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HEALTH PROFESSIONS COUNCIL OF NAMIBIA
(Established by the Health Professions Act 16 of 2024)

NOTIFICATION OF DEATH
(Section 49(11) of the Act)

PART A: INSTRUCTIONS

1. Please complete this form in full. Completed form must be addressed to the Registrar.
2. The completed notification form must be accompanied by the following:
 - Certified copy of the death certificate of the deceased registered person.

PART B: PARTICULARS OF THE DECEASED REGISTERED PERSON

| | | | | | |
|-------------|--------|--------------------------|--|------|--------------------------|
| Title | | | | | |
| Surname | | | | | |
| First names | | | | | |
| Sex | female | <input type="checkbox"/> | | male | <input type="checkbox"/> |
| Citizenship | | | | | |
| ID number | | | | | |
| Profession | | | | | |

Signature of Registrar of Births and
Deaths

Date:

Official stamp