FOR OFFICIAL USE ONLY

Approved / Not Approved

Single / Multiple Entry



REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS

DEPARTMENT OF CIVIC AFFAIRS IMMIGRATION CONTROL ACT, 1993

APPLICATION FOR VISA

(b) Will you be in possession of an onward / return ticket?

	(Sections 12 AND 13 / Regulation 11)	Date of Issue:
		- and of thousand.
	Surname:	
	First Names:	Date of expiry:
3	Maiden name (if applicant is or was a married/woman):	
٥.	interdent harmo (in approant is or was a manted woman).	The same of the sa
T_£.	MS 4 TO 10 TO BE COMPLETED BY INSERTING AN "X" IN THE APPROPRIATE BOX	Remarks:
	Sex: Male ! Female ! Marital	
-		
	Status Never Married Married Divorced Widow/Widower Have you at any time applied for a permit to settle	
	Have you ever been restricted or refused entry to Namibia? Yes No	Signature:
	Have you ever been deported or ordered to leave Namihia? Yes No.	Date:
	Have you ever been convicted of any crime in any country? Yes No	
	Are you suffering from tuberculosis, or any other contagious lung disease; trach	
	yaws, scabies or any other contagious bacterial other skin disease; syphilis or a	
	immune deficiency syndrome virus (aids virus), or ant mental illness or affliction	
	f the reply to any one of the questions 6 to 19 is in the affirmative, attach full t	
	Birth: (a) Date:(b) Place:	_Country:
		equired by naturalization, state original citizenship
	'assport: (a) Number:(b) Place of issu	e:
	c) Date of issue: (d) Date of expi	ry:
	e) Is passport valid for travel to Namibia: Yes No	
15. (8	i) Present residential address:	· · · · · · · · · · · · · · · · · · ·
(Ī	o) Telephone number: (Code:) No:	
16. <i>I</i>	Address and period of residence in country of which you are a pennanent resident:	
	a) Residential address:	
(b)Telephone number: (Code:) No:	
	c) Period:	
17. Ć	ccupation or profession:	
	irm, company, university, etc., to which you are attached or which you represent:	
	a) Name and address of employer:	· <u> </u>
-	Telephone number: (Code:) No:	
) Nature of business:	
(ć) If a student, name of university to which you are attached and the course pursued:	· · · · · · · · · · · · · · · · · · ·
`	, , , , , , , , , , , , , , , , , , ,	······································
19. If	accompanied by your wife and children state:	·
	FIRST NAMES DATE OF BIRTH	PLACE OF BIRTH
(a)		(a)
(b)	· · · · · · · · · · · · · · · · · · ·	(b)
(c)	· · · · · · · · · · · · · · · · · · ·	(c)
\ - .	· ·	(6)

Yes

(N.B. separate applications have to be completed in respect of your spouse or children over the age of 16 years and children travelling with their own passports.)

No

NOTE: COMPLETE ONLY PART A OR B (A) HOLIDAY / BUSINESS / WORK / TRANSIT / VISA

ı	Intended date and port of arrival in Namibia	<u> </u>		<u></u> .			
2.	(a) What is the purpose of your visit?	(a) What is the purpose of your visit?					
•	(b) If it is for business purposes, explain in detail the nature of business:						
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ferra annoles or months)		·			
	(c) Duration of intended visit (Number of days, weeks, or months)						
3.	Places to be visited in Namibia (Rui addres	s, including telephone number at	itist oo providody	<u></u>			
			+		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>					
ą.	If the purpose of your visit is for medical	I treatment, please provide the	following information	n:			
ŧ.	(a) Name of doctor, hospital or clinic you w	fill vicit					
	(a) Name of doctor, nospital of clime you w (b) Who will pay your medical expenses at	nd hospital fees:			- "		
	(5) Who will pay your medical expenses and fee	es above state amount of finds a	vailable:	······································			
_	(c) If you are liable for the expenses and fees above, state amount of funds available:						
S ₂	Proposed residential address in National_						
<u>.</u>	Names and addresses of relatives in Namibia:						
5.	NAME NAME	ADDRESS AND TELEPHON	E NUMBER	RELATIONSHI	P		
		DDXCDD1L\2 ZDDXXXV					
	(8)						
7	(b)						
7.	Do you contribute professionally or otherw	ice to publications, radio, televisi	on or films? If so, give	details:			
5.	Do you congrante brotessionarry or order w	ise to publications, address texes and					
`	(a) Destination after leaving Namibia:	· · · · · · · · · · · · · · · · · · ·					
€.	(a) Destination after leaving Nationa (b) Mode of travel to destination:						
	` /						
	(c) Intended date and port of departure:(d) Is your entry to that destination assur		armit for nermanent	or temporary, residence? (Pr	roof to be		
		ed, e.g. do you noid visa or a p	ermit for permanent	on temperary residence. (2 .	******		
	submitted)						
		<u> </u>					
10.	Reasons for travelling through Namibia:						
		<u> </u>		<u></u>			
		•	•				
			YORKO A				
		(B) RETURN V	'ISA				
\mathbf{M}	PORTANT			•			
					ŧ		
Å'n	applicant has to:						
	produce his or her passport or travel docu	ament; and					
7/ 71)	submit proof of his or her right of resider	nce in Namibia if not endorsed	in his or her passpor	t.			
1.7	(a) Kind of Permit and number:						
••	(b) Date of departure:						
	(c) Expected date of return:						
,	Particulars of residence in Namibia	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
٤.	DATE OF FIRST ENTRY	PORT OF ENTRY	PERIC	DS OF RESIDENCE IN N.	AMIBIA		
	DATE OF FIRST ENTRI	101(101 211111)			To		
				<u> </u>			
				<u> </u>	•		
١.	Countries to which you will be travelling		(6)	(4)			
	(a) (b) _		(c)	(d)			
ļ.	Purpose of journey (explain fully):		·	<u>.</u>			
			e and in fact and that	I fully understand the meant	ng thereof.		
SO	lemnly declare that the above particulars g	iven by me are mie in substanc	ت منتب بليا عدد صبيب عنصا	T TOTAL COLLECTION STOP THE STITE	٠٠٠٠ ق		
		Signofizer					
)ate	e		. <u></u> .				
N_{i}	B. Only the signature of the applicant w	III be accepted)					