

**DISRUPTION / UNSUCCESSFUL COMPLETION IN  
PRE-REG TRAINING/ CONDITIONAL REGISTRATION**

To: Registrar,

Fax form to: 64785069

I wish to inform you that the following person:

Name: \_\_\_\_\_ FIN No: \_\_\_\_\_ PRN: \_\_\_\_\_

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

(HP) \_\_\_\_\_

- Will be disrupted from / has not completed\*\* the stipulated pre-reg training / conditional registration period:

Pre-Registration Training from \_\_\_\_\_ to \_\_\_\_\_  
Disruption from \_\_\_\_\_ to \_\_\_\_\_ or  
Left service on \_\_\_\_\_

Conditional Registration from \_\_\_\_\_ to \_\_\_\_\_  
Disruption from \_\_\_\_\_ to \_\_\_\_\_ or  
Left service on \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Pharmacy Manager

\_\_\_\_\_  
Institution

\_\_\_\_\_  
Date

**For Official Use**

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

\_\_\_\_\_

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

Date: \_\_\_\_\_