	3-1/0033
<b>REPUBLIC OF NAMIBIA</b> <b>MINISTRY OF HOME AFFAIRS</b> DEPARTMENT OF CIVIC AFFAIRS IMMIGRATION CONTROL ACT, 1993	OR OFFICIAL USE ONLY Approved / Not Approved Single / Multiple Entry
	of Issue:
1. Surname:            2. First Names:	of Expiry:
3. Maiden name (if applicant is or was a married woman): Remain ITEMS 4 TO 10 TO BE COMPLETED BY INSERTING AN "X" IN THE APPROPRIATE BOX	arks:
4. Sex:       Male       Female	
permanently in Namibia?	ature:
8. Have you ever been deported or ordered to	
10. Are you suffering from tuberculosis, or any other contagious lung disease; trachoma, or frambesia, yaws, scabies or any other contagious bacterial or other skin disease; syphill leprosy or acquired immune deficiency syndrome virus (AIDS virus), or any mental illn	is or any other venereal disease; or
11. If the reply to any one of the questions 6 to 19 is in the affirmative, attach full particula         12. Birth: (a) Date:       (b) Place:       Cou         13. Citizenship:       (if acquired by r	irs
14. Passport: (a) Number (b) Place of issue:	
(e) Is passport valid for travel to Namibia? Yes No 15. (a) Present residential address:	
(b) Telephone number: (Code:) No:) No:) No:	
(b) Telephone number: (Code:) No:) (c) Period:	
<ul> <li>17. Occupation or profession:</li></ul>	
<ul> <li>(a) Name and address of employer:</li></ul>	
<ul><li>19. If accompanied by your wife and children, state:</li></ul>	
FIRST NAMES       DATE OF BIRTH         (a)	PLACE OF BIRTH
(b)	
(c) (c) (c) (c)	

20. (a)

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

	Intended date and port of arrival in Namibia:								
2. (	(a) What is the purpose of your visit?								
(	<ul> <li>(b) If it is for business, explain in detail the nature of business:</li></ul>								
(									
3. I	Places to be visited in Namibia (full address, including telephone number must be provided):								
	If the purpose of your visit is for medical treatment, please provide the following information: (a) Name of doctor, hospital or clinic you will visit:								
ì	(b) Who will pay your medical expenses and hospital fees:								
	(c) If you are liable for the expenses and fees above, state amount of funds available:								
	Decision of the off decision of the Neurolithic sector of the sector of								
5. 1	Telephone number:								
6 1	Name and addresses of relatives in Namibia:								
0. 1	NAME ADDRESS AND TELEPHONE NUMBER RELATIONSHIP								
(	(a)								
	(b)								
7. Ì	Date of last visit, if any to Namibia:								
	Do you contribute professionally or otherwise to publications, radio, television or films? If so, please give details:								
9. (	(a) Destination after leaving Namibia:								
(	(b) Mode of travel to destination:								
(	(c) Intended date and port of departure:								
(	(d) Is you entry to that destination assured, e.g. do you hold visa or permit for permanent or temporary residence? (Proof to be submitted)								
10. ]	Reasons for travelling through Namibia:								

## IMPORTANT

An applicant has to:

(i) produce his or her passport or travel document; and

(ii) submit proof of his or her right of residence in Namibia if not endorsed in his or her passport.

1.	(a)	Kind	of	Permit	and	numl	ber:	_
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<ul> <li>(b) Date of departure:</li></ul>			
DATE OF FIRST ENTRY	PORT OF ENTRY	PERIODS OF RESIDENCE IN NAM From To	IBIA
Countries to which you will be travelling:     (a) (b)      Purpose of journey (explain fully):			

I solemnly declare that the above particulars given by me are true in substance and in fact and that I fully understand the meaning thereof.