

REPUBLIC OF NAMIBIA MINISTRY OF HOME AFFAIRS

DEPARTMENT OF CIVIC AFFAIRS IMMIGRATION CONTROL ACT, 1993

APPLICATION FOR VISA

(Sections 12 AND 13 / Regulation 11	Date of Issue:
Sumama	Date of 133de.
Surname:	Date of expiry:
. First Names:	
. 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 Remarks:
. Sex: Male Female	
. Marital	
Status Never Married Married Divorced Widow/Widow	ver
. 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
3. Have you ever been deported or ordered to	Signature:
leave Namibia?	No I
9. Have you ever been convicted of any crime in any country? Yes	No Date:
yaws, scabies or any other contagious bacterial other skin disease; syphilis immune deficiency syndrome virus (aids virus), or ant mental illness or a left the reply to any one of the questions 6 to 19 is in the affirmative, attach left left left left left left left left	iffliction? Yes No I in full particulars Country: quired by naturalization, state original citizenship) issue: expiry:
	No
15. (a) Present residential address:	
(b) Telephone number: (Code):) No	:
16. Address and period of residence in country of which you are a permanen	
(a) Residential address:	
(b) Telephone number: (Code:) No	:
(c) Period:	
18. Firm, company, university, etc., to which you are attached or which you	
(a) Name and address of employer:	represent:
(a) Name and address of employer:	3.
(c) Nature of business:	
(c) Nature of business: (d) If a student, name of university to which you are attached and the co	urse pursued:
19. If accompanied by your wife and children, state:	
FIRST NAMES DATE OF B	IRTH PLACE OF BIRTH
(a) (a)	
(b)(b)	(c)
(c)(c)	(4)
(6)	(C)
20. (a) What amount of money will you have available on arrival in Namibi	a for your own use? NS

FOR OFFICIAL USE ONLY

Approved / Not Approved Single / Multiple Entry

File No.:

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) It it is for business purposes, explain in de	tail 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:					
5.	(c) If you are liable for the expenses and fees Proposed residential address in Namibia:	above state amount of funda availab	la.			
		Tel. No				
6.	Names and addresses of relatives in Namibia: NAME ADDR (a)	ESS AND TELEPHONE NUMBER	RELAT	TONSHIP		
7.	(b) Date of last visit, if any, to Namibia:					
8.	Date of last visit, if any, to Namibia:					
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 reside submitted)						
10.	Reasons for travelling through Namibia:					
		(B) RETURN VISA				
IM	PORTANT					
An (i) (ii)	pro me or ner passport of traver documen	nt; and	nor passport			
1.	(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	PARKETISCH LAND HORSON HIE			
			From	DENCE IN NAMIBIA To		
3.	Countries to which you will be travelling:					
4.	(a) (b) Purpose of journey (explain fully):	(c)	(d)			
I se	olemnly declare that the above particulars given b					
	te					
	B. Only the signature of the applicant will be a	Signature:				