

FORM A

THE PUBLIC HEALTH ACT

Application for Renewal of Licence to operate as a Barber or Trainee Barber

Name of Applicant:

Home Address:

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Contact number:

Gender:

Name of employer (If employed).....

Business address:

Name of barbershop where you operate as a barber.....

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Number of Licence.....

Date Licence Granted.....

Was Licence suspended.....

If yes, state reason for or date of suspension and date of withdrawal of suspension.....

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Date: Applicant Signature:

FOR OFFICIAL USE ONLY

Documents Submitted:

5. Public Health Permit.....

6. TRN.....

7. ID Type.....

8. Photograph []

New Licence Number:

Fee paid:

Remarks:

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Signature of Authorized Officer: Date: