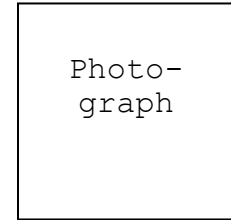


FORM 7
(Regulation 20)

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: