



INQUIRY/REQUEST FORM

1. Surname:First Name.....
2. Other names:Date of Birth:
3. Current postal address:
4. Tel no.....E-mail.....
5. Qualification:
- Institution:
- Year of Qualification:
- Title (as appears on Certificate of Registration).....
- Registration Number: Date of registration:
6. Please select the nature of your inquiry/request.
 - a) Loss of Certificate of Registration
 - b) Certificate of good standing
 - c) Loss of Annual Practicing license
 - d) Certification of documents
 - e) Verification of documents
 - f) Registration of additional qualifications
 - g) Professional ID:
 - h) Others:
- N.B: Please attach relevant documents
7. Signature: Date: