Initials and Date of Receipt

PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE !

Health Professions Council 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: ahpc@hpcna.com.na

ALLIED HEALTH PROFESSIONS BOARD

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

Application for providing a copy of the register in respect of registered persons for a profession or practices

A

Profession/Practice _____

A non-refundable application fee is payable for every 50 persons (names) or practices on a register.

Namibian: N$1580.00 **Non-Citizen: N$1580.00**

B
Personal Particulars of Applicant

Surname		Prof./Dr. Mr. / Ms
First Names		
Client (Account) No. (if registered with Council)		

Banking details: Health Professions Council of Namibia, First National Bank of Namibia, Account number: 62072210695, Branch Code: 281872, Reference: Please use ONLY your client number as the reference.

Residential Address				
Postal Address				
Telephone	Home		Fax	
	Work		email	
	Cell			

Please print e-mail address clearly

C

Please state clearly what type of information (numbers per profession, personal details, etc) is required:

_____

_____

_____

Please indicate why the information is needed and for what purpose it will be used:

_____

_____

_____

_____ _____

Signature of Applicant Date

Business stamp (if applicable)

Banking details: Health Professions Council of Namibia, First National Bank of Namibia, Account number: 62072210695, Branch Code: 281872, Reference: Please use ONLY your client number as the reference.