



Health Professions Councils of Namibia
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Enquiries: Ms ME Mathe and Mr M Buys

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 /

Wholesaler /

Manufacturing Pharmacy

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 for registration fee of N\$570 and N\$200 for issuing a certificate is payable.
 4. Details of any proprietary interest the Managing Director/ Members hold in any other pharmaceutical practice.
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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).

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

Date

APPOINTMENT OF RESPONSIBLE PHARMACIST

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: _____
Letter of resignation from the previous pharmaceutical practice.
Affidavit as responsible pharmacist in terms of the Pharmacy Act, 2004 (ACT NO 9 of 2004)

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



Fees payable

Application fee for new MD or MM N\$ _____ paid / not paid

Printing of Certificates 200 x 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