



## Health Professions Councils of Namibia

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### MEDICAL & DENTAL COUNCIL

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

#### Application by a registered practitioner for the issuing of a certified extract from a register

#### A

Profession \_\_\_\_\_

A non-refundable application fee of **N\$460** is payable as well as a fee of **N\$210** for issuing the Extract

#### B

#### Personal Particulars

Surname			Prof./Dr. Mr. / Ms
First Names			
Registration No.		Client (Account) No.	
Residential Address			
Postal Address			
Telephone	Home	Fax	
	Work	email	
	Cell		

*Please print e-mail address clearly*

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Date