



Health Professions Councils of Namibia

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Pharmacy Council: Ms ME Mathe and Mr M Buys

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

APPLICATION BY A PERSON OR EDUCATIONAL INSTITUTION FOR APPROVAL TO OFFER OR PROVIDE EDUCATION, TUITION OR TRAINING

1. I / We _____ hereby apply to the relevant Council to offer *education/*tuition/*training.
2. Name of Facility: _____
3. Client (Account) No. _____
4. The following non-refundable fees are payable:
Inspection fee N\$2650 (including a re-inspection or 2nd or subsequent inspection) per day or part of a day
Issue of certificate N\$200

Particulars of Applicant

Name of Person / Facility

Postal Address

Contract Numbers

Work, Home,
Fax & Cell

e-mail address

Please print e-mail address clearly

Nature of facility and nature of education/tuition/training to be provided

Date of previous inspection (if any)

I undertake to inform the Council in writing if any person being trained by me or under my supervision, fails in his or her training, is withdrawn or voluntarily withdraws from training or for any other reason does not continue with his or her training.

Signature of Applicant

Date

Name of Applicant in block letters

Official stamp of business