

PART IV – DECLARATION

I hereby declare that the particulars given in this application and the attached documents listed are true to the best of my knowledge.



Documents submitted (Full Registration):

- NRIC or Passport & Employment pass
- Certificate of Qualification (certified true copy)
- Details of the Academic Results
- Evaluation Summary of Pre-registration Training
- Pre-registration Training Survey
- Project Abstract
- Others (specify) _____

Documents submitted (Conditional Registration):

- NRIC or Passport & Employment pass
- Evaluation Summary of Pre-registration Training
- Project Abstract (if required)
- Others (specify) _____

_____ Date

_____ Signature of Applicant

PART V – CERTIFICATE OF IDENTITY AND CHARACTER REFERENCE

To be completed by registered pharmacists or medical practitioners who have known the applicant professionally.

Name	Name
Designation	Designation
Address	Address
I hereby certify that (name of applicant) _____ is known to me personally, and I believe him/her to be a person of good character. _____ Signature & Date	I hereby certify that (name of applicant) _____ is known to me personally, and I believe him/her to be a person of good character. _____ Signature & Date

FOR OFFICIAL USE ONLY

<input type="checkbox"/> Cash <input type="checkbox"/> Cheque Cheque No : _____	Registration Fee : S\$ _____ PC Fee : S\$ _____ (For 0.5 / 1 / 1.5 / 2 years)	Receipt No. _____ Date _____ Receipt No. _____ Date _____ Verified by _____