

PHARMACISTS COUNCIL OF ZIMBABWE

17DIVINE ROAD
MILTON PARK
HARARE

P.O BOX CY 2138

CAUSEWAY
HARARE

TELEPHONE: 740074/740158

HEALTH PROFESSIONS ACT (CHAPTER 27:19)

APPLICATION FOR REGISTRATION OF A PHARMACY/MANUFACTURING PLANT/ OPTOMETRY/ DISPENSING OPTICIAN

(To be completed in block letters)

1. DETAILS OF INSTITUTION:

Name of Institution.....

Physical Address.....

Postal Address.....

Telephone Number & Cellphone Number.....

Services offered/ to be offered.....

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2. NAME OF HEALTH PROFESSIONAL IN CHARGE OF THE HEALTH
INSTITUTION:

Full Name.....

Address.....

Professional Qualification.....

Registration Number.....

Cellphone Number.....

Email Address.....

3. TYPE OF INSTITUTION:

Pharmacy Manufacturing Plant

Optometry Dispensing Optician

4. INSPECTION REPORTS SUBMITTED:

Medicines Control Authority of Zimbabwe

Local Authority Please state which

Other Please specify.....

5. PROVINCE LOCATED:

Bulawayo Harare

Mashonaland Central Masvingo

Manicaland Midlands

Matabeleland North Mashonaland East

Matabeleland South Mashonaland West

6. DETAILS OF OWNER OF HEALTH INSTITUTION:

Full Name.....

Address.....

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Telephone.....

7. OTHER HEALTH INSTITUTIONS OWNED:

Please give details of location and licence number of all other health institutions you own.

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This application should be accompanied by a non refundable fee of

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I hereby certify that the above information is correct

DATE..... SIGNATURE.....

FOR OFFICAL USE ONLY

Received \$..... Receipt No.....

DATE:.....

PRACTICE CONTROL COMMITTEE RECOMMENDATIONS:

Approved () Not Approved ()

Comments:.....

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Conditions.....

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DATE..... SIGNATURE.....