

**REQUEST FOR
REMOVAL
FROM THE REGISTER OF PHARMACISTS and INTERN PHARMACISTS**

This form is for pharmacists who are requesting removal from the Register under section 142 of the Health Practitioners Competence Assurance Act 2003

IMPORTANT

In accordance with the Privacy Act 1993, the information collected on this form is confidential to the Pharmacy Council and is used for the purpose of processing this request.

Name	Registration Number <input style="width: 80%;" type="text"/>
Title	Mr/Mrs/Miss/Ms/Dr (please circle)
First name(s)	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>
Address	<input style="width: 100%; height: 100%;" type="text"/>

Request for removal and declaration

I wish to be removed from the register effective from _____ (date)

I declare that I am not aware of any criminal or disciplinary investigations or actions pending against me.

Signed: _____

Date of request: _____

OFFICE USE ONLY:

Request Approved: yes no

Signed: _____