



FORM 16
(Regulation 24)

OPTICAL ACT 1991
(Section 30)

OPTICAL REGULATIONS 1994

APPLICATION FOR CONTACT LENS PRACTICE BY REGISTERED OPTICIAN

1. Full name of applicant:.....
2. Identity Card No:.....
3. Citizenship status:.....
4. Date of birth:.....
5. (a) Residential address:.....
.....
.....
(b) Address for postal communication (if different):
.....
.....
6. Particulars of registration with the Malaysian Optical Council:
 - (a) Registration No.:.....
 - (b) Date of Registration:.....
7. Contact Lens Practice -

Business Registration No.	Years of Contact Lens Practice	Employer/ Owner	Address of practice

8. I attach the following documents in proof of my qualification and in support of this application:

(a) certified true copy of Citizenship Certificate (if applicable);

(b) certified true copy of Business Registration Certificate (if any);

(c) certified true copy of Certification by Employer;

(d)
.....

Date:

.....
Signature of applicant