

**Appendix 15: Application form Duplicate Certificate**  
Form XII



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 0770023624 +260 972666069  
Email: [info@hpcz.org.zm](mailto:info@hpcz.org.zm) Website: [www.hpcz.org.zm](http://www.hpcz.org.zm)

**APPLICATION FOR DUPLICATE REGISTRATION/PRACTICING CERTIFICATE**

Surname.....Forename(s).....  
Profession.....Sex..... Date of birth.....  
NRC/Passport No. ....Nationality..... Tel/Mobile.....  
Physical Address..... Postal Address .....  
Email address.....Employer's Address .....

State the Certificate requiring Duplicate:

1. ....
2. ....

Reasons for requesting Duplicate Certificate

1. ....
2. ....
3. ....

I (insert name) ..... do solemnly  
declare as follows:

- a) That the information provided in this form is correct and true
- b) That I have never been debarred from Practicing my profession on the ground of professional misconduct;
- c) That my name has never been removed from the register kept in accordance with the laws of any country in which I have practised my profession; and
- d) I make this solemn declaration conscientiously believing the same to be true to the best of my knowledge.

.....  
Signature of the Applicant

Declared at ..... this ..... day of ..... 20 .....

before me.....

**Commissioner of Oaths/Notary Public**

**Appendices:**

- a) A valid affidavit or police report
- b) Proof of payment

<i>PAYMENT METHODS</i>		
<i>Zambia National Commercial Bank</i>	<i>Using a Bill Muster form</i>	
<i>Zambia National Commercial Bank</i>	<i>Account no 1808893000143</i>	
<i>Stanbic Bank, Arcades Branch</i>	<i>Account No. 9130002152316</i>	<i>Sort code 040010</i>
<i>ABSA</i>		

***For Official use:***

*Amount Paid.....Receipt No. ....Signature ..... Date stamp.....*  
***(Accounts Unit)***

*Received By (Name)..... Signature ..... Date.....*  
***(Registry)***

*Reviewed By (Name)..... Signature ..... Date.....*  
***(Registration Officer)***

*Verified By (Name)..... Signature ..... Date .....*  
***(Senior Registration Officer)***

*Recommended By (Name)..... Signature ..... Date .....*  
***(Regional Manager)***

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