Date



Health Professions Councils of Namibia

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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\$460 is payable as well as a fee of N\$210 for issuing the certificate B **Personal Particulars** Surname Prof./Dr. Mr. / Ms First Names Residential Address Postal Address Telephone Home Fax Work email Please print e-mail address clearly Cell

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