

FORM F

Regulation 65(4)(b)

**MEDICAL REGISTRATION ACT
(CHAPTER 174)**

**CERTIFICATE OF IDENTITY
AND GOOD CHARACTER**

I
of
certify as follows:

1. I am a registered medical practitioner of years' standing.
2. I am not the spouse, parent, sibling or child of*
3. I have read the statutory declaration of*
made on the day of 20
4. The said* is
the same person as whose
name formerly stood in the†
with the following qualifications or status
5. I have been and am well acquainted with the said
.....* both before and since his name
was removed from the Register, and I believe him to be a person of good character,
and the statements in the said declaration are to the best of my knowledge,
information and belief true.

Signed:

Date:

*Enter name of person applying for restoration to register under section 56 of the Medical Registration Act.

†Enter relevant registers under the Medical Registration Act.