



## 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 for exemption or reduction on an annual basis from the payment of an annual fee

**A**

Profession \_\_\_\_\_

1. The following fees are payable:

	<u>Namibian</u>	<u>Non-Citizen</u>
A non-refundable application fee:	N\$230.00	N\$340.00
Issuing of practicing card:	N\$130.00	N\$195.00

**B**

### Personal Particulars

Surname		Prof./Dr.	Mr. / Ms		
First Names					
Client (Account) No.		Gender	<table border="1" style="display: inline-table;"> <tr> <td style="width: 50%;">Male</td> <td style="width: 50%;">Female</td> </tr> </table>	Male	Female
Male	Female				
Residential Address					
Postal Address					

Telephone No.	Home		Fax	
	Work		Cell	
	e-mail			

*(Please print your e-mail address clearly)*

**C**  
**Request for exemption**

1. I apply for *(Please mark appropriate option below with an  $\surd$ )* -
- (a)  **exemption** from the payment of the annual fee payable by me for the next maintaining year starting on 1 April 20.....
- OR**
- (b)  **a reduction** in the amount of the annual fee payable by me for the next maintaining year starting on 1 April 20.....
2. The reason for my application is that –
- I will/have reach(ed) the age of 67 years on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- I am/will be undertaking further studies for a period of \_\_\_\_\_ years in a field related to/not related to my current profession and will not be practising my profession during that time *(Please delete which is not applicable)*. My letter of acceptance from the educational institution is attached.
- I have relocated/will be relocating to \_\_\_\_\_ *(Please delete which is not applicable)*. Please provide your new contact details on a separate sheet
- I am not/will not be practising my current profession during the forthcoming maintaining year *(Please delete which is not applicable)*
- I am temporarily medically unfit to practice my profession. *(Please attach proof from a registered medical practitioner regarding your state of health and the date when you will be ready to practise your profession again)*
- I have retired/will retire on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ *(Please delete which is not applicable)*
- Other reason: \_\_\_\_\_

*Please use a separate page if the space above is insufficient*

I understand and accept that –

1. I have to apply for exemption or a reduction in my annual fee on the prescribed application form on an annual basis before the 1<sup>st</sup> April of the next maintaining year;
2. should I fail to apply on an annual basis for exemption or a reduction in my annual fee, my name will be removed from the relevant register or roll;
3. in the event of my name being removed and in the event that I want my name to be restored to the register or roll, I have to apply for restoration of my name to the relevant register or roll in the prescribed manner and pay all fees related to such restoration;

4. my application for exemption from the payment of my annual fee or a reduction in the amount of my annual fee is subject to the approval of the Council;
5. I may be partially or fully exempted from the payment of any annual fee;
6. my request may be denied by Council.

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Signature of Applicant

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Date

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Name in block letters