2 copies of photo

FORM 5 [regulation 11]

VETERINARY SURGEONS ACT 1974

VETERINARY SURGEONS (REGISTRATION OF VETERINARY SURGEONS AND THE PRACTICE OF VETERINARY MEDICINE) REGULATIONS 2013

APPLICATION FOR TEMPORARY PERMIT TO PRACTISE

(To be completed by the Applicant in BLOCK LETTERS)

1. Name of Applicant :		
2. Sex : Male Fer	nale	
3. Date of Birth:		
4. Identity Card No. / Passpo	ort No.:	
5. Residential Address:		
6. Correspondence address	(if different from residential address):	
7. Telephone No.	: (House) (Office)	
	(Mobile)	
8. Fax No.	:	
9. Email Address	:	
PARTICULARS OF QUALIF	ICATION	
1. Country in which qualifie	cation is granted :	
2. Institutions granting qualification :		
3. Description of qualification :		
4. Date of qualification :		
REGISTRATION IN OTHER	COUNTRIES (if applicable)	
Registered as a veterinary	y surgeon by (state the country, name of the registration	
board)		

Date	of registered: Registration No. :		
Othe	r Professional Qualifications :		
Trair	ning/Affiliation:		
PUR l Purp	POSE OF APPLYING AND DURATION OF PRACTISE APPLIED ose:		
Dura	tion of practise applied for (not exceeding six months) :		
	DECLARATION OF APPLICANT		
origin cou	attach the original copy of the letter of good professional standing from the Veterinary Council of ntry where I practiced and the copy of the following documents certified by a commissioner of oath ent/ Registrar/ Secretary of the Malaysian Veterinary Council or any public servant from nal and Management Group or advocate and solicitor:		
(a)	the certificate of qualification;		
(b)	the certificate of registration as a veterinary surgeon where the qualification was granted (<i>if applicable</i>);		
(c)			
(d)	any other relevant documents which the Council may request.		
I, declare	that:		
(a)	I am currently practicing as a veterinary surgeon under the name of		
	(state the date(s))		

(0)	My presence in Malaysia is unuer the sponsorship of			
	(state the name and address of the sponsor)			
(c)	I am required to be in Malaysia for days in one calendar year which is considered necessary in connection with the proposed project or activity for which I am being considered, this being:			
	or activity) and my position will be as			
(d) The anticipated date when I am required to be in Malaysia isthe expected date of my departure is				
(1) Addres	address, fax number, telephone number and email in Malaysia are as follows: s:			
(2) Teleph	one No. :			
	declare that the above information provided are true and I accept the condition that should my be approved, I shall be bound by the conditions and restrictions that are stipulated in respect of			

Malarraia

(b) Mr.

the temporary permit to practise as follows:

- (a) My professional activities shall be limited on the approved premise/scope/project/activity for which my presence in Malaysia is considered to be essential;
- (b) While I am in Malaysia, I shall not receive, process or undertake any enquiry or project, beyond those activities directly related to the approved premise of veterinary practise of my sponsor; and

and Ethics for Veterinary Surgeons set out by	the Malaysian Veterinary Council.
Signature of Applicant :	Date :
Signature of Sponsor (<i>if applicable</i>) :	
Name of Sponsor :	
Designation:	
Date:	
Malaysian Veterinary Council Registration No. :	
Annual Practicing Certificate No. and Date of Validity:	
Note: If the application is approved, there shall be accompanied draft/bankers cheque made payable to "Malaysian Veterinary Co	

(c) I shall be bound by all the requirements under the Veterinary Surgeons Act 1974 [Act 147], its

regulations, circulars or guidelines issued hereto including the Guidelines of Professional Conduct