



## 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 for exemption and reduction on an annual basis from the payment of an annual fee

Account (Client) No. \_\_\_\_\_

**A**

Profession \_\_\_\_\_

A non-refundable Application for exemption/reduction fee of **N\$210** is payable

**B**

### Personal Particulars

Surname			Prof./Dr.	Mr. / Ms
First Names				
Account (Client) No.		Gender	Male	Female
Residential Address				
Postal Address				
Telephone No.	Home		Fax	
	Work		Cell	
e-mail				

*(Please print your e-mail address clearly)*

**C**  
**Request for exemption**

1. I apply for (*Please mark appropriate option below with an  $\checkmark$* ) -

(a)  **exemption** from the payment of the annual fee payable by me for the next maintaining year starting on 1 April 20.....

**OR**

(b)  **a reduction** in the amount of the annual fee payable by me for the next maintaining year starting on 1 April 20.....

2. The reason for my application is that –

I will/have reach(ed) the age of 67 years on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I am/will be undertaking further studies for a period of \_\_\_\_\_ years in a field related to/not related to my current profession and will not be practising my profession during that time (*Please delete which is not applicable*). My letter of acceptance from the educational institution is attached.

I have relocated/will be relocating to \_\_\_\_\_ (*Please delete which is not applicable*). Please provide your new contact details on a separate sheet

I am not/will not be practising my current profession during the forthcoming maintaining year (*Please delete which is not applicable*)

I am temporarily medically unfit to practice my profession. (*Please attach proof from a registered medical practitioner regarding your state of health and the date when you will be ready to practise your profession again*)

I have retired/will retire on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (*Please delete which is not applicable*)

Other reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*Please use a separate page if the space above is insufficient*

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I understand and accept that –

1. I have to apply for exemption or a reduction in my annual fee on the prescribed application form on an annual basis before the 1<sup>st</sup> April of the next maintaining year;
2. should I fail to apply on an annual basis for exemption or a reduction in my annual fee, my name will be removed from the relevant register or roll;
3. in the event of my name being removed and in the event that I want my name to be restored to the register or roll, I have to apply for restoration of my name to the relevant register or roll in the prescribed manner and pay all fees related to such restoration;
4. my application for exemption from the payment of my annual fee or a reduction in the amount of my annual fee is subject to the approval of the Council;
5. I may be partially or fully exempted from the payment of any annual fee;
6. my request may be denied by Council.

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Signature of Applicant

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Date

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Name in block letters