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Approved / Not Approved

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)

	3 / Regulation 11	Z-1	Date of Issue:	
. Surname:			Date of evoirs	
First Names:			Date of expiry.	
. Maiden name (if applicant is or was a ma	y. e			
. Millioth manie (it apprount to at was a me			2. 2	
TEMS 4 TO 10 TO BE COMPLETED BY INSER	TING AN "X" IN THE	APPROPRIATE BOX	Remarks:	
	emale			
Marital	emale			
Status Never Married Married	Divorced	Vidow/Widower	·	
. Have you at any time applied for a permi		vidowi widowci j		
permanently in Namibia?	t to settle	Yes No	8	
. Have you ever been restricted or refused	entry to Namihia?	Yes No		
. Have you ever been deported or ordered		[TCS] [TO]	Signature:	
leave Namibia?		Yes No	Date	
. Have you ever been convicted of any crit	me in any country?	Yes No	Date:	
	Composition and the second			
 Are you suffering from tuberculosis, or yaws, scabies or any other contagious immune deficiency syndrome virus (aid: 	bacterial other skin s virus), or ant ment	disease; syphilis or a al illness or affliction	any other venera?	l disease; or leprosy or acquire
1. If the reply to any one of the questions 6				
2. Birth: (a) Date:				
3. Citizenship:		(if a	equired by natura	lization, state original citizenshi
4. Passport: (a) Number:				
(c) Date of issue:				
(e) Is passport valid for travel to Namibi		No		
5. (a) Present residential address:				
(b) Telephone number: (Code:				
(b) Telephone number: (Code:				
6. Address and period of residence in coun	try of which you are	a permanent residen	S	
 Address and period of residence in coun (a) Residential address: 	try of which you are	a permanent residen		
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NOTE: COMPLETE ONLY PART A OR B (A) HOLIDAY / BUSINESS / WORK / TRANSIT / VISA

		4	
(b) If it is for business purposes, explain in d	etail the nature of business:		
(c) Duration of intended visit (Number of da Places to be visited in Namibia (full address,			
Places to be visited in Ivalinota (Itali address,	metading telephone number must be	provided):	
If the purpose of your visit is for medical tree (a) Name of doctor, hospital or clinic you wi (b) Who will pay your medical expenses and (c) If you are liable for the expenses and fees	ll visit:hospital fees:		
Description and description of the Alexandria		X: 3.13	
	Tel. No		
Traines and accresses or read to in Training	RESS AND TELEPHONE NUMBER	RELATIO	NSHIP
Date of last visit, if any, to Namibia:			
Do you contribute professionally or otherwis			letails:
(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			
submitted)		·	
Reasons for travelling through Namibia:			
	(B) RETURN VISA		Ý.
PORTANT			
\$25.19 \$40.00 \$4.00 \$40.00.			
applicant has to:	record.		
produce his or her passport or travel documen		er nacenoff	
produce his or her passport or travel documer submit proof of his or her right of residence i	n Namibia if not endorsed in his or he		
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