Health Professions Councils of Namibia
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Pharmacy Council of Namibia

E-mail Address: **pc@hpcna.com.na**

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

Client #: ____________

SECTION A

APPLICATION FOR REGISTRATION OF A BUSINESS AS A WHOLESALE PHARMACIST

Name of Business____
Trading as (if applicable) ____

Ownership of Wholesale Pharmacist:
☐ Private Company ☐ Public Company

Postal Address

Telephone	Office		Fax	
	Cell		e-mail	

Physical address *(Indicate Street name & number, suburb, town/city)*

Envisaged opening date of the business of a wholesale pharmacist (new business): ________________

Envisaged opening date of the business of a wholesale pharmacist (existing business):______________

The following documents (copies must be certified by a Commissioner of Oaths) must accompany the application (tick in the box under applicant for submitted documents):

		Applicant	***HPCNA***
1.	Floor plan of the business drawn to scale by an architect showing the actual layout and exact measurements of the areas.	☐	☐
2.	Floor plan of the building/complex showing the location of the business premises in relation to adjoining or surrounding business premises. (Drawn to scale).	☐	☐
3.	Certified copy of the Memorandum of Association.	☐	☐
4.	Certified Copy of the signed lease agreement or sale agreement for the premises. (The lease agreement or sales agreement must be in the name of the company)	☐	☐
5.	A statement setting out the following information about each person who holds a proprietary interest in the conducting business as wholesale pharmacist.		
	(i) The name, postal and physical address of each person;	☐	☐
	(ii) The nature and extent of the interest held by each person;	☐	☐
	(iii) A telephone number and email address of each person;	☐	☐
	(iv)Details of any proprietary interest the person holds in any other business as a wholesale pharmacist, including the nature and extent of the person's interest in that business, the name and address of such other business, and the names and addresses of every other person who holds a proprietary interest in that other business;	☐	☐
6.	A statement setting out the standard operating procedures to be applied at the business as a wholesale pharmacist in relation to the -		
	(i) procurement of medicine;	☐	☐
	(ii) receipt and storage of medicine, including the monitoring of expiry dates and temperature control of the medicines;	☐	☐
	(iii) dispatch of medicines;	☐	☐
	(iv) control of documents;	☐	☐
	(v) security and access control; and	☐	☐
	(vi) measures to be applied in respect of a refrigerator, air conditioner or any other area where medicines are stored, if there is a power failure	☐	☐
7.	N$4300.00 Application fee for a Wholesale Pharmacist.	☐	☐
8.	N$200 x 3 for issuing of Business, Managing Director and Responsible Pharmacists Certificates.	☐	☐

DETAILS OF THE MANAGING DIRECTOR

Name and Surname: ____ Client #: __________

HPCNA Registration **Date**: _______________________ Duration in practise: _______________

Namibian identity document number: ____________________ ☐

Permanent resident of Namibia ☐ ☐

Proof and Nature of current employment ____ ☐ ☐

SECTION B

DETAILS OF RESPONSIBLE PHARMACIST

Name and Surname: ____ Client #: ____________

HPCNA Registration Date: _______________________ Duration in Practice:___________________

Proof of citizenship: Country: _________________________ Identity Document ☐ Passport ☐,

Date of appointment as the Responsible Pharmacist: ________________________.

Date on which active duty as the Responsible Pharmacist will commence: ________ _☐ ☐

Letter of appointment of the Responsible Pharmacist ☐ ☐

Letter of acceptance of that appointment by the Responsible Pharmacist ☐ ☐

Proof and Nature of current employment ____ ☐ ☐

Letter of resignation from the previous pharmaceutical practice (if any). ☐ ☐
Certified copy of the work visa. (If Responsible Pharmacist is a non-Namibian) ☐ ☐

AFFIDAVIT /STATEMENT BY RESPONSIBLE PHARMACIST

I (Full names) ____ hereby declare that I have accepted the position of responsible pharmacist of the abovementioned business.
I further declare that I am a registered pharmacist residing in Namibia.

☐ I am not practicing in other business of a pharmacist which does not belong to the said Company.

☐ I am currently practicing in the business of a pharmacist which does not belong to the said Company and will resign upon approval of the business as wholesale pharmacist.
(Please deleted a) or b) if not applicable)

___________________________________ __________
Signature of Responsible Pharmacist Date

I declare under oath/solemnly affirm that the information provided above is true, correct and complete.

