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Single / Multiple Entry

File No.:



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:	
1. Surname:	Date of expiry:	
2. First Names:	Date of expiry.	
3. Maiden name (if applicant is or was a married woman):	Remarks:	
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	Signature:	
8. Have you ever been deported or ordered to		
leave Namibia?	Date:	
9. Have you ever been convicted of any crime in any country? Yes No	[
immune deficiency syndrome virus (aids virus), or ant mental illness or afflictio 11. If the reply to any one of the questions 6 to 19 is in the affirmative, attach full pa 12. Birth: (a) Date:	articulars Country: acquired by naturalization, state original citizenshi	
(c) Date of issue: (d) Date of expiry:	1	
(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 reside		
(a) Residential address:		
(c) Period:		
17. Occupation or profession:		
18. Firm, company, university, etc., to which you are attached or which you represent	nt:	
(a) Name and address of employer:		
(b) Telephone number (Code:) No:		
(c) Nature of business:		
	sued:	
(d) If a student, name of university to which you are attached and the course pure		
19. If accompanied by your wife and children, state:	PLACE OF BIRTH	
19. If accompanied by your wife and children, state: FIRST NAMES DATE OF BIRTH (a)	PLACE OF BIRTH	
19. If accompanied by your wife and children, state: FIRST NAMES DATE OF BIRTH (a)	PLACE OF BIRTH (a)(b)(c)	

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

Ι.	Intended date and port of arrival in Namib	ntended date and port of arrival in Namibia:				
2.	(a) What is the purpose of your visit?					
	(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 above, state amount of funds available:					
٥.						
6.	(a)	DRESS AND TELEPHONE NUMBER				
7.	(b) Date of last visit, if any, to Namibia:					
8.	Date of last visit, if any, to Namibia: 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 submitted) 		ermanent or temporary resid	ence? (Proof to be		
10.	Reasons for travelling through Namibia:					
		(B) RETURN VISA				
IMI	PORTANT					
An (i) (ii) 1.	applicant has to: produce his or her passport or travel docur submit proof of his or her right of residence (a) Kind of Permit and number: (b) Date of departure: (c) Expected date of return:	e in Namibia if not endorsed in his or h				
2.	Particulars of residence in Namibia: DATE OF FIRST ENTRY	PORT OF ENTRY	PERIODS OF RESIDEN	ICE IN NAMIBIA To		
3.	Countries to which you will be travelling: (a)(b) Purpose of journey (explain fully):	(c)	(d)			
4.	a upose of journey (exprain rony).					
I sol	emnly declare that the above particulars give	en by me are true in substance and in fact	and that I fully understand th	ne meaning thereof.		
Date	3	Signature:				
	Only the signature of the applicant will					