS ACT (CHAPTER 27:19)

I, the undersigned,

Prof; Dr; Mr; Mrs/Ms....., with ID
number: and PCZ registration number
.....Residing at.....

..... do hereby
declare that:

1. I am registered with the Pharmacists Council of Zimbabwe as a (state the profession and the category)
.....;
2. I hereby declare that I am going to be the sole supervisor of
.....Pharmacy situated at
and will provide continuous personal supervision effective from.....
3. Previously I was was supervising at..... Pharmacy and I resigned
on

I make the above statement conscientiously believing the same to be true.

SIGNED

SIGNED AND SWORN TO BEFORE ME AT ON THISDAY

OF 20--

COMMISSIONER OF OATHS

COMMISSIONER OF OATHS STAMP