



**REPUBLIC OF NAMIBIA**  
**MINISTRY OF HOME AFFAIRS**  
 DEPARTMENT OF CIVIC AFFAIRS  
 IMMIGRATION CONTROL ACT, 1993  
**APPLICATION FOR VISA**  
 (Sections 12 AND 13 / Regulation 11)

<b>FOR OFFICIAL USE ONLY</b>	
<b>Approved / Not Approved</b>	
<b>Single / Multiple Entry</b>	
File No.:	_____
Date of Issue:	_____
Date of expiry:	_____
Remarks:	_____ _____ _____
Signature:	_____
Date:	_____

1. Surname: \_\_\_\_\_  
 2. First Names: \_\_\_\_\_  
 3. Maiden name (if applicant is or was a married woman): \_\_\_\_\_

ITEMS 4 TO 10 TO BE COMPLETED BY INSERTING AN "X" IN THE APPROPRIATE BOX

4. Sex:            Male             Female
5. Marital Status    Never Married     Married     Divorced     Widow/Widower
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
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 contagious lung disease; trachoma, or any other chronic eye infection, frambesia, yaws, scabies or any other contagious bacterial other skin disease; syphilis or any other venereal disease; or leprosy or acquired immune deficiency syndrome virus (aids virus), or ant mental illness or affliction?            Yes     No
11. If the reply to any one of the questions 6 to 19 is in the affirmative, attach full particulars
12. Birth: (a) Date: \_\_\_\_\_ (b) Place: \_\_\_\_\_ Country: \_\_\_\_\_
13. Citizenship: \_\_\_\_\_ (if acquired by naturalization, state original citizenship)
14. 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
15. (a) Present residential address: \_\_\_\_\_  
 \_\_\_\_\_  
 (b) Telephone number: (Code: \_\_\_\_\_) No: \_\_\_\_\_
16. Address and period of residence in country of which you are a permanent resident: \_\_\_\_\_  
 (a) Residential address: \_\_\_\_\_  
 (b) Telephone number: (Code: \_\_\_\_\_) No: \_\_\_\_\_  
 (c) Period: \_\_\_\_\_
17. Occupation or profession: \_\_\_\_\_
18. Firm, company, university, etc., to which you are attached or which you represent: \_\_\_\_\_  
 (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 pursued: \_\_\_\_\_

19. If accompanied by your wife and children, state:
- |     | FIRST NAMES |     | DATE OF BIRTH |     | PLACE OF BIRTH |
|-----|-------------|-----|---------------|-----|----------------|
| (a) | _____       | (a) | _____         | (a) | _____          |
| (b) | _____       | (b) | _____         | (b) | _____          |
| (c) | _____       | (c) | _____         | (c) | _____          |

20. (a) What amount of money will you have available on arrival in Namibia for your own use? N\$ \_\_\_\_\_  
 (b) Will you be in possession of an onward / return ticket?            Yes             No

(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**

1. Intended date and port of arrival in Namibia: \_\_\_\_\_
2. (a) What is the purpose of your visit? \_\_\_\_\_  
(b) If it is for business purposes, explain in detail the nature of business: \_\_\_\_\_  
\_\_\_\_\_
- (c) 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. 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: \_\_\_\_\_  
(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: \_\_\_\_\_
5. Proposed residential address in Namibia: \_\_\_\_\_ Tel. No. \_\_\_\_\_
6. Names and addresses 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: \_\_\_\_\_  
\_\_\_\_\_
9. (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 assured, e.g. do you hold visa or a permit for permanent or temporary residence? (Proof to be submitted) \_\_\_\_\_  
\_\_\_\_\_
10. Reasons for travelling through Namibia: \_\_\_\_\_  
\_\_\_\_\_

**(B) RETURN VISA**

**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 number: \_\_\_\_\_  
(b) Date of departure: \_\_\_\_\_  
(c) Expected date of return: \_\_\_\_\_
2. Particulars of residence in Namibia:  

DATE OF FIRST ENTRY	PORT OF ENTRY	PERIODS OF RESIDENCE IN NAMIBIA	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
3. Countries to which you will be travelling:  
(a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_ (d) \_\_\_\_\_
4. 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.

Date \_\_\_\_\_ Signature: \_\_\_\_\_

(Only the signature of the applicant will be accepted)