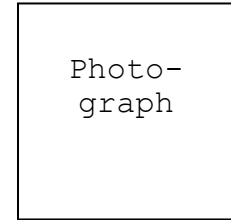


FORM 7  
(Regulation 20)

OPTICAL ACT 1991  
(Section 19)

OPTICAL REGULATIONS 1994



APPLICATION FOR REGISTRATION OF OPTOMETRIST

1. Full name of applicant: .....
2. Identity Card No: .....
3. Citizenship status: .....
4. Date of birth: .....
5. (a) Residential address: .....
- .....
- .....
- (b) Address for postal communication (if different): .....
- .....
- .....
6. Particulars of qualification:
  - (a) Description of qualification (in full): .....
  - .....
  - (b) Institution which granted qualification: .....
  - .....
  - (c) Date of qualification: .....
7. I attach the following documents in proof of my qualification and in support of this application:
  - (a) certified true copy of Citizenship Certificate (if applicable);
  - (b) certified true copies of original diplomas, certificates etc.;

(c) .....  
.....

Date: .....

.....  
*Signature of applicant*

DECLARATION

I, (full name) .....  
the above-named applicant, hereby declare that the  
particulars stated in this application are true and correct  
and the documents attached are certified true copies of  
original documents which relate to me. I have not at any time  
been found guilty of an offence involving fraud, dishonesty  
or moral turpitude or an offence punishable with imprisonment  
(whether in itself only or in addition to or in lieu of a  
fine) for a term of one year or upward.

Date: .....

.....  
*Signature of applicant*

CERTIFICATE OF IDENTITY

I, (full name) .....  
of (full address) .....  
..... being  
(professional status) ..... do  
hereby certify that (name of applicant) .....  
..... whose application for  
registration as a ..... is submitted above is  
known to me personally and is in fact the person whose name  
appears on this application.

.....  
(Signature)  
Fully Registered  
Optometrist/Optician or  
Advocate and Solicitor or  
an Officer in the  
Managerial and  
Professional Group of  
the Public Service

Date: .....