



## Health Professions Councils of Namibia

*P Bag 13387, Windhoek*  
*36/37 Schönlein Street, Windhoek West*  
 Telephone +264 61 245586 / 245928 / 247281 / 245052  
 / Fax +264 61 224549 / 271891  
 e-mail address: [mdc@hpcna.com.na](mailto:mdc@hpcna.com.na)  
 website: [www.hpcna.com](http://www.hpcna.com)

### MEDICAL & DENTAL COUNCIL

*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 \_\_\_\_\_

A non-refundable application fee of N\$440 is payable as well as a fee of N\$200 for issuing the Extract

#### B

#### Personal Particulars

Surname			Prof./Dr. Mr. / Ms
First Names			
Registration No.		Client (Account) No.	
Residential Address			
Postal Address			
Telephone	Home	Fax	
	Work	email	
	Cell		

*Please print e-mail address clearly*

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Date