

THE MEDICAL COUNCIL

MALTA

Correspondence to be
addressed to:
'The Registrar'

SLH-OPD, Level 1,
St. Luke's Square,
G'Mangia, Malta
WEBSITE: <https://ehealth.gov.mt>

TEL: 21 255 540
FAX: 21 255 541
E-MAIL: medicalcouncil@gov.mt

Declaration form: Removal from the Medical Council Registers

Name in full:

ID No. / Passport No: /

Address:
..... Post Code:

Tel No. / Mobile No.: /

I am presently included in the following Register/s:

MC Register Registration No:

Specialist Register/s (if application):

-
-
-

I, the undersigned, hereby declare that I would like to be removed from the following Registers:

1.
2.
3.
4.

since,.....
.....
.....
.....

Signature:

Date:.....

Please note: The Original Declaration Form is to be sent by post, while any supporting documents need to be certified true copy. Else the Medical Council will not be able to process your request.