



Health Professions Councils of Namibia

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mail address: nc@hpcna.com.na

Nursing Council:

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

Application by a registered practitioner for the issuing of a certified extract from a register/roll

A

Profession _____

Client (Account No)

A non-refundable application fee of N\$470.00 (Namibian Citizen) N\$1,880.00 (Non-Citizen) is payable

B

Personal Particulars

Surname

	Prof./Dr. Mr. / Ms
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First Names

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Residential Address

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Postal Address

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Telephone	Home Fax		
	Work email		
	Cell		

Please print

e-mail address clearly

Signature of Practitioner

Date