



Pharmacists Council of Zimbabwe

ERASURE AFFIDAVIT

I.....

National Identity Number.....and

residing at.....

do hereby solemnly and sincerely swear/declare that I have requested the Registrar of the Pharmacists Council of Zimbabwe that my name be removed from the Register of Pharmacists/Optometrists/Dispensing Opticians/Pharmacy Technicians/ Hearing Aid Specialist maintained by the Pharmacists Council of Zimbabwe. I Swear/declare that there are no disciplinary or criminal proceedings being pursued or likely to be taken against me in connection with the practice of my profession or calling'

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

Signed.....

Signed before me at.....this.....day of20.....

Commissioner of Oaths Signature.....

Stamp