

FIRST SCHEDULE
FORM C1
THE PHARMACY ACT

Regulation 4A (2)

ANNUAL REGISTRATION OF PHARMACISTS

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

Surname

Maiden Name (If applicable)

Christian Name (s)

Gender : Male Female

Date of Birth

Registration No.

Date of First Registration

Status:

Single Married

Divorcé (e) Widow (er)

Home Address

E-mail

Telephone.....

Employment Record

Present Employer

Address

Phone

Fax

E-mail

Years of Experience

0-2 3-5 6-10

11-15 16-20 21-25

26-30 31-35 ≥ 36

Employment Status

Full-time Part-time

Unemployed

Any other information

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Qualifications:

Ph.D MSc BSc/Bpharm Dip Pharm Pharm D 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.

For official use only

Signature

Date

Registration Fee \$ 5,000.00

Fee

Date received

Receipt No.

Signature.....