



## Health Professions Councils of Namibia

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### MEDICAL & DENTAL COUNCIL

Please complete this form in full. Only original forms, completed in your own hand, will be accepted. Completed forms must be addressed to the Registrar.

#### A

### Application for Restoration of a Name to the Register for

(state profession)

Reg. No. \_\_\_\_\_

Client No. \_\_\_\_\_

The following documents (original or certified by a Commissioner of Oaths) must accompany your application:

1. Identity document or passport.
2. Registration certificate issued to applicant upon registration.
3. A non-refundable application fee of **N\$890.00** is payable.
4. Outstanding annual fee plus the current applicable annual fee.
5. Issue of certificate fee for **N\$ 210.00**.

#### A

### PERSONAL PARTICULARS

Surname	<input type="text"/>	Title	<input type="text" value="Prof./Dr"/>	<input type="text" value="Mr./Ms"/>
First Names	<input type="text"/>			
Maiden Name	<input type="text"/>	Gender	<input type="text" value="Male"/>	<input type="text" value="Female"/>
Postal Address	<input type="text"/>			
Residential Address	<input type="text"/>			
Telephone	Home	<input type="text"/>	Fax	<input type="text"/>
	Work	<input type="text"/>	Cell	<input type="text"/>

e-mail  
address

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**Please note:** *In terms of the relevant legislation, any change in residential or postal address must be reported in writing to the Registrar within 30 days of such change taking place.*

**B**

**POSITIONS HELD SINCE REMOVAL OF NAME**

Employer/ Hospital/ Practice	Post	Town / City	Country	Start and End Dates

Employer's address or Business Address (Postal and Street addresses, telephone and fax numbers, e-mail address)	
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**C**

1. I am desirous that my name be restored to the Register for \_\_\_\_\_  
(state profession)

and hereby make oath and declare that I am the person mentioned in the accompanying certificate of registration dated \_\_\_\_\_ and issued to me by the Council.

2.(a) My name was removed from the Register for the following reason:

- I have failed to notify the Registrar of my correct physical address within a period of 3 months after the date of a request for particulars of such physical address by the Registrar
- I have requested in writing that my name be removed from the register
- I have failed to pay to the Council on or before 31 March of the year concerned the annual fees determined by Council and payable by me
- My name has been removed from the register, record or roll of an educational institution from which I received the qualification by virtue of which I was registered in terms of the Act, 2004 (Act No. 10 of 2004)
- I was registered in error or as a result of fraud or in circumstances not authorized by the Act, 2004 (Act No. 10 of 2004)
- I was found guilty of unprofessional conduct and a penalty have been imposed upon me
- A criminal act was instituted against me

2.(b) I state that –

I have paid the outstanding annual fees

I have complied with all the conditions/requirements of the penalties imposed upon me

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**D**

**Please tick (✓) one of the options below**

Please send my restoration certificate and practicing card by registered mail to the postal address indicated in Part A of this form

Please do not send my restoration certificate and practicing card by registered mail because I will collect it in person or arrange to have it collected by another person

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I declare/solemnly affirm under oath that I have never been convicted of any offence under any law or been found guilty of unprofessional conduct in any country, and to the best of my knowledge, no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.

\_\_\_\_\_  
Signature

Sworn / solemnly affirmed before me at \_\_\_\_\_ on this \_\_\_\_\_

day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature  
Commissioner of Oaths

Official stamp