Change of name request



Please complete this application and email it to registrations@gcc-uk.org along with a copy of the evidence of name change.

Change of name evidence

Your change of name request must be accompanied by evidence of the change, such as a copy of your passport or change of name document itself and emailed to us from your registered email account (the one we use to send you email correspondence).

Documents not in English

If your change of name document is not in English you will need to send us a certified translation. These can only be provided by translators who are members of the Institute of Translation and Interpreting (www.iti.org.uk), consular official or similar.

Signing this document

You can sign this document electronically using adobe or print the form and sign it manually.

What if I have a question?

If you have any questions, please do get in touch with us either by phoning the registrations team on $+(0)2077135155 \times 5501$; or by emailing cpd@gcc-uk.org.

Please fill in all sections of this form and ensure you sign and date the declaration

1. GCC registration	
number:	
2. Your CURRENT full	
registered name:	
3. Your new full name:	
4. Your preferred title:	

7. Declaration

By signing the following declaration, you are agreeing to its contents.

I declare that all information supplied by me in support of my application is, to the best of my knowledge and belief, true and accurate.

I understand that if I am found to have given false or misleading information in connection with this application, it may be treated as misconduct, and could result in my removal from the register.

I understand that I must use my registered name consistently for all activities relates to my professional and medical practice.

I understand that I must ensure patients, colleagues and employers and aware of my change of name.

Signed:	Dated: