



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.

APPLICATION FOR REGISTRATION OF A NEW MANAGING DIRECTOR OR MANAGING MEMBER

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

☐ Private Company

☐ Close Corporation

The Pharmaceutical Practice is doing business as:

Community Pharmacy ☐

Hospital Pharmacy ☐

Wholesale Pharmacist ☐

Postal Address

Telephone Office
 Cell

Fax
 e-mail

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

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

1. Proof of citizenship, Namibian Identity document ☐, Permanent Resident of Namibia ☐, Certificate of Citizenship issued by Ministry of Home Affairs & Immigration ☐
2. Copy of the Memorandum of Association or Founding Statement .
3. A non-refundable application fee of N\$ 620.00 for community pharmacies and N\$ 1,140.00 for hospital pharmacies and wholesale pharmacists.
4. Certificate fee: N\$ 220.00.

5. Details of any proprietary interest the Managing Director/ Members hold in any other pharmaceutical practice.

ELIGIBILITY FOR REGISTRATION AS A MANAGING DIRECTOR/ MEMBER OF BUSINESS

Name of Managing Director _____ Client #: _____
HPCNA Registration **Date:** _____ Duration in practise: _____

Name of Managing Member _____ Client #: _____
HPCNA Registration **Date:** _____ Duration in practise: _____

Client (Account No) _____

I hereby apply for the registration of _____ (full names) who has been appointed as managing director of a *private company/*managing member of a close corporation conducting business as _____ (trade name of pharmacy).

Date on which active duty as the MD/ MM will commence: _____.

Signature (Chairman or Registrar
of Close Corporation / Private Company)

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

☐ Fees payable☐ Application fee for new MD or MM N\$ _____ paid☐ Printing of Certificates 220 x ☐ 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