



## Health Professions Councils of Namibia

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### Pharmacy Council of Namibia

Please complete this form in full. Only original forms, completed in your own hand, will be accepted. Completed forms must be addressed to the Registrar

### Application for a copy of the register in respect of registered persons or practices

#### A

Profession/Practice \_\_\_\_\_

A non-refundable application fee of N\$ 1,450.00 for Namibian citizens and N\$ 5,800 for non-citizens is payable for every 50 persons (names) or practices on a register

#### B

### Personal Particulars of Applicant

Surname

	Prof./Dr.    Mr. / Ms
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First Names

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Client (Account) No.  
 (if registered with  
 Council)

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Residential Address

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Postal Address

--

Telephone

Home

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Fax

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Work

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email

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Cell

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Please print e-mail address clearly

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**C**

Please state clearly what type of information (numbers per profession, personal details, etc) is required:

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Please indicate why the information is needed and for what purpose it will be used:

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Signature of Applicant

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Date

Business stamp (if applicable)

Official stamp of business