

By Fax : 6478 5069

LETTER OF UNDERTAKING

(to be completed by supervisor)

Date :

To : Singapore Pharmacy Council
81 Kim Keat Road
#09-00 NKF Centre
Singapore 328836

Re : Supervisory Framework For Conditionally Registered Pharmacist

I confirm that I have read the above mentioned guidelines which were issued by Singapore Pharmacy Council and undertake to comply with these guidelines.

I will be the supervisor for the following pharmacist who is applying for conditional registration

from _____ to _____:

DD/MM/YYYY

DD/MM/YYYY

Name of Pharmacist : _____

NRIC / PP No / FIN No: _____

PRN No: _____

Signature of Supervisor

Name & Designation

PRN

Email address

Name of Organisation

Department / Branch

Contact Number (supervisor): _____ (O) _____ (mobile)

Date : _____