



Health Professions Councils of Namibia

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MEDICAL & DENTAL COUNCIL

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

Application for confirming registration status

Profession _____

A non-refundable application fee of N\$330

B Personal Particulars

Surname			Prof./Dr.	Mr. / Ms
First Names				
Client (Account) No.			Male	Female
Business Address				
Residential Address				
Postal Address				
Telephone	Home		Fax	
	Work		e-mail	
	Cell		Please print e-mail address clearly	

Signature of practitioner

Date

Name in block letters
