

# REPUBLIC OF NAMIBIA

## MINISTRY OF HOME AFFAIRS

DEPARTMENT OF CIVIC AFFAIRS IMMIGRATION CONTROL ACT, 1993 **APPLICATION FOR VISA** 

## FOR OFFICIAL USE ONLY Approved / Not Approved Single / Multiple Entry

(Sections 12 and 13 / Regulation 11)	Date of Issue:
1. Surname:	Date of Expiry:
2. First Names:	
3. Maiden name (if applicant is or was a married woman):	Remarks:
ITEMS 4 TO 10 TO BE COMPLETED BY INSERTING AN "X" IN THE APPROPRIATE BOX	Kemurks.
4. Sex: Male Female	
5. Marital	
Divisor History	
6. Have you at any time applied for a permit to settle	
permanently in Namibia? Yes No	
7. Have you ever been restricted or refused entry to Namibia? Yes No	Signature:
8. Have you ever been deported or ordered to	_
leave Namibia?	Date:
9. Have you ever been convicted of any crime in any country? Yes No	
10. Are you suffering from tuberculosis, or any other contagious lung disease; trache frambesia, yaws, scabies or any other contagious bacterial or other skin disease; leprosy or acquired immune deficiency syndrome virus (AIDS virus), or any men	syphilis 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 pa	rticulars
12. Birth: (a) Date: (b) Place:	
13. Citizenship: (if acquire	
(e) Is passport valid for travel to Namibia? Yes No	
15. (a) Present residential address:	
(b) Telephone number: (Code:) No:	
<ul><li>16. Address and period of residence in country of which you are a permanent resider</li><li>(a) Residential address:</li></ul>	
(b) Telephone number: (Code:) No:	
(c) Period:	
17. Occupation or profession:	
18. Firm, company, university, etc., to which you are attached or which you represen	t:
(a) Name and address of employer:	
(b) Telephone number: (Code:) No:	
(c) Nature of business:	
(d) If a student, name of university to which you are attached and the course purs	sued:
19. If accompanied by your wife and children, state:	
FIRST NAMES DATE OF BIRTH	PLACE OF BIRTH
(a)	(a)
(b)	(b)
(c)(c)	(c)
20. (a) What amount of money will you have on arrival in Namibia for your own use	? N\$

## NOTE: COMPLETE ONLY PART A OR B

## (A) HOLIDAY / BUSINESS / WORK / TRANSIT VISA

	ntended date and port of arrival in Namibia:					
2.	(a) What is the purpose of your visit?					
	(c) Duration of intended visit (number of	Duration of intended visit (number of days, weeks or months):				
3.	Places to be visited in Namibia (full address, including telephone number must be provided):					
4.	(b) who will pay your medical expenses a	will visit:and hospital fees:				
5.	(c) If you are liable for the expenses and fees above, state amount of funds available:  Proposed residential address in Namibia: Telephone number:					
6	Name and addresses of relatives in Namil	Telephone numb	er:			
0.	NAME (a)	ADDRESS AND TELEPHONE NUMBER				
7						
8.	Date of last visit, if any to Namibia:					
9.	(a) Destination after leaving Namibia:					
	(b) Mode of travel to destination:					
	<ul><li>(c) Intended date and port of departure:</li><li>(d) Is you entry to that destination assured submitted)</li></ul>	d, e.g. do you hold visa or permit for perm	anent or temporary res	sidence? (Proof to be		
10	. Reasons for travelling through Namibia:					
		(B) RETURN VISA				
IN	IPORTANT					
	applicant has to:					
	produce his or her passport or travel docu submit proof of his or her right of residen		· nassport			
	(a) Kind of Permit and number:					
	(b) Date of departure:					
2						
2.	Particulars of residence in Namibia: DATE OF FIRST ENTRY	PORT OF ENTRY	PERIODS OF RESID	ENCE IN NAMIBIA To		
			<u></u>			
3.	Countries to which you will be travelling: (a) (b)	: (c)	(d)			
4.	Purpose of journey (explain fully):					
I s	plemnly declare that the above particulars give	n by me are true in substance and in fact and th	nat I fully understand the	e meaning thereof		
				meaning mercor.		
Da	ite: S	Signature:				

(N.B. Only the signature of the applicant will be accepted)