



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 : pc@hpcna.com.na

Pharmacy Board of Namibia

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

APPLICATION FOR CHANGE OF NAME OF A PHARMACEUTICAL PRACTICE

Name of Business _____
 Trading as (if applicable) _____
 Client #: _____

Ownership of Practice:

Sole Owner Private Company Close Corporation Partnership

The Pharmaceutical Practice is doing business as:

Pharmacy *Wholesale Pharmacist* *Hospital Pharmacy*

Hereby notify the Registrar of the change in name from;

CHANGE FROM

PARTICULARS CURRENT NAME

Name: (Sole Owner/Partnership) _____

Client #: _____

HPCNA Registration Date: _____

Name (Close Corporation/Private Company) _____

Trading as (if applicable) _____

Client #: _____

Postal Address

--

Telephone Office

--

Fax

--

Cell

--

e-mail

--

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

--

CHANGE TO**PARTICULARS NEW NAME**

New Name: (Sole Owner) _____

Client #: _____

New Name (Close Corporation/Private Company) _____

Trading as (if applicable) _____

Postal Address

--

Telephone Office
Cell

Fax
e-mail

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

--

The following documents (certified by a Commissioner of Oaths must accompany the application:

1. Proof of citizenship of the Owner or Managing Director/ Member and Responsible Pharmacist (birth certificate , passport , identity document , *Certificate of Citizenship issued by Ministry of Home Affairs & Immigration (*only in the case of Namibian citizens) applicant(s)
2. Copy of the New Memorandum of Association or Founding Statement.
3. The names and addresses of every other person who holds a proprietary interest in the pharmaceutical practice.
4. Application fee: pharmacy N\$480.00; hospital pharmacy or wholesale pharmacist: N\$ 880.00.
5. Certificate fee: Namibians N\$ 230.00; non-citizens: N\$ 880.00

PARTICULARS OF RESPONSIBLE PHARMACIST WHO WILL MANAGE THE PRACTICE

Responsible Pharmacist Name: _____ Client #: _____

HPCNA Registration Date: _____

Duration in practise: _____

(MARK WITH X) APPLICANT HPCNALetter of appointment of the Responsible Pharmacist Letter of acceptance of that appointment by the Responsible Pharmacist

Date from which the appointment of the Responsible Pharmacist commenced: _____

Signature of Responsible Pharmacist_____
Date

STATEMENT BY MANAGING MEMBER/DIRECTOR

I (full names) _____ hereby declare that I have accepted the position of managing member/director of the abovementioned Close Corporation/Private Company. I further declare that I am a registered pharmacist residing in Namibia and that I am not engaged in the business of a pharmacist which does not belong to the said Close Corporation / Private Company.

Signature of Managing Director/Member

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

FOR OFFICIAL USE

Fee(s) payable

Application fee for change of name N\$ _____ paid

Printing of Certificates N\$ _____ paid

Total amount paid N\$ _____

Account paid in/by

Bank deposit / Electronic transfer

Swipe

Administrative Officer

Date

Comments/Remarks by the Assistant Council Manager

Verified & Recommended: Assistant Council Manager

Date _____

Comments/Remarks by Council Manager

Council Manager

Date

Certificate may be released.

Registrar

Date

