

NOMINATED SIGNATORIES FORM

PMCPA | Prescription Medicines
Code of Practice Authority

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 *
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