

1. Personal details

These are the details you have previously notified us of

1.1 Salutation

Mr Mrs Ms Miss Other (please state)

1.2 Forename(s)

1.3 Middle name(s)

1.4 Surname(s)

1.5 Registration or Pre-registration number

1.6 Date of birth

1.7 Registered address

1.8 Email address

2. Change of details

These are your new details. Please complete all sections that apply

2.1 New Salutation

Mr Mrs Ms Miss Other (please state)

2.2 New Forename(s)

2.3 New Middle name(s)

2.4 New Surname(s)

Please provide evidence of your change of name, for example a copy of your marriage certificate. Do **not** provide your original marriage certificate, as it will not be returned to you.

2.5 Change of registered address

2.6 Change of email address

2.4 Change of registration status with other UK health regulators

If you have registered, or your registration has ceased, with another UK health regulator please enter your details here. If you need to advise us of fitness to practise proceedings with another regulator please use the 'something to declare' form

3. Declaration

The information I give in this form and in any supporting documents is full and accurate.

Signature

Date

Please send the completed form along with your supporting document if you have changed your name to registers@pharmacyregulation.org or post your completed form to: **Applications, General Pharmaceutical Council, 25 Canada Square, London E14 5LQ**. Please note we may contact you to verify the information you have submitted.