

Appendix 6: Application form for Extension of Registration

Form III



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 Website: www.hpcz.org.zm

APPLICATION FOR EXTENSION OF PROVISIONAL, TEMPORARY AND LIMITED REGISTRATION

Surname.....Fore name(s).....
Profession.....Gender..... Date of birth.....
HPCZ Registration number.....Date of previous registration
NRC No..... Passport No. (**ONLY if not in possession of NRC**).....
Nationality.....Tel/Mobile.....
Physical Address..... Postal Address
Email address.....
Name and Phone No. of Next of Kin.....
Reasons for extension (circle)
a) Not yet employed.
b) Have not worked for the required period.
c) Have not yet completed internship.
d) Other (specify).....

Appendix:

Copy of HPCZ provisional/Temporary/Limited certificate

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

For Official use:

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

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

Verified and approved By (Name)..... Signature Date
(Senior Registration Officer)