



11. Particulars of children:

Full name and registered surname of each child	Date of birth	Place (district) of birth	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. Present permanent residential address of the spouse and children outside Namibia (if not accompanied by applicant):  
\_\_\_\_\_  
\_\_\_\_\_

13. Present address outside Namibia:

(a) Residential: \_\_\_\_\_

(b) Postal: \_\_\_\_\_ Telephone number: \_\_\_\_\_

14 (a) Will your dependants accompany you:

YES	<input type="checkbox"/>
-----	--------------------------

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

(b) If not, state reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Occupation of applicant: \_\_\_\_\_

16. Contemplated period of residence in Namibia: \_\_\_\_\_

17. If purpose of entry is to accept employment state:

(a) Nature of employment: \_\_\_\_\_

(b) Name and address of firm/person offering employment or sponsoring applicant. (If you have an offer of employment in Namibia, attach copy):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Details of training and experience: \_\_\_\_\_

(a) School education

From

To

Primary School: \_\_\_\_\_

Secondary school: \_\_\_\_\_

Highest Examination Passed: \_\_\_\_\_

Major subjects: \_\_\_\_\_

(b) Higher education or special training (Copies of relevant documents to be attached)

Name of College, University or institution attended: \_\_\_\_\_  
\_\_\_\_\_

Prescribe duration of course: \_\_\_\_\_

Period attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Major subjects: \_\_\_\_\_  
\_\_\_\_\_

Degree, Diploma or Certificate obtained: \_\_\_\_\_  
\_\_\_\_\_

(c) Trade qualifications: \_\_\_\_\_

Duration of apprenticeship training: From: \_\_\_\_\_ To: \_\_\_\_\_

Trade in which qualified: \_\_\_\_\_

(d) Record of employment: (The details furnished must be in date order including periods of employment for the last 5 years)

(Submit documentary proof)

Name of Firm/Employer	Address where located	From	To	Nature of work

(e) Describe briefly your last duties: \_\_\_\_\_

(f) What is the trade or business of your last employer? \_\_\_\_\_

(g) What was your last monthly salary or income per month? \_\_\_\_\_

(h) What amount of money will you transfer to Namibia? \_\_\_\_\_

(j) Do you receive a pension or do you have a private income? If so, please give details: \_\_\_\_\_

(k) Language proficiency:

(i) What is your mother tongue? \_\_\_\_\_

(ii) What is your proficiency in other languages (Answer YES or NO)

	Speak	Read	Write
(aa) English _____	_____	_____	_____
(bb) _____	_____	_____	_____
(cc) _____	_____	_____	_____
(dd) _____	_____	_____	_____

19. If purpose of entry is to study, state:

(a) Reason for study in Namibia: \_\_\_\_\_

(b) Nature of course: \_\_\_\_\_

(c) Intended period of study: \_\_\_\_\_

(d) Name of educational institution (attach copy of registration certificate)

20. Have you any time applied for a permit to reside in Namibia?

YES	<input type="checkbox"/>
-----	--------------------------

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

21. Have you ever been restricted, or refused entry into Namibia?

YES	<input type="checkbox"/>
-----	--------------------------

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

22. Have you ever been deported from or ordered to leave Namibia or any other country?

YES	<input type="checkbox"/>
-----	--------------------------

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

23. Have you ever been convicted of any crime in any country?

YES	<input type="checkbox"/>
-----	--------------------------

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

24. Are you suffering from any infectious or contagious diseases?

YES	<input type="checkbox"/>
-----	--------------------------

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

25. Particulars if the reply to one or more of the questions 20 to 24 is in the affirmative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
26. If your spouse was born outside Namibia and resides in Namibia, state whether permanent residence has been granted to him/her or his/her parents and, if so give the number of residence permit:  
\_\_\_\_\_
27. If you reside outside Namibia at the time of this application, a medical certificate from a doctor in that country to the effect that you are free from infectious disease and physically fit for the type of work which you will perform in Namibia, must be attached to this application.
28. I clearly understand that if the application is approved, the work permit will not entitle me to reside permanently in Namibia and on expiration of the validity or the cancellation of the permit or the termination of my service or whenever the Ministry of Home Affairs so decides, I will leave the country forthwith. My employer or myself will be solely responsible for my accommodation. I realise that my spouse and children may not enter Namibia unless they acquire residence rights in Namibia
29. I solemnly declare that I understand the aforesaid conditions and that the information furnished in this form is true and correct.

