



Quality Medicines for Malawi

**APPLICATION FORM FOR REGISTRATION AS A
PHARMACIST/PHARMACY TECHNOLOGIST/PHARMACY ASSISTANT***

1. Name and address of applicant (in block letters):

Surname:..... First names:.....

Telephone Number:.....Postal address:.....

Email.....

2. Date of birth:.....3. Sex (M/F):.....4. Nationality.....

5. Applicant for registration in the register of:.....

6. Academic qualifications (certificates, diplomas, degrees), dates obtained, and institutions attended (school, university, college):

<i>Qualification</i>	<i>Month Year</i>	<i>Institution and Country</i>
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7. Professional qualifications (with dates obtained and institutions):

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8. Present employer and address:.....

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.....

**9. I, the above mentioned applicant, hereby apply for registration on the
aforementioned register and submit herewith:**

***(a) the prescribed application fee of K.**

***(b) the prescribed registration fee of K.....and**
(c) the following documents in support of my application :.....
.....
.....

10. Declaration

I, the above mentioned applicant, hereby solemnly and sincerely declare that the information I have given above is true in every respect to the best of my knowledge and belief and that I have read the Act and the Regulations made under the Act and understand that, If registered, I shall be bound thereby and by any amendments thereto for as long as my name shall remain on the aforesaid register.

Declared at.....by.....

Signature of Applicant

Before me.....at.....

On this.....day of.....20.....
.....

Commissioner of oaths

11. FOR OFFICE USE ONLY:

(a) (i) Applicant fee: K.....Receipt No.....

(b) (ii) Registration fee: K.....Receipt No.....

(c) Date of approval of application:.....(d) Registration No.....

(e) Remarks:.....

Date:.....

Signature:.....

Director General

Pharmacy and Medicines and Regulatory Authority

***NOTES: 1. An application fee is not refundable.**

**2. All applications should be addressed to the Director General, P.O Box
30241, CAPITAL CITY
LILONGWE 3. Malawi**