



## Health Profession Councils 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](mailto:pc@hpcna.com.na)

### Pharmacy Board of Namibia

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

### Application for confirming registration status

Profession \_\_\_\_\_

A non-refundable application fee of N\$400.00 (Namibian citizen) and N\$ 1,440.00 for (Non-Citizen)

#### A Personal Particulars

Surname  Prof./Dr. Mr. / Ms

First Names

Client (Account) No.  Male Female

Business Address

Residential Address

Postal Address

Telephone Home  Fax   
Work  e-mail   
Cell

Please print e-mail address clearly

Indicate the purpose for which the confirmation of registration status is required below:

---

---

---

Please indicate the Name and address where the the confirmation of registration status must be addressed:

---

---

---

\_\_\_\_\_  
Signature of practitioner

\_\_\_\_\_  
Date

---