



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

SECTIONS 86(1)

**APPLICATION FOR PERMANENT REGISTRATION AS A
PHARMACIST**

Passport size
photograph

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

I
(SURNAME) (FIRST NAME) (OTHERS)

of
(PERMANENT POSTAL ADDRESS)

Hereby apply for permanent registration as a Pharmacist. My qualification(s) are

.....

I enclose registration fee of GH¢.....

Signature:

Date:

FOR OFFICIAL USE ONLY

Pharmacy Council Receipt No.:

Amount Paid: GH¢

Pharmacist Registration No.:

Date: