



Health Professions Councils of Namibia
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Pharmacy Council of Namibia

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

Client #: _____

APPLICATION FOR REGISTRATION OF A PHARMACEUTICAL PRACTICE

Name of Business _____

Trading as (if applicable) _____

Alternative Trading Title: _____

Ownership of Practice:

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

The Pharmaceutical Practice will do business as:

Community Pharmacy ☐ Close Corporation ☐ Private Hospital Pharmacy ☐

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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Envisaged opening date of pharmacy: _____

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

1. Proof of citizenship, Permanent resident of Namibia ☐, birth certificate ☐, passport ☐, identity document ☐, Certificate of Citizenship issued by Ministry of Home Affairs & Immigration ☐
2. Floor plan of the pharmacy drawn to scale. ☐
3. Floor plan of the building/complex indicating the pharmacy (drawn to scale). ☐
4. Copy of the signed lease agreement or sale agreement for the premises. ☐
5. Copy of partnership agreement. ☐
6. Copy of the Memorandum of Association or Founding Statement. ☐
7. Details of any proprietary interest members hold in any other pharmaceutical practice. ☐

Name of Business	Name of Managing Director/ Member of Business	Name of Responsible Pharmacist

8. The names and addresses of every other person who holds a proprietary interest in that other pharmaceutical practice. ☐
9. A copy of the current registration certificate issued in relation to the private hospital under the Hospitals and Health Facilities Act, 1994 (Act No. 36 of 1994). ☐
10. A statement setting out the following information about each person who holds a proprietary interest in the hospital pharmacy that is to be carried on in the private hospital;
 - (i) The name and address of each person; ☐
 - (ii) The nature and extent of the interest held by each person; ☐
 - (ii) A telephone number and email address of each person; ☐
 - (iv) Details of any proprietary interest each person holds in any other pharmacy practice, including the nature and extent of the person's interest in such other pharmacy practice; ☐
 - (v) The name and address of such other pharmacy practice, ☐
 - (viii) The names and addresses of every other person who holds a proprietary interest in that other pharmacy practice. ☐
11. A copy of the agreement between persons who hold a proprietary interest in the pharmacy practice that makes provision for any rights the persons possess by virtue of having the proprietary interests; ☐
12. N\$ 3,740.00 Application fee for a Community Pharmacy ☐
13. N\$ 6,860.00 Application fee for a Hospital Pharmacy ☐
14. N\$ 8,600.00 Application fee for a Wholesale Pharmacy. ☐
15. 3 × issue of Certificates fee: N\$ 220.00 for Namibian citizens and N\$ 880.00 for non-citizens. ☐

ELIGIBILITY FOR REGISTRATION OF A PHARMACY PRACTICE

Sole owner Name: _____ Client #: _____
 HPCNA Registration **Date:** _____ Duration in practise: _____

Managing Director _____ Client #: _____
 HPCNA Registration **Date:** _____ Duration in practise: _____
 Interest in other Proprietary: _____

Managing Member _____ Client #: _____
 HPCNA Registration **Date:** _____ Duration in practise: _____
 Interest in other Proprietary: _____

Member _____ Client #: _____
HPCNA Registration Date: _____ Duration in practise: _____

APPOINTMENT OF RESPONSIBLE PHARMACIST

Responsible Pharmacist Name: _____ Client #: _____
HPCNA Registration Date: _____ Duration in Practice: _____
Date of appointment as the Responsible Pharmacist: _____
Date on which active duty as the Responsible Pharmacist will commence: _____

(MARK WITH X) APPLICANT HPCNA

Letter of appointment of the Responsible Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>
Letter of acceptance of that appointment by the Responsible Pharmacist	<input type="checkbox"/>	<input type="checkbox"/>
Letter of resignation from the previous pharmaceutical practice.		<input type="checkbox"/>
Certified copy of the work visa. (if Responsible Pharmacist is a non-Namibian)		<input type="checkbox"/>
Affidavit as responsible pharmacist in terms of the Pharmacy Act, 2004 (ACT NO 9 of 2004)		<input type="checkbox"/>

Signature of Responsible Pharmacist

Date

REQUIREMENTS: PREMISES OF A PHARMACY PRACTICE

The total floor area of the pharmacy premises is _____ m ² .		<input type="checkbox"/>
The total dispensing area is _____ m ² .		<input type="checkbox"/>
The working surface with impervious covering with free working space is _____ m ² .		<input type="checkbox"/>
Stainless steel or similarly impervious basin with running hot and cold water	<input type="checkbox"/>	<input type="checkbox"/>
Semi private consultation at the dispensing counter	<input type="checkbox"/>	<input type="checkbox"/>
Separate secluded private consultation area	<input type="checkbox"/>	<input type="checkbox"/>
Area for manufacturing or compounding of medicine is at least _____ m ²		<input type="checkbox"/>
Storage areas secured against unauthorised entry	<input type="checkbox"/>	<input type="checkbox"/>
Veterinary medicines stored separate from human medicines	<input type="checkbox"/>	<input type="checkbox"/>
Waiting area with suitable seating facilities for _____ patients	<input type="checkbox"/>	<input type="checkbox"/>
Receiving area with sufficient space	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen provided for staff	<input type="checkbox"/>	<input type="checkbox"/>
Toilet facilities provided for staff	<input type="checkbox"/>	<input type="checkbox"/>
Lighting in the pharmacy: _____		
Air conditioners; Type _____; Amount _____		
Security system; _____		

EQUIPMENT APPLIANCES AND PUBLICATIONS TO BE PROVIDED IN A PHARMACEUTICAL PRACTICE

(a) A refrigerator for thermolabile medicine	<input type="checkbox"/>
(b) Separate refrigerator for veterinary medicines	<input type="checkbox"/>
(c) Separate refrigerator for the staff	<input type="checkbox"/>
(d) Standby generator or other emergency power	<input type="checkbox"/>
(e) Thermometers and temperature recording sheet available	<input type="checkbox"/>
(f) Lockable safe or cupboard for the storage of Schedule 4 substances;	<input type="checkbox"/>
(g) A dispensing balance or digital scale that is calibrated annually;	<input type="checkbox"/>
(h) Standard Operating Procedures (SOP's) as stipulated in Regulation No 101 of 25 July 2014 to be available on inspection.	<input type="checkbox"/>

- (i) The following dispensing measures:
- (i) one x 200 ml measure; ☐
 - (ii) one X 100 ml measure; ☐
 - (iii) one x 10 ml measure; ☐
 - (iv) one x 5 ml measure or graduated pipette; ☐
 - (v) a funnel; ☐
 - (vi) two mortars and pestles (one, at least, of glass); ☐
 - (vii) a stirring rod; ☐
 - (viii) two spatulas; ☐
 - (ix) an ointment slab; ☐
 - (x) a tablet counting tray. ☐
- (j) Publications and Reference Material as stipulated in Regulation No 101 of 25 July 2014;
- (i) The Pharmacy Act, 2004 (Act No. 9 of 2004) and the regulations and rules made or published under that Act, ☐
 - (ii) The Medicines and Related Substances Control Act, 2003 (Act No. 13 of 2003), and the regulations or government notices made or published under that Act, ☐
 - (iii) The latest available last editions of the pharmacopoeia, ☐
 - (iv) A handbook on toxicology and poisoning, ☐
 - (v) A handbook on pharmacology, as determined by the Council, ☐
 - (vi) Brochures and other informative material on the proper use of medication and on other health related matters as the Council may determine, ☐
- k) The latest Namibia Guidelines as published by the Ministry of Health and Social Services Including;
- (i) The Namibia Standard Treatment Guidelines, ☐
 - (ii) HIV Guidelines, ☐
 - (iii) Malaria Guidelines, ☐
 - (iv) TB Guidelines. ☐

STATEMENT BY MANAGING MEMBER

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

AFFIDAVIT IN TERMS OF THE PHARMACY ACT, 2004 (ACT NO. 9 OF 2004)

Government Gazette No. 5515 of 25 July 2014, Government Notice No 101, Section 7

RESPONSIBLE PHARMACIST WHO WILL MANAGE THE PRACTICE

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 _____.
Appointment date: _____.

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

Name & Signature
(Responsible Pharmacist)

Solemnly sworn / affirmed before me at _____ this
_____ day of _____ 20_____.

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.

Official stamp

Name & Signature
Commissioner of Oaths

☐ Fees payable

<input type="checkbox"/> Application fee for new practice	N\$_____	paid
<input type="checkbox"/> Printing of Certificates	N\$_____	paid
<input type="checkbox"/> 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