

AFFIX PASSPORT  
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# MEDICAL COUNCIL OF ZAMBIA

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## APPLICATION FOR PROVISIONAL/TEMPORARY REGISTRATION

(Medical and Allied Professions Act. Cap 297 of the Laws of Zambia)

### PART 1

(To be completed by the applicant)

Surname of applicant: Mr/Mrs/Miss/Dr .....

Other Names:.....

Date of Birth:.....Nationality.....

NRC or Passport No:.....

Tel Number.....E mail.....

Residential Address:.....

Postal address:.....

Address of Prospective employer:.....

.....

Profession of applicant:.....

Type of registration required Provision/Temporary):.....

Date:..... Signature of applicant:.....

Registration fee: K.....

**PART 2**

**STATUTORY DECLARATION**

I.....do solemnly declare as follows: -

1. That I attended regular training and attained the qualifications stated below:

<b>Training Institution</b>	<b>Course Pursued</b>	<b>Duration of training</b>	<b>Qualifications attained</b>

2. That I have worked in the following places since qualifying (to be complete only be applications for temporary registration)

.....  
.....  
.....  
.....

3. That the attached certified copy of documents relating to my training (degree, diploma, certificate, etc) are true and faithfully copies of the originals:

- a. ....
- b. ....
- c. ....
- d. ....
- e. ....

4. That the address stated below is the current and proper address of the registration body where I am/have been previously registered: -

.....  
.....

5. That,

- a. I have never been debarred from practising my profession on the grounds of professional misconduct; and
- b. My name has never been removed from any register of members of my profession kept in accordance with the laws of any country or state in which I have practised my profession; and
- c. No inquiry is pending which may result in the action being taken which is referred to in sub-paragraph (a) and (b).

And I make this solemn declaration, conscientiously believing the same to be true and I am aware that false declaration could lead to disciplinary action being taken against me.

.....  
**Signature**

Declared at:..... this:..... day of:.....20.....

Before:.....

**Signature of attesting authority**

**Capacity of attesting authority**  
**(Notary Public or Commissioner of Oaths)**

**Note:** This declaration, if made in Zambia, must be under the commissioner of oaths acts Cap 46. If made outside Zambia, must be made before a Notary Public, appropriate law in that country governing the administration of Oaths for the time being, in force to take or receive a declaration.