



info@ecn.org.na
www.ecn.org.na

P O Box 1996 Windhoek
+264 (61) 233 264
+264 (61) 400 821

Unit 2 Bismarck Village, c/o Bismarck & Church Street, Windhoek West, Windhoek

RESIGNATION/DE-REGISTRATION FORM (for all categories)

In terms of Sections 11(10), 12(7) and 13(7) of the Engineering Profession Act (Act 18 of 1986)

1. PERSONAL DETAILS:

SURNAME:		TITLE: (eg. Prof, Dr, Mr)
FIRST NAME(S):	ECN REG. NO:	DATE OF BIRTH:

2. ADDITIONAL PERSONAL DETAILS:

NATIONALITY:	NAMIBIAN IDENTITY NO:	NON-CITIZENS PASSPORT NO: _____ ISSUING COUNTRY: _____ VISA NO: _____ VISA TYPE: _____ VISA VALIDITY: from _____ to _____
TELEPHONE (HOME): TELEPHONE (WORK): CELL PHONE: E-MAIL: POSTAL ADDRESS:		

3. CURRENT ECN REGISTRATION DETAILS:

CATEGORY & DISCIPLINE CURRENTLY REGISTERED UNDER (Please tick appropriate box and indicate discipline)		
<input type="checkbox"/> PROFESSIONAL ENGINEER DISCIPLINE: _____ _____	<input type="checkbox"/> INCORPORATED ENGINEER DISCIPLINE: _____ SUB-DISCIPLINE: _____	<input type="checkbox"/> ENGINEERING TECHNICIAN DISCIPLINE: _____ SUB-DISCIPLINE: _____
<input type="checkbox"/> ENGINEER-IN-TRAINING DISCIPLINE: _____ _____	<input type="checkbox"/> INCORPORATED ENGINEER -IN-TRAINING DISCIPLINE: _____ SUB-DISCIPLINE: _____	<input type="checkbox"/> ENGINEERING TECHNICIAN -IN-TRAINING DISCIPLINE: _____ SUB-DISCIPLINE: _____

4. RESIGNATION/DE-REGISTRATION AND OUTSTANDING ANNUAL FEES:

I hereby request the Engineering Council of Namibia (ECN) to de-register and remove my name from its register in terms of Sections 11(10), 12(7) or 13(7), as the case may be, of the Engineering Profession Act (Act 18 of 1986), and my reasons are:.....

I understand that should I desire to again register with the Engineering Council of Namibia, I will have to re-apply and comply with all set requirements

.....
Initial here
Resignation/de-registration Form - Page 2 of 2



I understand that the above request will only be considered upon the settlement of all annual fees owed to the Council by myself as required of me by the Act. I therefore hereby request an invoice of any such outstanding amounts to be sent to me by e-mail for payment purposes, where my correct e-mail address is:

.....

I further opt out of all future communications from ECN

NB: Attach certified copies of ID/passport and ECN registration certificate

Certified correct by (registered person only):

_____ Full Name

_____ Current ECN Reg. No.

_____ Signature & Date

FOR OFFICE USE ONLY

Outstanding fees: N\$_____ Settled: YES | NO

COUNCIL

Request Assessed By:

Full Name: _____ Capacity _____

Request approved: YES | NO

Effective Date: _____ Signature: _____

REGISTRAR

It is hereby certified that _____, Reg. No. _____ has been removed from the register of engineers as requested, effective from _____

Signature: _____ Date Stamp: _____