

# AHPCZ

## ALLIED HEALTH PRACTITIONERS COUNCIL OF ZIMBABWE

20 Worcester 2021  
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### ALTERATIONS ON REGISTER APPLICATION FORM

#### DOCUMENTS WHICH MUST BE SUBMITTED WITH THIS FORM

1. Copy of Practising Certificate – the most up to date copy.
2. Copy of Registration Certificate
3. Proof of alterations document (Certified copy)

NB. All copies to be certified.

**NOTE:** Application fee applies.

I .....

hereby make application to have my

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Altered to

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On the Register of

.....

Signature.....

Date.....

*(For office use)*

Received (Amount)\_\_\_\_\_ Date:\_\_\_\_\_ Receipt No.\_\_\_\_\_