



Health Professions Council of Namibia

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Client No.

Pharmacy Board of Namibia

Please complete this form in full. Only original forms will be accepted. Completed forms must be addressed to the Registrar

To be completed in applicant's own hand

Application for Registration as a Student/Pupil _____
(state profession)

The following documents (original or certified by a Commissioner of Oaths) must accompany your application:

1. Proof of citizenship (birth certificate, passport, identity document, *Certificate of Citizenship issued by Ministry of Home Affairs & Immigration (*only in the case of Namibian citizens)
2. Qualifications on which application is based.
3. Proof of acceptance as a student/pupil at an approved training institution/pharmacy. Date of commencement of training must be clearly stated.
4. Proof of competency in English if not a graduate of an English language training institute.
5. A non-refundable application for registration fee of N\$ 210.00 for Namibian citizens and N\$ 800.00 for non-citizens is payable.
6. Issue of Certificates fee: N\$ 230.00 for Namibian citizens and N\$ 880.00 for non-citizens.

BANKING DETAILS

Bank: **First National Bank** — Account Number: **620 722 106 95** — Branch Code: **280172**

NB! Use only your client number as our reference.

Surname	<input type="text"/>	Title	<input type="text" value="Mr."/>	<input type="text" value="Ms"/>
First Names	<input type="text"/>			
Maiden Name	<input type="text"/>	Gender	<input type="text" value="Male"/>	<input type="text" value="Female"/>
Residential Address	<input type="text"/>			
Postal Address	<input type="text"/>			
Telephone	Home <input type="text"/>	Fax	<input type="text"/>	
	Work <input type="text"/>	Cell	<input type="text"/>	
	e-mail <input type="text"/>			

Please note: *In terms of the relevant legislation, any change in residential or postal address must be reported in writing to the Registrar within 30 days of such change taking place.*

Citizen of

Proof of status
(Passport, ID, Birth Certificate)

(Please enter the type and number of the relevant document and attach a copy thereof)

PRESENT EMPLOYER

Employer / Hospital/ Training Institution	Dept.	Post	Town / City	Dates
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Tutor: _____

Client No. _____

- I am currently registered/enrolled as _____ with one of the Councils and wish to maintain my enrolment/registration during the period of my studies. I agree to pay the prescribed fee before or on 31 March of every year until I complete my studies. I further agree to inform Council in writing if, at any stage, I no longer wish to maintain my enrolment/registration.
- I do not want to maintain my registration/enrolment during my period of studies and request Council to remove my name from the register/roll for _____

APPROVED TRAINING INSTITUTION

Name	<input type="text"/>	Commencement Date of Student/Pupil	<input type="text"/>
Address	<input type="text"/>	Expected Completion Date	<input type="text"/>

I declare under oath/solemnly affirm that I have never in any country been convicted of any offence against the law or been debarred from practice by reason of misconduct and to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.

Signature of Applicant

Date

Sworn / solemnly affirmed before me at _____
this _____ day of _____ 20 _____

Name

Official stamp

Signature
Commissioner of Oaths