FOR OFFICIAL USE ONLY Approved / Not Approved Single / Multiple entry



		File No.:		
LIBERTY		Date of issue:		
REPUBLIC OF NAMIBIA		Date of expiry:		
Ministry of Home Affairs and Immigra	ation			
Immigration Control Act, 1993		Remarks:		
APPLICATION FOR VISA				
(Sections 12 and 13 / Regulation 11)				
Items 4 to 10 to be completed by inserting an "X" in the appropriate box.				
1. Surname:		Signature:		
2. First names:		Date:		
3. Maiden name (if applicant is or was a married woman				
	status: Never Married	Married Divorced Widow/Widower		
6. Have you at any time applied for a permit to settle per		Yes No		
7. Have you ever been restricted or refused entry to Namibia?		Yes No		
8. Have you ever been deported or ordered to leave Namibia?		Yes No		
9. Have you ever been convicted of any crime in any country?		Yes No		
10. Are you suffering from tuberculosis, or any other conscables or any other contagious bacterial skin disease Syndrome virus (AIDS virus), or any mental illness or11. If the reply to any one of the questions 6 to 10 is in th	; syphilis or any other vene affliction?	real disease; or leprosy or Acquired Immune Defici	aws, iency	
12. Birth (a) Date: (b) Place	-			
13. Citizenship:		Ø 93700 83 2020 NGARROSSE SOURCE STYNDER O		
14. Passport: (a) Number:		of issue	•	
(c) Date of issue:	(d) Date of	f expiry:		
(e) Is passport valid for travel to Namibia:	s No			
15. (a) Present residential address:	.,			
16. Address and period of residence in country of which y		one no.: ()		
-	•			
	(a) Residential address:			
17. Occupation or Profession:				
18. Firm, company, university, etc., to which you are attact				
(a) Name and address of employer:				
(b) Telephone no.: ()				
(c) Nature of business:				
(d) If a student, name of university to which you are a				
19. If accompanied by your wife and children state:				
First Names	Date of Birth	Place of Birth		
(a)				
(b)			1	
(c)				
20. (a) What amount of money will you have available on				

20 (b) Will you be in possession of an onward/return ticket? Yes No

NOTE: COMPLETE ONLY PART A OR B

(a) What is the purpose of you visit?_			
(b) if it is for business purposes, expla			
(c) Duration of intended visit (Number	r of days, weeks or months)		
Places to be visited in Namibia (full ac	ddress, including telephone num	ber must be provided)	
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If the purpose of your visit is for medi	ical treatment please provide the	following information:	
(a) Name of doctor, hospital or clinic			
(b) Who will pay your medical expens			
(c) If you are liable for the expenses a			
Proposed residential address in Namib			
Names and addresses of relatives in N	amibia:	_Telephone no.: ()	
Name	Addre	ess and Telephone number	Relationship
(a)			•
(a)			
(b)			
Date of last visit, if any, to Namibia: _			
Do you contribute professionally or ot	therwise to publications, radio, to	elevision or films? If so, give details	:
(a) Destination after leaving Namibia:			
(b) Mode of travel to destination:			
(c) Intended date and port of departure			
(d) Is your entry to that destination ass			
Reasons for travelling through Namib	ia:		
RETURN VISA			
PORTANT			
applicant has to:			
produce his or her passport or travel d submit proof of his or her right of resi	ocument; and dence in Namibia if not endorse	d in his or her passport.	
(a) Kind of Permit and number:			
(b) Date of departure:			
(c) Expected date of return:			
Particulars of Residence in Namibia:			
Date of first entry	Port of entry	Periods of resi From	dence in Namibia To
Countries to which you will be travell			
(a)(•	(c)	(d)
Purpose of journey (explain fully):			