



MEDICAL PRACTITIONERS AND DENTISTS ACT, 1987

No 17 OF 1987

MEDICAL PRACTITIONERS AND DENTISTS (REGISTRATION AND MISCELLANEOUS FEES)
REGULATIONS, 1988

**APPLICATIONS FOR REGISTRATON FOR OLD MUTUAL FREE LIFE COVER FOR MALAWI'S COVID -19 HEALTHCARE
PRACTITIONERS**

NOTE; The filled Application form should be sent to the address below .Medical Council of Malawi will scrutinize to ensure that the applicant is in good standing with it before the application form is sent to Old Mutual for processing

THE REGISTRAR, MEDICAL COUNCIL OF MALAWI, P.O. BOX 30787, CAPITAL CITY, LILONGWE 3

Email:medcom@medcommw.org,E-Diary:www.medcomcpd.org

1. Full names of the applicant: Dr./Mr./Ms _____
 2. Date of Birth _____
 3. Identification: National Identification Numbe _____ Date Issued _____
Expiry Date..... (Please attach copy of your National ID, Malawian nationals only)
 4. Marital status: single [], married [], widowed [], divorced [], other [] _____
Gender: Male [], Female [] _____
 5. Address of the applicant _____

Mobile No. _____ Cell No. . _____ Email _____
 6. Nationality of applicant: Malawian, Yes [], No [] If no, please specify the country of origin,, copy of passport for foreigners.

 7. Professional Registration Number _____
 8. Applicant is on the register of _____

 9. Name of Institution/Organization /Hospital/department _____
 10. City or town of residence _____
- Date _____

Signature of applicant

FOR OFFICIAL USE

CHECKED BY _____ SIGNATURE _____ DATE _____

VERIFIED BY _____ SIGNATURE _____ DATE _____