



**Health Professions Councils of Namibia**  
**P Bag 13387, Windhoek**  
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<b>Pharmacy Council of Namibia</b>
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Please complete this form in full.  
 Completed forms must be addressed to the Registrar

### APPLICATION FOR CHANGE OF NAME OF A PHARMACEUTICAL PRACTICE

Name of Business \_\_\_\_\_  
 Trading as (if applicable) \_\_\_\_\_  
 Client #: \_\_\_\_\_

Ownership of Practice:

☐ Sole Owner      ☐ Private Company      ☐ Close Corporation      ☐ Hospital pharmacy

The Pharmaceutical Practice is doing business as:

Community Pharmacy ☐ / Wholesale Pharmacist ☐ / Private Hospital Pharmacy ☐

**Hereby notify the Registrar of the change in name from;**

#### CHANGE FROM

#### PARTICULARS CURRENT NAME

Name: (Sole Owner) \_\_\_\_\_  
 Client #: \_\_\_\_\_  
 HPCNA Registration Date: \_\_\_\_\_

Name (Close Corporation/Private Company) \_\_\_\_\_  
 Trading as (if applicable) \_\_\_\_\_  
 Client #: \_\_\_\_\_

Postal Address

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Telephone

Office

Cell


Fax

e-mail


**Physical** address (*Indicate street name & number, suburb, town/city*)

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**CHANGE TO****PARTICULARS NEW NAME**

New Name: (Sole Owner) \_\_\_\_\_

Client #: \_\_\_\_\_

New Name (Close Corporation/Private Company) \_\_\_\_\_

Trading as (if applicable) \_\_\_\_\_

Postal Address

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Telephone

Office

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Fax

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Cell

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e-mail

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**Physical** address (*Indicate street name & number, suburb, town/city*)

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***The following documents (certified by a Commissioner of Oaths must accompany the application:***

1. Proof of citizenship of the Owner or Managing Director/ Member and Responsible Pharmacist (birth certificate ☐, passport ☐, identity document ☐, \*Certificate of Citizenship issued by Ministry of Home Affairs & Immigration (\*only in the case of Namibian citizens) applicant(s) ☐
2. Copy of the New Memorandum of Association or Founding Statement. ☐
3. The names and addresses of every other person who holds a proprietary interest in the pharmaceutical practice. ☐
4. Application fee: Community pharmacy N\$460.00; hospital pharmacy or wholesale pharmacist: N\$ 840.00. ☐
5. Certificate fee: Namibians N\$ 220.00; non-citizens: N\$ 880.00 ☐

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**PARTICULARS OF RESPONSIBLE PHARMACIST WHO WILL MANAGE THE PRACTICE**

Responsible Pharmacist Name: \_\_\_\_\_ Client #: \_\_\_\_\_

HPCNA Registration Date: \_\_\_\_\_

Duration in practise: \_\_\_\_\_

**(MARK WITH X) APPLICANT HPCNA**

Letter of appointment of the Responsible Pharmacist

☐☐

Letter of acceptance of that appointment by the Responsible Pharmacist

☐☐

Date from which the appointment of the Responsible Pharmacist commenced: \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Pharmacist\_\_\_\_\_  
Date

## STATEMENT BY MANAGING MEMBER/DIRECTOR

I (full names)\_\_\_\_\_ hereby declare that I have accepted the position of managing member/director of the abovementioned Close Corporation/Private Company. I further declare that I am a registered pharmacist residing in Namibia and that I am not engaged in the business of a pharmacist which does not belong to the said Close Corporation / Private Company.

\_\_\_\_\_  
Signature of Managing Director/Member

\_\_\_\_\_  
Date

I declare under oath/solemnly affirm that the information provided above is true, correct and complete.

\_\_\_\_\_  
Signature and capacity

\_\_\_\_\_  
Date

Sworn / solemnly affirmed before me at \_\_\_\_\_ this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Name

Official stamp

\_\_\_\_\_  
Signature  
*Commissioner of Oaths*

### FOR OFFICIAL USE

☐ Fee(s) payable

☐ Application fee for change of name

N\$\_\_\_\_\_ paid

☐ Printing of Certificates

N\$\_\_\_\_\_ paid

☐ Total amount paid

N\$\_\_\_\_\_

☐ Account paid in/by

☐ Bank deposit / Electronic transfer

☐ Swipe

\_\_\_\_\_  
Administrative Officer

\_\_\_\_\_  
Date

Comments/Remarks by the Assistant Council Manager

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_+

\_\_\_\_\_  
Verified & Recommended: Assistant Council Manager

\_\_\_\_\_  
Date

Comments/Remarks by Council Manager

Council Manager

Date

Certificate may be released.

Registrar

Date

