



Health Professions Councils of Namibia
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Please complete this form in full.
 Completed forms must be addressed to the Registrar

APPLICATION FOR RELOCATION 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 / Wholesaler / Manufacturing Pharmacy / Private Hospital Pharmacy

Postal Address

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Telephone Office
 Cell

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Fax

e-mail

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

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New 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. Floor plan of the pharmacy drawn to scale by an architect.
3. Floor plan of the building/complex indicating the pharmacy (drawn to scale by an architect).
4. Copy of lease agreement or sale agreement for the premises.
5. N\$ 3430 Application fees for Relocation of a Community Pharmacy
6. N\$ 3450 Application fees for Relocation of a Hospital Pharmacy.
7. N\$ 4300 Application fees for Relocation of a Wholesaler/Manufacturer.

PARTICULARS OF RESPONSIBLE PHARMACIST

Responsible Pharmacist Name: _____ Client #: _____
 HPCNA Registration Date: _____ Duration in practise: _____
 (MARK WITH X) APPLICANT HPCNA
 Date when the Responsible Pharmacist was appointment: _____

 Signature of Responsible Pharmacist

 Date

REQUIREMENTS: PREMISES OF A PHARMACY PRACTICE

- The total floor area of the pharmacy premises is _____ m².
- The total dispensing area is _____ m².
- The working surface with impervious covering with free working space is _____ m².
- Stainless steel or similarly impervious basin with running hot and cold water
- Semi private consultation at the dispensing counter
- Separate secluded private consultation area
- Area for manufacturing or compounding of medicine is at least _____ m²
- Storage areas secured against unauthorised entry
- Veterinary medicines stored separate from human medicines
- Waiting area with suitable seating facilities for _____ patients
- Receiving area with sufficient space
- Kitchen provided for staff
- Toilet facilities provided for staff
- 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
- (b) Separate refrigerator for veterinary medicines
- (c) Separate refrigerator for the staff
- (d) Standby generator or other emergency power
- (e) Thermometers and temperature recording sheet available
- (f) Lockable safe or cupboard for the storage of Schedule 4 substances;
- (g) A dispensing balance or digital scale that is calibrated annually;
- (h) Standard Operating Procedures (SOP's) as stipulated in Regulation No 101 of 25 July 2014 to be available on inspection.
- (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/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 relocation

N\$ _____ paid / not paid

Total amount paid

N\$ _____

Account paid in/by

Bank deposit / Electronic transfer

Swipe

Data Entry Clerk

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