



PROTECTING THE PUBLIC THROUGH REGULATED EDUCATION AND PRACTICE !

Health Professions Council of Namibia

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ALLIED HEALTH PROFESSIONS BOARD

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

Application for exemption and reduced fee from the payment of an annual fee

A

Profession _____

1. The following fees are payable:

	<u>Namibian</u>	<u>Non-Citizen</u>
A non-refundable application fee:	NS\$240.00	NS\$240.00
Issuing of practicing card :	NS\$140.00	NS\$140.00

B

Personal Particulars

Surname		Prof./Dr.	Mr. / Ms
First Names			
Client (Account) No.		Gender	Male Female
Residential Address			

Postal Address

--

Telephone No.

Home

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Fax

--

Work

--

Cell

--

e-mail

--

(Please print your e-mail address clearly)

C

Request or motivation for exemption.

2. Reasonable justifications for exemption or reduction in annual, please indicate the reasons for your application below:

Please use a separate page if the space above is insufficient.

I understand and accept that –

1. I have to apply for exemption or a reduction in my annual fee two months before 31 March each year;
2. I must comply with Continuing Professional Development requirements;
3. should I fail to apply on an annual basis for exemption or a reduction in my annual fee or comply with Continuing Professional Development requirements, my name will be removed from the relevant register;
4. In the event of my name being removed and in the event that I want my name to be restored to the register, I have to apply for restoration of my name to the relevant register or roll in the prescribed manner and pay all fees related to such restoration.
5. My application for exemption from the payment of my annual fee or a reduction in the amount of my annual fee is subject to the approval of the Council.
6. I may be partially or fully exempted from the payment of any annual fee;
7. My request may be denied by Council.

Signature of Applicant

Date

Name in block letters