



**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*

**Pharmacy Council:** E-mail address: [pc@hpcna.com.na](mailto:pc@hpcna.com.na)

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

**APPLICATION BY A PERSON OR EDUCATIONAL INSTITUTION FOR APPROVAL TO  
OFFER OR PROVIDE EDUCATION, TUITION OR TRAINING**

1. I / We \_\_\_\_\_ hereby apply to the relevant Council to offer \*education/\*tuition/\*training.
2. Name of Facility: \_\_\_\_\_
3. Client (Account) No. \_\_\_\_\_
4. The following non-refundable fees are payable:  
Application fee            N\$ 5,780.00

**Particulars of Applicant**

Name of Person /  
Facility

Postal Address

Contract Numbers

Work, Home,  
Fax & Cell

e-mail address

*Please print e-mail address clearly*

Nature of facility and nature of education/tuition/training to be provided

Date of previous inspection (if any)

I undertake to inform the Council in writing if any person being trained by me or under my supervision, fails in his or her training, is withdrawn or voluntarily withdraws from training or for any other reason does not continue with his or her training.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant in block letters

Official stamp of business