



SINGAPORE PHARMACY COUNCIL

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To: Singapore Pharmacy Council
81 Kim Keat Road
NKF Centre, Level 9
Singapore 328836
Phone: 6478 5068 Fax : 6478 5069
Email: SPC@spb.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: _____