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 by a registered practitioner for the issuing of a certified extract from a register

A

Profession _____

Client (Account No) _____

1. The following fees are payable:

	Namibian	***Non-Citizen***
A non-refundable application fee:	**N$500.00**	**N$500.00**

B
Personal Particulars

Surname		Prof./Dr. Mr. / Ms
First Names		
Residential Address		

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.

Postal Address				
Telephone	Home		Fax	
	Work		email	
	Cell			

Please print e-mail address clearly

Signature of Practitioner

Date

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