



Health Professions Councils of Namibia

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Nursing 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/roll

A

Profession _____

Client (Account No) _____

A non-refundable application fee of N\$430 is payable as well as a fee of N\$ 200 for issuing the certificate

B

Personal Particulars

Surname

	Prof./Dr. Mr. / Ms
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First Names

Residential Address

Postal Address

Telephone

Home

Fax

Work

email

Cell

Please print e-mail address clearly

Signature of Practitioner

Date