SIGNED at \_\_\_\_\_ in the presence of the undersigned two  
witnesses on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

AS WITNESSES:

1. \_\_\_\_\_
2. \_\_\_\_\_



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

**FOR OFFICIAL USE ONLY**  
**Approved / Not Approved**  
**Single / Multiple Entry**

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 or other skin disease; syphilis or any other venereal disease; or leprosy or acquired immune deficiency syndrome virus (AIDS virus), or any mental illness or affliction? Yes  No
11. If the reply to any one of the questions 6 to 10 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) _____	(a) _____	(a) _____	(a) _____
(b) _____	(b) _____	(b) _____	(b) _____	(b) _____	(b) _____
(c) _____	(c) _____	(c) _____	(c) _____	(c) _____	(c) _____

20. (a) What amount of money will you have on arrival in Namibia for your own use? NS\$

(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, 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: \_\_\_\_\_ Telephone number: \_\_\_\_\_
6. Name 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 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:		PERIODS OF RESIDENCE IN NAMIBIA	
DATE OF FIRST ENTRY	PORT OF ENTRY	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: \_\_\_\_\_

**(N.B. Only the signature of the applicant will be accepted)**



# REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS  
DEPARTMENT OF CIVIC AFFAIRS

## DEED OF SURETY

WHEREAS (1) .....

is an intended visitor/employee to Namibia and (1).....

may be repatriated or deported from Namibia by the Government of the Republic of Namibia which may involve certain expenses and costs.

NOW THEREFORE, I

(2) .....

do hereby bind myself as surety and co-principal debtor to the said

**GOVERNMENT OF THE REPUBLIC OF NAMIBIA**  
(hereinafter called 'the Government')

(a) of all expenses and costs to be incurred for the repatriation or deportation:

(b) the care, treatment and maintenance of the said person by the Government and/or a local authority and/or any other public body of

(1) .....

and the amount thereof (not exceeding N\$.....) shall be in the sole discretion of the Ministry of Home Affairs on behalf of the Government, and I hereby renounce all benefits arising out of the legal exceptions ordinis seu excussionis et divisionis with the full force and effect with which I acknowledge myself to be acquired.

I choose my domicilium citande et executandi for all purposes of and in connection with this deed as follows:

.....

SIGNED AT ..... this ..... day of ..... 20 ..... in the presence of the undersigned witnesses.

.....  
(Signature)

AS WITNESSES:

1. ....

2. ....

REVENUE  
STAMP  
  
(3)

\* (1) Full name of visitor/employee, in block letters  
(2) Full name of employer, guardian, relative or bank giving surety, in block letters.  
(3) Under item 20 of the first Schedule of Act 77 of 1968 5c for every N\$100 or part thereof.



REPUBLIC OF NAMIBIA

**MINISTRY OF HOME AFFAIRS**  
DEPARTMENT OF CIVIC AFFAIRS  
RADIOLOGICAL REPORT

Note:

- (1) A radiological report of the chest is required in respect of every prospective immigrant 12 years of age and over.
- (2) The radiologist must insert the names of the prospective immigrants examined by him in the space provided for that purpose on the form. Unused spaces must be crossed out.
- (3) A separate report is required in respect of every applicant suffering or suspected to be suffering from tuberculosis.

**I hereby certify that I have radiologically examined the chest(s) of the following person(s) and that I could find no signs of active pulmonary tuberculosis.**

Name: (1) .....

(2) .....

(3) .....

(4) .....

(5) .....

(6) .....

Official stamp and address of Radiologist/Hospital:

.....  
Radiologist

Date: .....





**REPUBLIC OF NAMIBIA  
MINISTRY OF HOME AFFAIRS  
DEPARTMENT OF CIVIC AFFAIRS  
MEDICAL CERTIFICATE**

**CONDITIONS OF A RECURRENT NATURE**  
Although the person(s) may be generally in a good state of health at the time of the examination, it would be appreciated if the medical officer/practitioner could furnish details of any disease, condition or defect the person(s) has/have suffered and which might recur.

I hereby certify that I have examine the following person(s)

- |         |         |
|---------|---------|
| 1 ..... | 5 ..... |
| 2 ..... | 6 ..... |
| 3 ..... | 7 ..... |
| 4 ..... | 8 ..... |

and find him/her

- (a) not mentally disordered\* or physically defective in any way;
- (b) not suffering from leprosy, veneral disease, trachoma, tuberculosis or other infection or contagious diseases;
- (c) generally in a good state of health;

except for the following defects observed:

Name of person(s) (Please type or print)


Signature of medical officer/practitioner

.....

Date:.....

.....

Int. Code	* "Mental disorders" includes the following:
290-299	All psychoses
300	Neurosis
301	Personality disorders
303-304	Addictions
308	Behaviour disturbances of childhood
310-315	All forms of mental retardation
320-349	Epilepsy and all other forms of degeneration of the central nervous system.