



# Council of Veterinary Surgeons of Zimbabwe

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## REGISTRATION FORM (PLEASE PRINT)

First Name(s): ..... Gender: .....

Surname: ..... Maiden Name: (if applicable).....

Date of Birth: Day:..... Month:..... Year: ..... ID No: .....

Degree(s): .....

Residential Address: .....

Postal Address: .....

Contact No(s): Mobile: ..... Home: .....

Email(s): .....

### NEXT OF KIN DETAILS

Next of Kin: ..... Relationship: .....

Address: .....

Contact Nos: ..... Email: .....

I certify that the information given above is true and correct.

Applicant's Signature: ..... Date: .....

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### FOR OFFICIAL USE ONLY

Date of Registration: ..... Registration fee: US\$125.00. Receipt No: .....

CVSZ Registration Number: .....