

APPLICATION FOR LICENCE TO PRACTISE MEDICINE

- 1. Name _____
- 2. Details of any change of name _____
- 3. Address: _____

- 4. Email address: _____
- 5. Telephone numbers: Home _____ Business _____
Cell _____
- 6. Date of registration as a general practitioner, consultant or specialist (insert whichever is applicable) under the Medical Practitioners Act or under the Medical Act, including whether registration is provisional _____

- 7. Details of continuing medical education courses taken in the last 5 years: _____

Signed

Applicant

Statutory Declaration

I, hereby declare on oath that the information contained in the above form is true and correct to the best of my knowledge, information and belief and that there have been no material changes to my situation since the date of my registration as a medical practitioner as detailed in item 3 above.

Applicant

Sworn before me

at

On the day of 20.....

Commissioner of Oaths/Notary Public