



Health Professions Councils of Namibia

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Pharmacy Council of Namibia

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

Application by a registered practice for the issuing of a certified extract from a register

Practice Type	Community Pharmacy		Hospital Pharmacy		Wholesale Pharmacist	

Client (Account) No _____

Proof of identity of Owner, Managing Director, or Managing Member.
A non-refundable application fee of N\$ 470.00 for Namibian citizens and N\$ 1,880.00 for non-citizens is payable.
Certificate fee: N\$ 220 for Namibian citizens and N\$ 880.00 for non-citizens.

A Personal Particulars

Extract(s) required		BUSINESS REGISTRATION		OWNER OR MANAGING DIRECTOR/MEMBER		RESPONSIBLE PHARMACIST
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Names of Pharmacy	
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Residential Address	
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Postal Address	
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Telephone	Home		Fax email	
	Work			
	Cell			

Please print e-mail address clearly

Signature of Owner/ Managing Director/ Member

Date