

## **Health Professions Councils of Namibia**

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## Pharmacy Council of Namibia

Please complete this form in full and in your own hand. Completed forms must be addressed to the Registrar

## Δ

	Application for Regi		A sion of an Agreement of inte ning of an Intern	rnship for
1.	Ι	hereby apply to the relevant Council to cede		
	the contract of Mr./Ms		, an Intern, to another "Tutor".	
2.	Client (Account) No. of	applicant (new tu	itor)	
3.	A non-refundable application fee of N\$580.00 for Namibian citizens and N\$ 2,320.00 for non-citizens is payable.			
4.	Certificate fee: N\$ 220.00 for Namibian citizens and N\$ 880.00 for non-citizens.			
5.	Application for registration as a tutor.			
	Perso	onal Particulars	B of Applicant ("New Tutor")	
Surname and first names of practitioner				Dr./Mr./Ms
e-n	nail address			
Ac	siness & Business Idress (street, no. and burb)			
Po	stal Address			
Co		ork, Home, Fax Cell		
e-n	nail address			

Please print e-mail address clearly

## $\mathbf{C}$ **Personal particulars of Present Tutor (Cedent)** Dr./Mr./Ms Surname and first names of practitioner Client (Account) No Business Address (street, no. and suburb) Postal Address D **Particulars of Intern** Mr./Ms Surname and first names of Intern Client (Account) No Signature of Applicant (Tutor) Date Name of Applicant (Tutor) in block letters Official stamp of business