

7. a. Has a successful claim in respect of damage or injury resulting from negligence in your discharge of your professional duties ever been brought against you? Yes No

b. Are you currently the subject of any investigation? Yes No
If yes, please explain on the reverse side and attach relevant information.

8. a. Have you ever been convicted of a criminal offence? Yes No

b. Are you currently the subject of any police investigation? Yes No
If yes, please explain on the reverse side and attach relevant information.

NB: Failure to disclose this information with respect to nos. 7 and 8 shall result in revocation of your registration/licensure.

9. Indicate below the reason for your application

10. Have you been diagnosed with any medical condition or physical challenge which may adversely affect the practice of dentistry? Y N

If yes, please explain on the reverse side and attach relevant information.

I hereby certify that the above information is complete and true

Signature

Date (Year / Month / Day)

I acknowledge that if I make any false declarations:

- My registration may be refused/revoked and/or
- I may be prosecuted and/or
- I may be charged with serious professional misconduct.

Signature

Date (Year / Month / Day)