



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: mdc@hpcna.com.na website: www.hpcna.com

MEDICAL AND DENTAL COUNCIL

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

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

Profession/Practice _____

A non-refundable application fee of **N\$1 500.00** (Namibian) and **N\$6 000.00** (Non-Citizen) is payable for every 50 persons (names) or practices on a register.

A Personal Particulars of Applicant

| | | |
|---------|--|--------------------|
| Surname | | Prof./Dr. Mr. / Ms |
|---------|--|--------------------|

| | |
|-------------|--|
| First Names | |
|-------------|--|

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

| | |
|---------------------|--|
| Residential Address | |
|---------------------|--|

| | |
|----------------|--|
| Postal Address | |
|----------------|--|

| | | | | |
|-----------|------|--|-------|--|
| Telephone | Home | | Fax | |
| | Work | | email | |
| | Cell | | | |

Please print e-mail address clearly

B

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)