Initials and Date of Receipt

Health Professions Councils of Namibia
P Bag 13387, Windhoek
36/37 Schönlein Street, Windhoek West
Telephone +264 61 245586 / 245928 / 247281 / 245052
/ Fax +264 61 224549 / 271891
e-mail address : **pc@hpcna.com.na**

Pharmacy Council of Namibia

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

APPLICATION FOR RELOCATION OF A PHARMACEUTICAL PRACTICE

Name of Business_____
Trading as (if applicable) _____
Client #: _____

Ownership of Practice:
☐ Sole Owner ☐ Private Company ☐ Close Corporation ☐ Hospital pharmacy

The Pharmaceutical Practice is doing business as:
Community Pharmacy ☐ / *Wholesale Pharmacist* ☐ / *Private Hospital Pharmacy* ☐

Postal Address				
Telephone	Office		Fax	
	Cell		e-mail	

Old Physical address *(Indicate street name & number, suburb, town/city*)	
New Physical address *(Indicate street name & number, suburb, town/city*)	

The following documents (certified by a Commissioner of Oaths must accompany the application:

1. Proof of citizenship of the Owner or Managing Director/ Member and Responsible Pharmacist (birth certificate☐, passport☐, identity document☐, *Certificate of Citizenship issued by Ministry of Home Affairs & Immigration (*only in the case of Namibian citizens) applicant(s) ☐
2. Floor plan of the pharmacy drawn to scale by an architect showing the actual layout and exact measurements with the areas as stipulated in the Government Gazette 5515, Government Notice No 101 of 24 July 2014. ☐
3. Floor plan of the building/complex indicating the pharmacy (drawn to scale by an architect). ☐
4. Copy of lease agreement or sale agreement for the premises. ☐
5. Application fee for Relocation of a Community Pharmacy: Namibians N$ 3,740.00; non-citizens N$ 14,960.00. ☐
6. N$ 6900 Application fee for Relocation of a Hospital Pharmacy. ☐
7. N$ 8600 Application fee for Relocation of a Wholesale Pharmacist. ☐

PARTICULARS OF RESPONSIBLE PHARMACIST

Responsible Pharmacist Name:_____ Client #: _____
HPCNA Registration Date: _____ Duration in practise:_____

(**MARK WITH X**) **APPLICANT** **HPCNA**

Date when the Responsible Pharmacist was appointment:_____

_____ _____
Signature of Responsible Pharmacist Date

REQUIREMENTS: PREMISES OF A PHARMACY PRACTICE

The total floor area of the pharmacy premises is _____m^2.		☐
The total dispensing area is _____m^2.		☐
The working surface with impervious covering with free working space is _____m^2.		☐
Stainless steel or similarly impervious basin with running hot and cold water	☐	☐
Semi private consultation at the dispensing counter	☐	☐
Separate secluded private consultation area	☐	☐
Area for manufacturing or compounding of medicine is at least_____m^2		☐
Storage areas secured against unauthorised entry	☐	☐
Veterinary medicines stored separate from human medicines	☐	☐
Waiting area with suitable seating facilities for _____patients	☐	☐
Receiving area with sufficient space	☐	☐
Kitchen provided for staff	☐	☐
Toilet facilities provided for staff	☐	☐

Lighting in the pharmacy:_____
Air conditioners; Type _____; Amount_____
Security system;_____

EQUIPMENT, APPLIANCES AND PUBLICATIONS TO BE PROVIDED IN A PHARMACEUTICAL PRACTICE

(a) A refrigerator for thermolabile medicine ☐
(b) Separate refrigerator for veterinary medicines ☐
(c) Separate refrigerator for the staff ☐
(d) Standby generator or other emergency power ☐
(e) Thermometers and temperature recording sheet available ☐
(f) Lockable safe or cupboard for the storage of Schedule 4 substances; ☐
(g) A dispensing balance or digital scale that is calibrated annually; ☐
(h) Standard Operating Procedures (SOP's) as stipulated in Regulation No 101 of 25 July 2014 to be available on inspection. ☐
(i) The following dispensing measures:
  (i) one x 200 ml measure; ☐
  (ii) one X 100 ml measure; ☐
  (iii) one x 10 ml measure; ☐
  (iv) one x 5 ml measure or graduated pipette; ☐
  (v) a funnel; ☐
  (vi) two mortars and pestles (one, at least, of glass); ☐
  (vii) a stirring rod; ☐
  (viii) two spatulas; ☐
  (ix) an ointment slab; ☐
  (x) a tablet counting tray. ☐
(j) Publications and Reference Material as stipulated in Regulation No 101 of 25 July 2014;
  (i) The Pharmacy Act, 2004 (Act No. 9 of 2004) and the regulations and rules made or published under that Act, ☐
  (ii) The Medicines and Related Substances Control Act, 2003 (Act No. 13 of 2003), and the regulations or government notices made or published under that Act, ☐
  (iii) The latest available last editions of the pharmacopoeia, ☐
  (iv) A handbook on toxicology and poisoning, ☐
  (v) A handbook on pharmacology, as determined by the Council, ☐
  (vi) Brochures and other informative material on the proper use of medication and on other health related matters as the Council may determine, ☐
k) The latest Namibia Guidelines as published by the Ministry of Health and Social Services Including;
  (i) The Namibia Standard Treatment Guidelines, ☐
  (ii) HIV Guidelines, ☐
  (iii) Malaria Guidelines, ☐
  (iv) TB Guidelines. ☐

STATEMENT BY MANAGING MEMBER/DIRECTOR

I (full names)_____ hereby declare that I have accepted the position of managing member/director of the abovementioned Close Corporation/Private Company.
I further declare that I am a registered pharmacist residing in Namibia and that I am not engaged in the business of a pharmacist which does not belong to the said Close Corporation / Private Company.

_____ _____
Signature of Managing Director/Member Date

I declare under oath/solemnly affirm that the information provided above is true, correct and complete.

_____ _____

Signature and capacity Date

Sworn / solemnly affirmed before me at _____ this _____ day of _____ 20_____

_____

Name

_____

Official stamp Signature

Commissioner of Oaths

FOR OFFICIAL USE

☐ Fee(s) payable

☐ Application fee for relocation N$_____ paid

☐ **Total amount paid** **N$** _____

☐ Account paid in/by

☐ Bank deposit / Electronic transfer

☐ Swipe

_____ _____

Administrative Officer Date

Comments/Remarks by the Assistant Council Manager

_____

_____

_____

_____

Verified & Recommended: Assistant Council Manager Date _____

Comments/Remarks by Council Manager

_____

_____

_____

_____ _____

Council Manager Date

Certificate may be released.

_____ _____

Registrar Date