

**PHARMACISTS COUNCIL  
OF ZIMBABWE**

**PCC/COGS/05**

**No. 2 Cork Road, Belgravia  
HARARE  
TEL: 263 (4) 740074/157  
FAX: 263 (4) 740158**



**P.O Box CY 2138  
Causeway  
HARARE**

**Application for a Certificate of Good Standing**  
(To be completed and submitted with the applicable fees)

Full name:.....  
Address:.....  
.....  
Telephone No:.....  
E-mail address:.....  
PCZ Registration Number:.....  
ID No.:.....

**If you are intending to practise abroad, you are required to supply the following additional information**

Country of destination:.....  
Name and address of registering body in country of destination:  
.....  
.....  
Intended date of departure:.....  
Reason for transfer and duration of absence abroad ("optional?"): .....  
.....  
.....(Please continue on separate page if necessary)

**Declaration**

**I .....(full name) of.....(address) a  
..... (profession) do hereby apply for a certificate of good  
standing, and declare that there are no criminal or practice-related charges  
pending against me.**

Signature:.....Date.....

Commissioner of Oaths/Notary Public/Justice of the Peace:

Name (in block letters): .....

Signature:..... Date .....Designation: .....