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| **NOMINATED SIGNATORIES FORM****Complete and return to:** **info@pmcpa.org.uk****Company:** **Name:****Email:** **Telephone Number:****Date:** |
| **NAME OF NOMINATED SIGNATORY****(please add lines as required)** | **JOB TITLE** | **QUALIFICATIONS****Pharmacist must be registered in the UK. Please highlight all pharmacists with****an Asterix \*** |
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| **NAME OF APPROPRIATELY QUALIFIED PERSON FOR MEETINGS INVOLVING TRAVEL OUTSIDE THE UK****Where different to those listed above (please add lines as required)** | **JOB TITLE** | **QUALIFICATIONS** |
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June 2023