



PHARMACISTS COUNCIL OF ZIMBABWE

APPLICATION FOR RE-REGISTRATION / RESTORATION

Complete in block letters

I hereby apply for as a

1. PARTICULARS OF APPLICANT

TITLE: () MR () MRS () MS () DR
() FEMALE () MALE

SURNAME:

FIRST NAMES:

PREVIOUS SURNAME (WHERE APPLICABLE)

DATE OF BIRTH:

PLACE OF BIRTH: TOWN COUNTRY

NATIONALITY

MARITAL STATUS: () MARRIED () SINGLE () OTHER STATE

RESIDENTIAL ADDRESS:

.....

POSTAL ADDRESS

.....

PRESENT EMPLOYER

PHONE NUMBER: HOME WORK

2. REGISTRATION OF ADDITIONAL QUALIFICATIONS (IF ANY)

QUALIFICATIONS	NAME OF TRAINING INSTITUTION	DURATION FROM / TO	AWARDED BY	DATE AWARDED

3. DETAILS OF EMPLOYMENT SINCE QUALIFYING

NAME AND ADDRESS OF EMPLOYER	POSITION HELD	PERIOD	
		FROM	TO

DATE SIGNATURE

FOR OFFICIAL USE ONLY

RECEIVED (Amount) RECEIPT NO DATE

APPROVED: () YES () NO

IF YES DATE OF REGISTRATION REG NO

CONDITIONS

IF NO REASON

DATE SIGNATURE