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| PMCPA-logo-wbg-sc**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 SIGNATORY 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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