



Health Professions Councils of Namibia

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NURSING COUNCIL

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

Application for exemption or reduction on an annual basis from the payment of an annual fee

A

Profession _____

Account (Client) No. _____

A non-refundable Application for exemption/reduction fee of N\$240.00 (Namibian) N\$960 (non-Namibian) is payable
If the applicant wishes to be issued with a practicing card for the year, a fee of N\$220.00 (Namibian) N\$880.00 (non-Citizen)s payable in addition to the application fee

B

Personal Particulars

	Prof./Dr.	Mr. / Ms
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Surname

First Names

Account (Client) No.

Gender

Male

Female

Residential Address

**Bank details: First National Bank of Namibia, Account No. 62073052385, BC 281872
NB! Use your client number as our reference.**

Postal Address

Telephone No. Home

Fax Cell

Work e-mail

(Please print your e-mail address clearly)

C

Request for exemption

1. I apply for *(Please mark appropriate option below with an √)* -

(a) **exemption** from the payment of the annual fee payable by me for the next maintaining year starting on 1 April 20.....

OR

(b) **a reduction** in the amount of the annual fee payable by me for the next maintaining year starting on 1 April 20.....

2. The reason for my application is that –

I will/have reach(ed) the age of 67 years on _____/_____ / _____

I am/will be undertaking further studies for a period of _ years in a field related to/not related to my current profession and will not be practising my profession during that time *(Please delete which is not applicable)*. My letter of acceptance from the educational institution is attached.

I have relocated/will be relocating to _____ *(Please delete which is not applicable)*. Please provide your new contact details on a separate sheet

I am not/will not be practising my current profession during the forthcoming maintaining year *(Please delete which is not applicable)*

I am temporarily medically unfit to practice my profession. *(Please attach proof from a registered medical practitioner regarding your state of health and the date when you will be ready to practise your profession again)*

I have retired/will retire on _____/_____ / _____ *(Please delete which is not applicable)*

Other reason: _____

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Please use a separate page if the space above is insufficient

I understand and accept that –

1. I have to apply for exemption or a reduction in my annual fee on the prescribed application form on an annual basis before the 1st April of the next maintaining year;
2. should I fail to apply on an annual basis for exemption or a reduction in my annual fee, my name will be removed from the relevant register or roll;
3. in the event of my name being removed and in the event that I want my name to be restored to the register or roll, I have to apply for restoration of my name to the relevant register or roll in the prescribed manner and pay all fees related to such restoration;
4. my application for exemption from the payment of my annual fee or a reduction in the amount of my annual fee is subject to the approval of the Council;
5. I may be partially or fully exempted from the payment of any annual fee;
6. my request may be denied by Council.

Signature of Applicant
letters

Date

Name in block

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