

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

APPLICATION FOR VISA

(sections 12 and 13/ Regulation 11)

(sections 12 and 13/ Re	egulation 11)	File No.:
urname:		Date of Issue:
rst Names:		
aiden name (if applicant is or was a married won		Date of expiry:
area mane (ii appinami ii o vita a mamed voi.		
ITEMS 4 TO 10 TO BE COMPLETED APPROP	BY INSERTING AN "X" IN THE RIATE BOX	Remarks:
ex: Male Female		
larital		
	Divorced Widow/Widower	
ave you at any time applied for a permit to settle ermanently in Namibia?	Yes No	
ave you ever been restricted or refused entry into	o Namibia? Yes No	Signature
ave you ever been deported or ordered to	Was I I I	Signature:
ave Namibla?	Yes No	Date:
lave you ever been convicted of any crime in any		
re you suffering from tuberculosis, or any other cont, ambisia,yaws, scables or any other contagious t r leprosy or acquired immune deficiency syndrom	bacterial other skin disease: synhilis or any oth	ner venereal disease:
If the reply to any one of questions 6 to 9 is in the a	affirmative, attach full particulars	
Birth: (a) Date:	(b) Place:	Country:
Citizenship:	(If acquired by naturalization, state of	riginal citizenship)
Passport: (a) Number:	(b) Place of issue:	
(c) Date of issue:	(d) Date of expiry:	
(e) is passport valid for travel to Namibia?	Yes No	
(a) Present residential address:		
Acidress and period of residence in country of whice (a) Residential address:		
(b) Telephone number: (Code:) No.:	
(c) Period:		
1-2		
Occupation or Profession:		
Occupation or Profession:		
Occupation or Profession:	attached or which you represent:	
Occupation or Profession: Firm, company, university, etc., to which you are a (a) Name and address of employer:	attached or which you represent:	
Occupation or Profession: Firm, company, university, etc., to which you are a (a) Name and address of employer:	attached or which you represent:	
Occupation or Profession: Firm, company, university, etc., to which you are a (a) Name and address of employer: (b) Telephone number (Code: (c) Nature of business:	attached or which you represent:	
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Occupation or Profession: Firm, company, university, etc., to which you are a (a) Name and address of employer: (b) Telephone number (Code: (c) Nature of business: (d) If a student, name of university to which you a	attached or which you represent:	
Occupation or Profession: Firm, company, university, etc., to which you are a (a) Name and address of employer: (b) Telephone number (Code: (c) Nature of business: (d) If a student, name of university to which you a If accompanied by your wife and children state:	nttached or which you represent:	PLACE OF BIRTH
Occupation or Profession: Firm, company, university, etc., to which you are a (a) Name and address of employer: (b) Telephone number (Code: (c) Nature of business: (d) If a student, name of university to which you a If accompanied by your wife and children state: FIRST NAMES	ttached or which you represent:	PLACE OF BIRTH (a)
Occupation or Profession: Firm, company, university, etc., to which you are a (a) Name and address of employer: (b) Telephone number (Code: (c) Nature of business: (d) If a student, name of university to which you a If accompanied by your wife and children state: FIRST NAMES	ttached or which you represent:) No are attached and the course pursued: DATE OF BIRTH	PLACE OF BIRTH (a) (b)

FOR OFFICIAL USE ONLY

Approved / Not Approved

Single / Multiple Entry

(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)

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

	Intended date and port of arrival in Namibia:		
		the nature of business:	
	(c) Duration of intended visit (Number of days, w	reeks or months)	
		ncluding telephone number must be provided):	
		1776	
i .	If the purpose of your visit is for medical treatme	nt, please provide the following information:	
		it:	
	(b) Who will pay your medical expenses and ho	spital fees:	
	(c) If you are liable for the expenses and fees al	bove, state amount of funds available:	
5.	Proposed residential address in Namibia:		
			Tel No.
	Names and address of relatives in Namibia:		
	NAME	ADDRESS AND TELEPHONE NUMBER	RELATIONSHIP
	(a) ————————————————————————————————————		
	(b)		
7 .	Date of last visit, if any, to Namibia:		
8.	Do you contribute professionally or otherwise to	publications, radio, television or films? If so, please give details	s:
9.	(a) Destination after leaving Namibia:		
9.			
9.	(b) Mode of travel to destination:		
0 .	(b) Mode of travel to destination:		
	(b) Mode of travel to destination: (c) Intended date and port of departure: (d) Is your entry to that destination assured, e.g.		
	(b) Mode of travel to destination:		
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Signature: _

Date .