

PHARMACISTS COUNCIL OF ZIMBABWE

APPLICATION FOR THE PURCHASE OF A REGISTER

NB. To pay the appropriate fees upon approval

- 1. **Applicants Name** -----
If applicant is a company, contact person-----
- 2. **Physical Address** -----
- 3. **Telephone Number** -----
- 4. **Cell Number** -----
- 5. **E-mail Address** -----
- 6. **Nature of Business of Applicant**-----
- 7. **Register to be purchased** -----
- 8. **Purpose of Purchased Register**-----

Signature ----- **Designation**-----

Date -----

For Official Use Only

Approved/Not Approved

Signature ----- **Designation**-----

Date -----

