



# Medical Council Malta

## Declaration Form: Removal from the Medical Council Registers

|                   |                         |
|-------------------|-------------------------|
| <b>Full Name</b>  |                         |
| <b>I.D. No.</b>   | <b>Passport No.</b>     |
| <b>Address</b>    |                         |
| <b>Post Code</b>  | <b>Registration No.</b> |
| <b>Mobile No.</b> | <b>Telephone No.</b>    |

I am presently included in the following Register/s:

|                          |  |
|--------------------------|--|
| Medical Council Register |  |
| Specialist Register      |  |
| Specialist Register      |  |
| Specialist Register      |  |

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

|  |
|--|
|  |
|  |
|  |
|  |

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.*

*Data Protection Statement: All Data Collected is processed in accordance with legal provisions, the Data Protection Act (Cap.586) and the EU Regulation 2016/679 General Data Protection Regulation. Personal Data is not disclosed to third parties if not required by Maltese Law or by other EU obligations.*

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**Contact**

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