

PHARMACISTS COUNCIL OF ZIMBABWE

CERTIFICATE OF KNOWLEDGE OF ENGLISH

THIS IS TO CERTIFY that I,

.....

have on the day of, 20.....

Interviewed

Of (residential address)

(business address)

and that as a result thereof I find that his working knowledge of the English language is

.....(insert good, moderate, fair or poor, as the case may be).

Any remarks qualifying or amplifying the above statement including a brief description of the manner in which the applicant's knowledge of the English language was tested):

.....

.....

.....
signature

.....
Status

NOTE: This certificate is required to be completed and signed by one of the following persons-
The registrar or any member of the Zimbabwe Pharmacists Council; or a justice of the peace or a commissioner of oaths or if none of the above mentioned persons are available, by any English speaking professional person, provided his exact status is defined.