



*Quality Medicines for Malawi*

**APPLICATION FORM FOR A PRACTISING LICENCE & RETENTION OF NAME  
ON THE APPROPRIATE REGISTER**

I .....hereby declare to the best of my knowledge, belief and information that there are no circumstances, which I am aware of which would disqualify me from being issued a Practising Licence and to be removed from the appropriate Register and not to practice as a Pharmacist/Pharmacy Technologist/Pharmacy Assistant [*delete as appropriate*].

I am applying for a Practising Licence and Retention of Name on the appropriate Register for the fiscal year ..... / .....

My registration number on the Certificate of Registration is .....

Currently I am practising at .....

(*Postal address*)..... (*Physical address*)

I hereby submit my application to be considered for a Practising Licence and Retention of Name on the appropriate Register.

I have attached a copy of my Certificate of registration/notification of results and the deposit slip as proof of payment as per requirement under sections 26(2) and 27 of the PMRA Act No. 9 of 2019 for the issuance of a Practising Licence [*attach a copy of a Certificate of registration and bank deposit slip*].

Signature of Applicant: .....

Contact Number .....

Email address: .....

Date of Application: .....

Date of Submission: .....