



ZANZIBAR NURSES AND MIDWIVES COUNCIL

REQUEST FOR TEMPORARY REGISTRATION AND LICENSE

Names in full (Block letters).....

Sex.....**Place of Birth**.....**Date of birth**...../...../.....

Nationality.....National ID or Passport number.....

Name and address of employer (**if any**).....

.....

Nature of employment (**if any**).....

PERMANENT HOME ADDRESS

Country.....Email address.....

State/District/Province.....

Postal address.....

Qualification.....**Date and Year obtained**...../...../.....

Training Institution.....

Your license Number.....**Date of issue**...../...../.....**Date of Expired**...../...../.....

Email address of the Council.....

Declaration

I declare that the information given in this form is true
to the best of my knowledge.

Signature.....**Date**.....

Fees paid: US\$ 80 (<6 months) OR US\$ 150 (6-3 year)

1. The amount to be paid at Wizara ya Afya Revenue account at People Bank of Zanzibar
Account Number **0708288000 (for Non citizen)**
2. **SWIFT CODE ATZTZ (Non-citizen)**

Attachment

1. Copy of the national ID or Passport
2. **Copy of professional award (original copy verified)***
3. Copy of birth certificate
4. Copy of Previous License/Registration from Nursing Council (**Non-Citizen**)
5. **Police Clearance report (Non-Citizen)***
6. **Valid residence permit***
7. One recent colored passport size photographs
8. Bank pay slip
9. Copy of membership card of professional nursing association

OFFICIAL USE ONLY

Profession.....

Valid from.....Valid to.....

Signature of Chairperson.....Signature of Registrar.....

Date..... Date.....

**Send to: The Registrar
Zanzibar Nurses and Midwives Council
P. O. Box 236 Zanzibar
Mobile +255773530927**

Email: znursesmidwives@gmail.com Website: www.znmc.or.tz