

Appendix 2: Change of student Information

Form Ib



Please affix firmly a recent Passport -size Color photograph of yourself here

HEALTH PROFESSIONS COUNCIL OF ZAMBIA

Plot 6640 Mberere, Road Olympia

P.O BOX 32554 Lusaka 10101, Zambia. Tel: +260 211 236241

Fax: +260 211 239317 Mobile +260 0770023624 +260 972666069

Email: info@hpcz.org.zm Website: www.hpcz.org.zm

CHANGE OF INFORMATION FORM – REGISTERED STUDENT

| FOR OFFICIAL USE ONLY | |
|-------------------------|-------|
| STUDENT REGISTRATION NO | |

Surname..... Middle name..... Forename(s).....

Gender..... Date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Nationality.....

NRC

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | 0 | 0 | - | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

No:

Passport

No. (ONLY if not in possession of NRC):

Physical address.....

Tel/Mobile:

| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Email address.....

Name and Phone No. of Next of Kin.....

Training

Institution.....

Training Programme.....

Intake..... (month/year of enrolment)

Changes to be made

.....

.....

.....

Reasons for the Change

DECLARATION

I do solemnly declare as follows:

- a) That the information provided in this form is correct and true.
- b) That the attached documents are genuine and that I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge and belief.

.....
Signature of the Applicant

Declared at this day of 20.....

Before me.....

Commissioner of Oaths/Notary Public

MANDATORY ATTACHMENTS

If changing training institutions:

Attach a copy of acceptance letter from the new Training institution

Clearance letter from the current Training Institution

Proof of payment

If changing program of study

Attach letter of approval to Change program of study from training institution.

Proof of payment

For any other Changes

Attach any applicable documentation

Proof of payment of fees

| PAYMENT METHODS | | |
|---------------------------------|---------------------------|------------------|
| Zambia National Commercial Bank | Using a Bill Muster form | |
| Stanbic Bank, Arcades Branch | Account No. 9130002152316 | Sort code 040010 |

| FOR OFFICIAL USE | | | |
|------------------------------|------------------|-----------------|------------------|
| | | | |
| (Accounts Department) | | | |
| Amount Paid | Receipt No. | Signature | Date stamp |

(Registration Department)

Reviewed and verified by (Name).....Signature..... Date.....

Approved By (Name).....Signature.....Date

(This approval must include ECZ verification)