____ __________
Signature and capacity Date

Sworn / solemnly affirmed before me at ____ this _______ day of ____________________ 20_______

____
Name

Official stamp

____
Signature
Commissioner of Oaths

SECTION C

REQUIREMENTS TO CONDUCT A BUSINESS AS A WHOLESALE PHARMACIST

The total floor area of the business premises is ______m^2. ☐ ☐
The business is secured against unauthorised entry. ☐ ☐
Secure Access restricted to Authorised personnel only. ☐ ☐
An effective manual or digital system to control medicines. ☐ ☐
Tracing system for purchase of medicines ☐ ☐
Sufficient shelving with smooth washable and impermeable material ☐ ☐
Adequate Pallets for Bulk Stock suitably placed to allow cleaning ☐ ☐
A clearly demarcated separate receiving area, shielded from adverse weather conditions, with direct access for delivery vehicles; ☐ ☐
A clearly demarcated dispatch area, separate from the receiving area with direct access to

delivery vehicles and is shielded from adverse weather conditions. ☐ ☐
Separate storage spaces for medicines used by human beings ☐ ☐
Separate storage spaces for veterinary medicines ☐ ☐
A record keeping system of all disposed medicines; ☐ ☐
Adequate cold storage with calibrated temperature monitoring devices for storing and receiving of thermolabile medicines for use by human beings. ☐ ☐
Adequate cold storage with calibrated temperature monitoring devices for storing and receiving of thermolabile medicines for veterinary medicines. ☐ ☐
A freezer for vaccines and medicines. ☐ ☐

An automatic standby generator or an emergency power system in case of power failure ☐ ☐
(All fridges and freezer must be connected to an automatic Standby generator or such power system)
Rest room for staff ☐ ☐
Kitchen for staff ☐ ☐
Toilet facility for staff with adequate hand washing facilities ☐ ☐
Secured designated area for the storage of Psychotic medicines or/and Narcotics substances; ☐ ☐

Special and segregated areas for storage of Flammable and Explosive substances. ☐ ☐
Storage area for cleaning materials. ☐ ☐
Physically segregated storage areas for:
- (i) Rejected medicines, ☐ ☐
- (ii) Expired medicines, ☐ ☐
- (iii) Recalled medicines, ☐ ☐
- (iv) Returned medicines ☐ ☐
- (v) Suspected counterfeits; ☐ ☐

Transportation system of medicines which prevent exposure of the medicines to conditions that could affect their stability, packaging integrity and to prevent contamination. ☐ ☐
Washable and durable floor finish which can withstand movement of heavy loads. ☐ ☐
Lighting in the business:____
Ventilation with Air conditioners; Type ______________________________; Amount________
Security system; ____

PUBLICATIONS, SOP'S AND PROCEDURES TO BE PROVIDED IN THE BUSINESS AS A WHOLESALE PHARMACIST

The Pharmacy Act, 2004 (Act No.9 of 2004), the regulations, rules and notices made or published under the Act ☐ ☐
The Medicines and Related Substances Control Act, 2003 (Act No. 13 of 2003) and the regulations or government notices made or published under the Act. ☐ ☐
The latest editions of the relevant international extra pharmacopoeia. ☐ ☐
A handbook on toxicology and poisoning. ☐ ☐
A handbook on pharmacology. ☐ ☐
Standard Operating Procedures on:
- (i) procurement of medicines. ☐ ☐
- (ii) receipt and storage of medicines, including the monitoring of expiry dates and temperature control of the medicines. ☐ ☐
- (iii) dispatch of medicines. ☐ ☐
- (iv) control of documents. ☐ ☐
- (v) security and access control. ☐ ☐
- (vi) measures to be applied in respect of a refrigerator, air conditioner or any other area where medicines are stored, if there is a power failure. ☐ ☐

Additional safety and security measures for combustible liquids, solid and pressurised gases. ☐ ☐

A procedure on handling/instructions for medicines requiring special storage when selling and dispatching the medicines. ☐ ☐
A procedure including monitoring of medicines to be stored according to the manufacturer's recommended storage conditions. ☐ ☐
A procedure for returned medicines to be placed under quarantine and returned after the approval and quality evaluation by a responsible pharmacist. ☐ ☐
A reconciliation of medicines to be performed at least twice a year, comparing the actual and recorded product quantities. ☐ ☐
A procedure for the removal of expired medicines and storage in a designated area for destruction by incineration or the return of the expired medicines to the supplier. ☐ ☐

SECTION D

AFFIDAVIT /STATEMENT BY MANAGING DIRECTOR

I (Full names) ____ hereby declare that I have accepted the position of managing director of the abovementioned business.
I further declare that I am a registered pharmacist residing in Namibia and that I am not practicing as Pharmacist in the business which does not belong to the said Company.

________________________________ __________

Signature of Managing Director Date

I declare under oath/solemnly affirm that the information provided above is true, correct and complete.

____ __________

Signature and capacity Date

Sworn / solemnly affirmed before me at ____ this _______ day of ___________________ 20_______

____

Name

____

Official stamp

Signature
Commissioner of Oaths

________________________________ ____________________

Name (Applicant) Date

________________________________ ____________________

Signature (Applicant) Date