

7 Ross Avenue
Belgravia
HARARE



P.O. Box A410
Avondale
HARARE

**HEALTH PROFESSIONS AUTHORITY
ZIMBABWE**

TELEPHONE: 754930/1, 758550
E- MAIL : inspectorate@hpa.co.zw
: inspectoratesec@hpa.co.zw

FAX: -

**Health Professions Act
Chapter 27:19**

**NOTICE OF INTENTION TO MAKE A MATERIAL CHANGE IN THE PARTICULARS OF REGISTRATION
OF A HEALTH INSTITUTION**

APPLICATION FEE \$

CURRENT REG. NO.

A. CURRENT REGISTERED PARTICULARS

1. FULL NAME OF HEALTH INSTITUTION

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2. NATURE OF HEALTH INSTITUTION

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3. PHYSICAL ADDRESS

.....

4. POSTAL ADDRESS

.....

5. TELEPHONE NUMBER(S)/CELL

6. NAME AND PROFESSION OF THE HEALTH PRACTITIONER IN CHARGE EMPLOYED AT
THE HEALTH INSTITUTION:

(a) FULL NAMES

(b) PROFESSION

7. SERVICES PROVIDED AT HEALTH INSTITUTION

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B. PROPOSED MATERIAL CHANGE (Give full details)

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I certify to the best of my knowledge and belief that the fore-going particulars are true and hereby apply for approval of the proposed changes in the registration particulars.

DATE SIGNATURE

BANK DETAILS:

LOCAL CURRENCY ACCOUNT ZWL

BANK - **FIRST CAPITAL BANK**
BRANCH - **FCDA CENTRE**
CODE - **2157**
ACCOUNT - **6306148**

NOSTRO FCA DOMESTIC ACCOUNT

BANK: **FIRST CAPITAL BANK**
BRANCH: **FCDA CENTRE**
CODE: **2157**
ACCOUNT: **1041804**