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Single / Multiple Entry

File No.: .....



## REPUBLIC OF NAMIBIA MINISTRY OF HOME AFFAIRS **DEPARTMENT OF CIVIC AFFAIRS IMMIGRATION CONTROL ACT, 1993**

## **APPLICATION FOR VISA**

	(section 12 and 13/ Regu	ılation	11)		Date of issue:		
1.	Surname:		-		Date of expiry:		
2.	First Names:				Date of expiry		
3. N	Naiden Name (if applicant is or was a married	,			Remarks:		
	ITEMS 4 TO 10 TO BE COMPLETED BY INSI APPROPRIATE BOX	ERTING AN					
4. S	ex: Male Female						
	larital tatus: Never Married Married Dive	orced	Widow/Wi	dower			
6. H	ave you at any time applied for a permit to settle ermanently in Namibia?		Yes	No			
7. H	ave you ever been restricted or refused entry into	Namibia?	Yes	No	Signature:		
	ave you ever been deported or ordered leave Namibia?		Yes	No	Date:		
Э. Н	ave you ever been convicted of any crime in any	country?	Yes	No			
fra	re you suffering from tuberculosis, or any other cambesia, yaws, scabies or any other contagious eleprosy or acquired immune deficiency syndrom	bacterial or	other skin di	sease; syphili	s or any other venereal dis	sease;	lo l
11. If	the reply to any of the questions 6 to 9 is in the a	affirmative, a	attach full pa	rticulars.			
12. Bi	rth (a) Date:	(b) P	Place:		Coun	try:	
13. C	itizenship:	(If ac	equired by na	aturalization, s	tate original citizenship.)		
14. Pa	assport: (a) Number:	(b) P	Place of issue	e:			
	(c) Date of issue:	(d)	Date of exp	iry:			
,	e) Is passport valid for travel to Namibia?  (a) Present residential address:						
(	b) Telephone number: (Code:						
16. Ad	ddress and period of residence in country of whic	h you are a	permanent	resident:			
(	(a) Residential address:						
	b) Telephone number: (Code:(c) Period:						
17.	Occupation pr profession:						
18. I	Firm, company, university, etc., to which you are	attached or	which you r	epresent:			
(	(a) Name and adress of employer:						
(	b) Telephone number: (Code:	) No.	:				
(	(c) Nature of business:						
(	d) If a student, name of university to which you						
19. If	accompanied by your wife and children state:						•••••
	FIRST NAMES		DATE	OF BIRTH		PLACE OF BIRTH	
(a	a)	(a)			(a)		
(i	o)	(b)					
(0	c)	(c)			(c)		
20. (	(a) What amount of money will you have available	e on arrival	in Namibia f	or your own u	se? N\$		
(b	) Will you be in possession of an onward / return	ticket?	Yes	No			
(N	J.B. Separate applications have to be completeds in r	espect of voi	ir spouse or o	children over the	ane of 16 years and childre	en travelling with their own nass	sports )

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

I. Intended date and port of arrival in Nam	nihia-				
•					
aces to be visited in Namibia (full addresses, including telephone number must be provided):					
If the purpose of your visit is for medical tre	eatment, please provide the following information	n:			
(b) Who will pay for your medical expense	es and hospital fees:				
•					
Proposed residential addres in Namibia	a:				
		Tel. No.:			
Names and address of relatives in Namibia:	ADDDESO AND				
NAME	ADDRESS AND TELEPHONE NUMBER	RELATIONSHIP			
•					
		ease give details:			
( )					
• • • • • • • • • • • • • • • • • • • •	e.g. do you hold a visa or a permit for permanent				
	(b) RETURN VISA				
PORTANT					
applicant has to:					
produce his or her passport or travel docume	ent; and				
	n Namibia if not endorsed in his or her passport.				
, ,					
Particulars of residence in Namibia:					
DATE OF FIRST ENTRY	PORT OF ENTRY	PERIODS OF RESIDENCE IN NAMIBIA From To			
Countries to which you will be travelling:					
(a) (b)	(c)	(d)			
	en by me are true in substance and in fact and tha				
		•			
Oate:	Signature Signature				
	N.B. Only the signature of the applicant will be ac				