



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			
Information Required		Information Provided					✓
1.	Name(s) of applicant (a) Surname (b) Forename (s) (c) Certificate No.						
2.	Nationality - National Registration Card No. - Passport No.						
3.	Notification address Plot No. Tel: Fax: E-mail:						
4.	Category of registration	Full	Provisional	Temporary	Limited	Specialist	

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.	Appendices			
	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: _____