SPECIAL POWER OF ATTORNEY

I, the undersigned

Surname of Learner	
Full name/s of Learner	
TDA number	
ID number of Learner	
Tutor's Name and Surname	
Pharmacy/Institution of employment	

Nominate, constitute and appoint:

Surname of Agent	
Full name/s of Agent	
ID number of Agent	
Relation to Learner	

To act on my behalf with regards to:

- Requesting Personal Information (PI) of the learner;
- Requesting accounting/statement information of the patient;
- Any further queries/disputes which may arise with regards to the learner's profile or
- account.

SIGNED AT _____ **ON THIS** ____ **DAY OF** _____ **20**_____

LEARNER: _____

As witnesses:

1. _____

2. _____