



## 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: [nc@hpcna.com.na](mailto: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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**Bank details: First National Bank of Namibia, Account No. 62073052385, BC 281872**

**NB! Use your client number as our reference.**

Telephone	Home Fax	
	Work email	
	Cell	

*e-mail address clearly*


*Please print*

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Date