NAMIBIAN SOCIETY OF PHYSIOTHERAPY

Registering Additional Practices 2026

Please note the following important information before filling in the form below and submitting it:

- This form is only necessary if you are a practice owner with **two or more physiotherapy practices** in Namibia and would like to register these additional practices with the Society
- Practice owners with only one practice or those wishing to register only one practice need **only use** the normal registration or renewal form as appropriate
- Also include the details of the practice used on the normal registration or renewal form to allow different profiles to be created for all practices you register on the website
- The practice owner should be a current member of the Society
- The practice owner contact details given below should be the same as the details used when applying as an individual member of the Society.

Disclaimer: all information provided here and to the Namibian Society of Physiotherapy via other methods is assumed to be accurate and factual. Furthermore, the Namibian Society of Physiotherapy will not be liable for any legal issues that arise from incorrect information provided to it in any form or manner.

Practice owner personal details

Practice Owner Name/s and Surname: .....

Postal Address of Member: .....

E-mail Address of Member: .....

Contact Numbers Tel (W): .....

Cell: .....

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Practice details

(complete in BLOCK letters. Include the practice used on the registration or renewal form)

Practice name	Street address	City / Town	Practice office number	Practice email address
NOTE MAIN/FIRST PRACTICE HERE				

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Any changes to the any of the information on the previous page must be communicated to the society immediately.

	Yes	**No**	If Yes, amount paid
Did you pay **Practice Liability** for the main/first practice registered with the Society in this NSP 2026-2027 financial year? Tick as necessary			N$ _____

Please indicate the fees payable. You need only pay for practice liability for additional practices if you already paid for the main or first practice registered with the Society. If you are not clear on the fees to pay please contact the Society secretary for clarification before making any payments.
Email the completed document to the NSP treasurer at treasurer@namibiaphysio.com or fax to email via 0886 55 0480.

Description	**Cost per Practice** (2026)	**No of Additional Practices**	**Amount Payable**
Additional Practice Liability	N$ 1, 100		
	Total	N$	

- All payments must be paid directly into the society's bank account.
- Only electronic funds transfer (EFT) payments are accepted.
- As cash payments attract high bank charges, please do not make cash deposits into the society's bank account.
- Please use a clear reference in the format ***<initials> <surname>*** **liability** e.g. C Smith liability.

NSP Banking Details

Bank: Bank Windhoek	Branch Code: 483-872 (Maerua Mall, Windhoek)
Account Number: 102 786 9002	Account Type: CHK

I hereby confirm that I have read the NSP Constitution and that I accept responsibility to inform myself of the full content of this document and to adhere to it for as long as I am a member of the Namibian Society of Physiotherapy.

Name and Surname: ..... Signature: .....

Date: .....