

**FIRST SCHEDULE**

**FORM C1**

REGULATION 11 (C)

**THE PHARMACY ACT**

REGULATION 4 A (2)

**ANNUAL REGISTRATION OF PHARMACISTS**

Print or type clearly the information as is now shown on your licence

Surname.....

**EMPLOYMENT RECORD**

Maiden Name (if applicable).....

Present Employer.....

Address.....

Christian Name(s).....

Phone/Fax.....

Gender: Male  Female

Email.....

Date of Birth.....

**YEARS OF EXPERIENCE**

Registration No. ....

0-2  3-5  6-10

Date of Registration.....

11-15  16-20  21-25

26-30  > 31

**MARITAL STATUS**

**EMPLOYMENT STATUS**

Status: Single  Married

Full-time  Part-time

Unemployed

Home Address.....

**ANY OTHER INFORMATION**

.....  
.....  
.....

.....  
.....  
.....

Telephone.....

Email.....

**QUALIFICATIONS**

PharmD  MSc

BSc/BPharm  Dip Pharm

Ass. Degree  Other (please specify) .....

No. of Credits.....

(Include documentary Proof)

I declare that the information provided herein is a truthful and complete statement of the information required.

For official use only

Signature.....

Fee.....

Date.....

Date received.....

Registration Fee \$2500.00

Receipt No.....

Signature .....