

THE PUBLIC HEALTH (BARBERS AND BARBERSHOPS) REGULATIONS, 2004
THE PUBLIC HEALTH ACT



FORM C (NEWAPPLICANT)

Application for Licence to operate as a Barber or trainee Barber

Name of Applicant:.....

Address:.....

Contact Number..... DOB..... Gender

Email Address:.....

Next Of Kin:..... Contact number.....

Address of Next of Kin:.....

Educational Qualifications:.....

Name Of Institution:.....Period:.....

Type of licence for which application is made:.....

Number of years experience:.....

Name of employer /Salon Operator:.....

Business Name:.....

Business Address:.....

Date of medical examination:.....

Signature of Applicant:..... Date.....

FOR OFFICAL USE ONLY

Documents Submitted:

1..... Doc. No:.....

2.....Doc. No.:.....

3..... Doc. No:.....

Amount Due:..... Fees paid..... Receipt #:..... Date:.....

Licence #:..... Reg.Period:.....

Date of examination of beauty salon:.....

Remarks:.....

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Received By:.....Date Issued:..... Issued By:.....

..... Date.....

Signature of Authorised Officer