



Health Professions Council of Namibia
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Pharmacy Board of Namibia

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

APPLICATION FOR REGISTRATION OF A NEW MANAGING DIRECTOR OR MANAGING MEMBER

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:

Community Pharmacy *Wholesale Pharmacist*

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, Namibian Identity document , Permanent Resident of Namibia , Certificate of Citizenship issued by Ministry of Home Affairs & Immigration
2. Copy of the Memorandum of Association or Founding Statement.
3. A non-refundable application fee of N\$ 650.00 for pharmacies and N\$ 1,200.00 for hospital pharmacies and wholesale pharmacists.
4. Certificate fee: N\$ 230.00 (Namibians) N\$ 880.00 (Non-citizens).
5. Details of any proprietary interest the Managing Director/ Members hold in any other pharmaceutical practice.

ELIGIBILITY FOR REGISTRATION AS A MANAGING DIRECTOR/ MEMBER OF BUSINESS

Name of Managing Director _____ Client #: _____

HPCNA Registration **Date:** _____ Duration in practise: _____

Name of Managing Member _____ Client #: _____

HPCNA Registration **Date:** _____ Duration in practise: _____

Client (Account No) _____

I hereby apply for the registration of _____ (full names) who has been appointed as managing director of a *private company/*managing member of a close corporation conducting business as _____ (trade name of pharmacy).

Date on which active duty as the MD/ MM will commence: _____.

Signature (Chairman or Registrar
of Close Corporation / Private Company)

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

Fees payable

Application fee for new MD or MM N\$ _____ paid

Printing of Certificates 220 x 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