



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
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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

Residential Address

Postal Address

Telephone	Home		Fax email	
	Work			
	Cell			

Please print e-mail address clearly

Signature of Owner/ Managing Director/ Member

Date