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**

**..................................................................**

**Altered to**

**....................................................................................................................................**

**On the Register of**

**.......................................................................................................................................**

**Signature..................................... Date..........................................**

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***(For office use)***

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

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**Parirenyatwa Hospital Grounds**

**1st Floor, Old Central Building**

**Mazowe Street, P.O. Box A14**

**Avondale, Harare Phone: 04-702143**