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| PMCPA-logo-wbg-sc**NOMINATED SIGNATORIES FORM**  **Complete and return to:** [**info@pmcpa.org.uk**](mailto: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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