



Council of Veterinary Surgeons of Zimbabwe

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All communications should be addressed to: **The Registrar**

REGISTRATION FORM (PLEASE PRINT)

First Name(s): Gender:

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

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

Qualification(s):

Residential Address.....

Postal Address.....

Contact Nos: Home: Mobile:.....

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:

FOR OFFICAL USE ONLY

Date of Registration: Initial Registration fees: US\$25.00 Receipt No:

Council Registration Certificate fee: US\$25.00 Receipt No:

CVSZ Registration Number: