



Health Professions Councils of Namibia

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MEDICAL & DENTAL COUNCIL OF NAMIBIA

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

Application for confirming registration status

Profession _____

Non-refundable application fee of **N\$ 370.00** (Namibian) and **N\$1 480.00** (Non-Citizen)

A Personal Particulars

Surname	<input type="text"/>	Prof./Dr.	Mr. / Ms
First Names	<input type="text"/>		
Client (Account) No.	<input type="text"/>	Male	Female
Business Address	<input type="text"/>		
Residential Address	<input type="text"/>		
Postal Address	<input type="text"/>		
Telephone	Home <input type="text"/>	Fax	<input type="text"/>
	Work <input type="text"/>	e-mail	<input type="text"/>
	Cell <input type="text"/>		

Please print e-mail address clearly

Signature of practitioner

Date

Name in block letters