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Pharmacy Council

**THE HEALTH PROFESSIONS REGULATORY BODIES ACT,
2013 (ACT 857)**

SECTION 85&87

APPLICATION FOR TEMPORARY REGISTRATION AS A PHARMACIST

THE REGISTRAR
PHARMACY COUNCIL,
P. O. BOX AN 10344,
ACCRA NORTH

I.....
(SURNAME) (FIRST NAME) (OTHERS)

of
(PERMANENT POSTAL ADDRESS)

Hereby make application for temporary registration as a Pharmacist. My
qualifications are.....

I enclose the registration fee of GH¢

Signature:.....

Date:.....

FOR OFFICIAL USE ONLY

Pharmacy Council Receipt No.: Amount Paid: Gh¢

PHARMACIST REGISTRATION NO.:.....