



THE VETERINARY COUNCIL OF ZAMBIA

The Veterinary and Veterinary Para-Professions (General) Regulations, 2013

APPLICATION FOR DUPLICATE CERTIFICATE OF REGISTRATION (Section 31 of the Veterinary and Veterinary Para-Professions Act, 2010)							
Please complete in block letters	Shaded fields for official use only	Code					
		Date/Time					
<i>Information Required</i>					<i>Information Provided</i>	√	
1.	<b>Name(s) of applicant</b> (a) Surname (b) Forename (s) (c) Certificate No.						
2.	<b>Nationality</b>  - National Registration Card No.  - Passport No.						
3.	<b>Notification address</b> <b>Plot No.</b>  <b>Tel:</b>  <b>Fax:</b> <b>E-mail:</b>						
4.	Category of registration	Full	Provisional	Temporary	Limited	Specialist	
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5.	Certificates currently held by applicant in Zambia, if any, under the Veterinary and Veterinary Para-Professions Act, 2010	Certificate No. and Type:	Location:	
6.	<p>Have you ever been found guilty of professional misconduct or been convicted of an offence involving fraud or dishonesty or any offence under the Veterinary and Veterinary Para-Professions Act, 2010, or any other law within or outside Zambia?</p> <p>If yes, specify details:.....</p> <p>Nature of offence:.....</p> <p>Date of conviction:.....</p> <p>Sentence:.....</p>			
7.	<b>Appendices</b>			
	Attach affidavit stating reason(s) for application for duplicate certificate.			

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY**

Received by: \_\_\_\_\_  
Officer

RECEIPT No.

Date Received \_\_\_\_\_

Amount Received \_\_\_\_\_

STAMP

Serial No. of application: \_\_\_\_\_