



# SINGAPORE PHARMACY COUNCIL

16 College Road, College of Medicine Building, Singapore 169854  
Tel: (65) 6478 5068/67/66/63 Fax: (65) 6478 5069  
Web: <http://www.spc.gov.sg> Email: [enquiries@spc.gov.sg](mailto:enquiries@spc.gov.sg)

To: Singapore Pharmacy Council  
81 Kim Keat Road  
NKF Centre, Level 9  
Singapore 328836  
Phone: 6478 5068 Fax : 6478 5069  
Email: [enquiries@spc.gov.sg](mailto:enquiries@spc.gov.sg)

## APPLICATION FOR TERMINATION/DISRUPTION IN TRAINING / REGISTRATION

Name: \_\_\_\_\_ NRIC No: \_\_\_\_\_

PRN: \_\_\_\_\_ Tel No: (H) \_\_\_\_\_ (O) \_\_\_\_\_ (HP) \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ S ( )

E-Mail Address : \_\_\_\_\_

Dear Registrar,

I am **leaving the employment of the organisation** and **wish to terminate** the following:

Pre-Registration Training with effect from \_\_\_\_\_.

Conditional Registration with effect from \_\_\_\_\_.

I wish to apply for a **disruption (will still be in the employment of the organisation)** (please delete appropriately) in my:

Pre-Registration Training from \_\_\_\_\_ to \_\_\_\_\_

Conditional Registration from \_\_\_\_\_ to \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature Institution Date

\_\_\_\_\_  
Signature & Name of Pharmacy Manager Date

### For Official Use

Decision:  Approved  Not Approved

Remarks: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_