Initials and Date of Receipt

HEALTH PROFESSIONS 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

Pharmacy Board of Namibia

PLEASE COMPLETE THIS FORM IN FULL. THE COMPLETED FORMS MUST BE ADDRESSED TO THE REGISTRAR

AFFIDAVIT IN TERMS OF SECTION 30 OF THE PHARMACY ACT, 2004 (ACT NO. 9 OF 2004)

I, the undersigned, Prof; Dr; Mr; Mrs/Ms._____,

with ID number: _____, HPCNA Customer No._____ and

HPCNA Registration No. _____,do hereby declare that:

1. I am registered with the Health Professions Council of Namibia as a

   _____
   (state the profession and the category)

2. I hereby confirm that there is no criminal or unprofessional conduct proceeding pending against me in any country at present.

DEPONENT
Solemnly sworn / affirmed before me at _____
this _____ day of _____ 20_____.

The Deponent has acknowledged that: he / she knows and understand the contents of this affidavit; he / she has no objection to taking the prescribed oath; and he / she considers the oath to be binding on his / her conscience.

_____
Name & Signature
(Deponent)

_____
Official stamp

Name & Signature
Commissioner of Oaths