



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 & DENTAL COUNCIL OF NAMIBIA

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

Application for an extract from the register

Profession: _____

A non-refundable application fee of **N\$ 500.00** (Namibian) and **N\$2 000.00** (Non-citizen) is payable

A Personal Particulars

Surname	<input type="text"/>	Prof./Dr.	Mr. / Ms
First Names	<input type="text"/>		
Registration No.	<input type="text"/>	Client (Account) No.	<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"/>	email	<input type="text"/>
	Cell <input type="text"/>		

Please print e-mail address clearly

Signature of Practitioner

Date