



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)

--

Residential Address

--

Postal Address

--

Telephone

Home

--

Fax

Work

--

email

Cell

--

Please print e-mail address clearly

C

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

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

Signature of Applicant

Date

Business stamp (if applicable)

Official stamp of business