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|--|---|-------------|
| <p>By Naturalization (10 years of ordinary residence in Namibia by virtue of a permanent residence permit (refer to Article 4 (5) of the Constitution with section 5 of the Namibian Citizenship Act.)</p> | <ol style="list-style-type: none"> 1. Application form 2. Certified copy of Permanent Resident Permit 3. Certified copy of Birth Certificate 4. Certified copy of Namibian ID (if held) 5. Letter from Receiver of Revenue confirming period of residence 6. Police Clearance Certificate from country of origin, last country of residence, and Namibian police 7. Medical report 8. Affidavit stating motivation for application from applicant 9. Job description of applicant (and spouse if applicable) 10. Two character references (known for a period of longer than two years) | <p>Free</p> |
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REPUBLIC OF NAMIBIA

**MINISTRY OF HOME AFFAIRS
DEPARTMENT OF CIVIC AFFAIRS**

APPLICATION FOR NAMIBIAN CITIZENSHIP BY NATURALISATION

DIRECTIVES:

1. This form must be completed in **BLOCK** letters.
2. All items must be completed in detail. A mere dash (—) is not acceptable.
3. Failure to complete in detail will cause unnecessary delay.

OFFICIAL USE

Reg./Nat. Certificate No.:

Date:

Initials:

Date:

A. PARTICULARS OF APPLICANT:

| | | | | | |
|--|--|--|---|--|--|
| SURNAME: | | | FIRST NAMES: | | |
| MAIDEN NAME (If the applicant is or was a married woman) | | | PREVIOUS SURNAME (If the surname of applicant has been changed) | | |
| Date of birth | Place of birth: Town: Country: (Attach copy of birth certificate) | Sex: Male <input type="checkbox"/> Female <input type="checkbox"/> | Marital Status Single <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> | | |
| Occupation: | | | Identity No. | | |
| Present citizenship: | | | | | |
| Residential Address: | | | | | |
| Telephone No.: | | | | | |
| Postal Address: | | | | | |
| Work address in full: | | | | | |
| Telephone No.: | | | | | |

Address of ordinary residence in Namibia:

No. of Residence Permit:
(Attach proof of residence)

PARTICULARS OF CHILDREN UNDER THE AGE OF 18 YEARS:

| Full name and registered surname of each child: | Date of birth | Place (district) of birth |
|---|---------------|---------------------------|
| | | |
| | | |
| | | |
| | | |

[Attach copy of birth certificate(s)]

State reason(s) why applying for Namibian Citizenship:

- (a) Have you ever been convicted of any crime in any country?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- (b) Are you suffering from tuberculosis, any other infections or contagious disease or any mental or physical deficiency?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- (c) Have you ever been confined in a prison, reformatory or mental institution or other place of detention establishment by or under any law in Namibia?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- (d) Have you been lawfully admitted to Namibia?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- (e) Do you intend to continue to reside in Namibia?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- (f) Do you have adequate knowledge of the responsibilities and privileges of Namibian citizenship?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|
- (g) Are you willing to renounce the citizenship of the country of which you are a citizen?

| | | | |
|-----|--------------------------|----|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|-----|--------------------------|----|--------------------------|

Particulars if the reply to any one of the questions (a) - (e) is in the affirmative, or (d) - (g) is in the negative:

.....
.....

B. PARTICULARS OF PARENTS (To be completed by all applicants)

SURNAME OF FATHER: FIRST NAMES OF FATHER:

| | |
|---------------|--|
| Date of birth | Place of birth: Town: Country: |
|---------------|--|

SURNAME OF MOTHER: FIRST NAMES OF MOTHER:

| | |
|---------------|--|
| Date of birth | Place of birth: Town: Country: |
|---------------|--|

C. PARTICULARS OF SPOUSE:

| | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|
| SURNAME: | FIRST NAMES: | | | | | | | | | | | | | | | | | | | | |
| Identity Number: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | | | | | | Place and date of birth: Date: Town: Country: (Attach copy of Birth Certificate & Marriage Certificate) |
| | | | | | | | | | | | | | | | | | | | | | |

D. DECLARATION

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.

Signature:

Date:

Before administering the prescribed oath/solemn declaration, I put the following questions to the deponent and noted his/her reply in his/her presence:

- (a) Do you know and understand the contents of the above declaration?
Reply:
- (b) Have you any objection to taking the prescribed oath?
Reply:
- (c) Do you regard the prescribed oath as binding on your conscience?
Reply:

The deponent has acknowledged that he/she knows and understands the contents of the declaration. This declaration was duly sworn to/solemnly affirmed before me and the deponent's signature/thumb-print/mark was appended thereon in my presence.

| | |
|----------------|---|
| Date | Signature: (Commissioner of Oaths) |
| Place | Designation (Rank) |
| | Christian names and Surname |

This form is exempted from stamp duty

Address:
.....
.....