

**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: ……….………………………...……….