



## Health Professions Councils of Namibia

*P Bag 13387, Windhoek  
36/37 Schönlein Street, Windhoek West  
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/ Fax +264 61 224549 / 271891  
e-mail address: [ahpc@hpcna.com.na](mailto:ahpc@hpcna.com.na)*

### ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

*Please complete this form in full. Completed forms must be addressed to the Registrar*

#### Application for a copy of the register in respect of registered persons or practices

**A**

Profession/Practice \_\_\_\_\_

A non-refundable application fee is payable for every 50 persons (names) or practices on a register.

**Namibian: N\$1500.00**

**Non-Citizen: N\$2250.00**

**B**

#### Personal Particulars of Applicant

Surname

	Prof./Dr. Mr. / Ms
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First Names

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Client (Account) No.  
(if registered with  
Council)

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Residential Address

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*Banking details : Allied Health Professions Council, First National Bank, Account number: 62074009012, Branch: Commercial Suite, Branch Code: 281872, Swift Code: FIRNNANX, Reference: Please use ONLY your client number as the reference.*

Postal Address

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Telephone

Home

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Fax

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Work

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email

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Cell

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*Please print e-mail address clearly*

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**C**

Please state clearly what type of information (numbers per profession, personal details, etc) is required:

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Please indicate why the information is needed and for what purpose it will be used:

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Signature of Applicant

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Date

Business stamp (if applicable)

*Banking details : Allied Health Professions Council, First National Bank, Account number: 62074009012, Branch: Commercial Suite, Branch Code: 281872, Swift Code: FIRNNANX, Reference: Please use ONLY your client number as the reference.*