



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 have ceased to be the sole supervisor of
..... Pharmacy situated at
.....
...effective from.....

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