

SCHEDULE B

OPTOMETRIST AND DISPENSING OPTICIAN DECREE, 2012

Section 39

Application for re-registration of name to the Register.

I hereby make application for my name to be re-registered to the Register of Optometrists/ Dispensing Optician and a Certificate of Registration to be issued.

State Previous Registration No:.....

The reasons for this application are as follows:-

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I hereby enclose a sum of \$..... as

- 1. Re-registration Application Fees: \$100
- 2. Certificate of Registration Fees: \$50.

I further apply for waiver of (state part)of the fee on the following grounds:-

(Here state grounds for waiver)

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Signed

Address

Date