Royal Pharmaceutical Society of Great Britain

2009 - Declaring the loss of a certificate of Registration – Statutory Declarations Act 1835

Section 1 Important information

1.1 This form must be signed in the presence of, and witnessed by, a solicitor or commissioner of oaths.

1.2 The fee for a replacement certificate is £15 – *please see Payment Form*

1.3 A complete application form will be processed within ten working days of receipt.

Section 2 Personal details

2.1 Registration no

2.2 Title Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other (please state)

2.3 Surname(s)

2.4 Forename(s)

2.5 Date of birth ☐☐ / ☐☐ / ☐☐☐☐

2.6 Home Address

Postcode

2.7 Home phone Mobile

2.8 Email address

Section 3 Declaration

3.1 **I am the above named and do solemnly and sincerely declare that:**

I am a registered pharmaceutical chemist baring the above registration number.

I received, from the Royal Pharmaceutical Society of Great Britain in the year ☐☐☐☐ , a certificate of registration baring the above registration number.

3.2 **LOSS**

On or about the ☐☐ / ☐☐ / ☐☐☐☐ the certificate was lost. I have made a careful search and taken all possible steps to find it but have not been successful.

If the said certificate should be found I will forthwith return it to the Registrar of the Royal Pharmaceutical Society of Great Britain.

3.3 **DESTROYED**

On or about the ☐☐ / ☐☐ / ☐☐☐☐ the certificate was destroyed.

AND I MAKE this solemn declaration conscientiously believing the same to be true and by virtue of the Statutory Declarations Act 1835.

3.4 **Signature** **Date** ☐☐ / ☐☐ / 2009

Section 4 Declared at

4.1 Name of witness

4.2 Address of witness

Postcode

4.3 Stamp of legal witness

Date ☐☐ / ☐☐ / 2009

Please return to: **Registration Division, 1 Lambeth High Street, London, SE1 7JN**
Any questions: phone: 0207 572 2322 fax: 0207 572 2510 email: registration@rpsgb.org

Royal Pharmaceutical Society of Great Britain

2009 Registration Payment Form

Replacement Certificate

Please note, the Society no longer accepts payment by cheque

Pharmacist Details

Registration Number ☐☐☐☐☐☐☐

Fee Details

Please charge the below card the following:

Please select one option

Replacement Certificate	*(Statutory Declaration of Loss)*	£15 ☐
Exchange of Certificate	*(A3 size for A4)*	£15 ☐

Payment Details

Type of card MasterCard ☐ Visa ☐ Visa Delta ☐

Visa Purchasing ☐ Maestro ☐ Solo ☐

Card number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Issue Date ☐☐ / ☐☐ **Expiry Date** ☐☐ / ☐☐ **Issue number** ☐☐

Issue number for Maestro or Solo cards only. If your card does not have an issue number, please enter N/A in the box

Name of Cardholder ☐

The name exactly as it appears on the debit or credit card

Signature

Signature: ☐ **Date:** ☐☐ / ☐☐ / 2009

To be signed by the cardholder

Contact details for use if there is a problem with the payment details given:

Phone: ☐☐☐☐☐☐☐☐☐☐☐ Mobile: ☐☐☐☐☐☐☐☐☐☐☐

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

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