



Health Professions Councils of Namibia
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Pharmacy Council of Namibia

Please complete this form in full.

APPLICATION FOR REGISTRATION AS A RESPONSIBLE PHARMACIST

Name of Business _____
 Trading as (if applicable) _____
 Client Number: _____

Type of Ownership of Pharmaceutical Practice: (Tick box)

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

The Pharmaceutical Practice is doing business as:

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

Postal Address

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Contact
Details

Office

Cell

--

Fax

e-mail

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Physical address of Practice

(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:
 Passport ☐ / Identity document ☐ / Certificate of Citizenship issued by Ministry of Home Affairs & Immigration ☐ / Permanent resident of Namibia ☐.
2. Certified copy of the work visa. (if Responsible Pharmacist is a non-Namibian) ☐

Fees Payable to Council

1. Community pharmacies: N\$ 620.00 (Namibian applicant) N\$ 2,480.00(non-citizen applicant)
2. Hospital pharmacies/wholesale pharmacist N\$ 1,140.00
3. Issue of Certificates fee: N\$ 220.00 for Namibian citizens and N\$ 880.00 for non-citizens.

STATEMENT BY SOLE OWNER ☐ /MANAGING MEMBER ☐ /DIRECTOR ☐

I (full names) _____ hereby declare that I have appointed.

_____ as the Responsible Pharmacist of the abovementioned Pharmaceutical
practice effective as of _____(Date).

Responsible Pharmacist Name: _____ Client #: _____

HPCNA Registration Date: _____ Duration in practice: _____

Signature of Sole owner/Managing Director/Member

Date

PARTICULARS OF RESPONSIBLE PHARMACIST

I, the undersigned, Prof; Dr; Mr; Mrs/Ms. _____, with ID No./
Passport No: _____, HPCNA Client No. _____ and HPCNA
Registration No. _____, is registered with the Council for _____ years and do hereby declare
that I have accepted the position as Responsible Pharmacist for _____.

Date of appointment as Responsible pharmacist: _____

Name of previous employer _____

Name of current employer _____

Please specify whether you are a Responsible Pharmacist, Managing Member or Managing Director at / for
any other Pharmacy Practice / close corporation /
company _____

I further declare that I am residing in Namibia and if I am currently employed; I will resign from my current
post to take up the appointment of the Responsible Pharmacist that will commence on _____.

NB: The Responsible Pharmacist has acknowledged that: he/she knows and understand the contents of this affidavit; he/she has no objection taking the prescribed oath; and he/she considers the oath to be binding on his/her conscience.

Signature of Responsible Pharmacist

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