

UGANDA MEDICAL AND DENTAL PRACTITIONERS COUNCIL,

P. O. BOX 16115, KAMPALA TEL/FAX 256 41 345844

E-mail: registrar@umdpc.com

Website : [www.umdpc.com](http://www.umdpc.com)



**APPLICATION FOR CERTIFICATE OF GOOD STANDING**

FULL NAMES .....

QUALIFICATIONS .....

CURRENT ADDRESS .....

\*DESTINATION .....

\*PURPOSE .....

.....

DATE OF TRAVEL .....

\*DURATION OF STAY .....

SIGNATURE ..... DATE .....

CGS 2014

**Payments:** Certificate of Good Standing – 100,000/=

**Bank Details**

**Account Name:** Uganda Medical and Dental Practitioners Council (UMDPC)

**Account No:** 9030005784785

**Bank:** Stanbic Bank, Forest Mall Branch

**\*Note that any Stanbic Bank Branch can receive the Payments\***