



Health Professions Councils of Namibia

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ALLIED HEALTH PROFESSIONS COUNCIL OF NAMIBIA

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

Application by a registered practitioner for the issuing of a certified extract from a register

A

Profession _____

Client (Account No) _____

1. The following fees are payable:

	<u>Namibian</u>	<u>Non-Citizen</u>
A non-refundable application fee:	N\$480.00	N\$720.00
Issuing of certificate:	N\$230.00	N\$345.00

B

Personal Particulars

Surname

	Prof./Dr. Mr. / Ms
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First Names

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Residential Address

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Postal 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.

Telephone	Home	
	Work	
	Cell	

Fax	
email	

Please print e-mail address clearly

Signature of Practitioner

Date

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.