

Common seal of the Board of Veterinary Surgery.

**FORM NO. BVs 002**

VETERINARY SURGEONS ACT  
(CHAPTER 53:04)

**APPLICATION FOR REGISTRATION OF PREMISES WHERE A PRIVATE  
VETERINARY PRACTICE IS TO BE CARRIED ON**

To: The Chairman  
The Board of Veterinary Surgery  
P.O. Box 2096  
Lilongwe

1. Name of applicant .....
2. Address .....
3. Location of premises on which private veterinary practice is to be carried (Town, street, plot No.) .....
4. Where the applicant is a company
  - (a) State registration number of the company under the Act .....
  - (b) State name and certificate No. of registered veterinary surgeon whose personal management and control of the affairs of private veterinary practice would be subject to .....
  - (b) Attach a copy of certificate of incorporation of the company (Veterinary Practice).
- (5) I, the above-mentioned applicant, submit herewith a sum of K..... and registration fee of K.....

Date .....

.....

Signature of Applicant

-2-

- Note: 1. Fees must be payable only by cheque or postal order made in favour of the Board of Veterinary Surgery (Malawi Government).
2. Application fee is not refundable where as registration fee is refundable where the application is not approved.

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6. FOR OFFICE USE ONLY-

- (a) Date of inspection of premises
- (b) Remark .....  
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- (c) State of approval of application .....
- (d) Registration No. ....
- (e) Receipt Nos. of application and registration fees .....  
.....

Date .....

Signature .....

Chairman  
Board of Veterinary Surgery