



**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**  
 Email 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 CHANGE OF OWNERSHIP/MEMBERS OF A PHARMACEUTICAL PRACTICE**

**PARTICULARS OF CURRENT OWNER**

Ownership of Practice:

Sole Owner       Private Company       Close Corporation       Partnership

Name of Business \_\_\_\_\_

Trading as (if applicable) \_\_\_\_\_

Client #: \_\_\_\_\_

The Pharmaceutical Practice is doing business as:

Pharmacy       Wholesaler       Hospital Pharmacy

Postal Address

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Telephone    Office  
                   Cell

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Fax  
 e-mail

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

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Name of Managing Member/Director/ Sole owner: \_\_\_\_\_

Client #: \_\_\_\_\_

Hereby solemnly affirm that the above entity was sold/transferred to:

\_\_\_\_\_

Signature of Managing Director/Member/Sole Owner

Date

## PARTICULARS OF NEW OWNER

New Client #: \_\_\_\_\_

Ownership of Practice:

 Sole Owner       Private Company       Close Corporation       Partnership

Name of Sole Owner: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Trading as (if applicable): \_\_\_\_\_

New Close Corporation/Private Company Yes       No  (Please note point 7 under the documents that must accompany the application)

The Pharmaceutical Practice is doing business as:

Community Pharmacy  / Wholesaler  / Manufacturing Pharmacy  / Private Hospital Pharmacy 

Postal Address:

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Telephone Office:		Fax:	
Cell:		e-mail:	

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

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**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 , \*Permanent Residence
2. Copy of the New Memorandum of Association or Founding Statement.
3. Copy of the lease agreement or sale agreement for the premises in the name of the new Owners. Company or Close Corporation.
4. A deed of sale or resolution indicating that the pharmacy has been sold/transferred
5. The names and addresses of every other person who holds a proprietary interest in the pharmaceutical practice.
6. Non-refundable application fee: change of ownership in pharmacy: N\$ 480.00 (Already registered CC or company)
7. Non-refundable application fee: change of ownership of hospital pharmacy of wholesale pharmacist: N\$ 880.00 (Already registered CC or company)
8. Non-refundable application fee for registration of new CC or company to conduct business as a: community pharmacist N\$ N\$3,930.00; hospital pharmacist N\$ 7,200.00; wholesale pharmacist N\$ N\$9,030.00;

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**PARTICULARS OF RESPONSIBLE PHARMACIST WHO WILL MANAGE THE PRACTICE**

Responsible Pharmacist Name: \_\_\_\_\_ Client #: \_\_\_\_\_

HPCNA Registration Date: \_\_\_\_\_ Duration in practise: \_\_\_\_\_

**(MARK WITH X) APPLICANT      HPCNA**Letter of appointment of the Responsible Pharmacist  Letter of acceptance of that appointment by the Responsible Pharmacist  Letter of resignation from the previous pharmaceutical practice.  Affidavit as responsible pharmacist in terms of the Pharmacy Act, 2004 (ACT NO 9 of 2004)  

Date from which the appointment of the Responsible Pharmacist commenced: \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Pharmacist

\_\_\_\_\_  
Date

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**STATEMENT BY NEW 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

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**STATEMENT BY NEW OWNER**

I (full names) \_\_\_\_\_ hereby declare that I have accepted the position as owner of abovementioned entity. I further declare that I am a registered pharmacist residing in Namibia.

\_\_\_\_\_  
Signature of Managing Director/Member

\_\_\_\_\_  
Date

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I declare under oath/solemnly affirm that the information provided above is true, correct and complete.

\_\_\_\_\_  
Signature and capacity Managing Director/Member/Sole Owner

\_\_\_\_\_  
Date

Sworn / solemnly affirmed before me at \_\_\_\_\_ this  
\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Name

Official stamp

\_\_\_\_\_  
Signature  
*Commissioner of Oaths*