



REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS
DEPARTMENT OF CIVIC AFFAIRS
IMMIGRATION CONTROL ACT, 1993

APPLICATION FOR VISA
(section 12 and 13/ Regulation 11)

- 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?
7. Have you ever been restricted or refused entry into Namibia?
8. Have you ever been deported or ordered to leave Namibia?
9. Have you ever been convicted of any crime in any country?

- 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 syndrom virus (aids virus), or any mental illness or affliction? Yes No

- 11. If the reply to any of the questions 6 to 9 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 pr profession:

- 18. Firm, company, university, etc., to which you are attached or which you represent:

- (a) Name and adress 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:

Table with 3 columns: FIRST NAMES, DATE OF BIRTH, PLACE OF BIRTH. Rows for (a), (b), (c).

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

- (b) Will you be in possession of an onward / return ticket? Yes No

(N.B. Separate applications have to be completeds in respect of your spouse or children over the age of 16 years and children travelling with their own passports.)

FOR OFFICIAL USE ONLY
Approved / Not Approved
Single / Multiple Entry
File No.:
Date of issue:
Date of expiry:
Remarks:
Signature:
Date:

**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 visits?.....
 (b) If it is for business purposes, explain in detail the nature of business:
3. Duration of intended visit (Number of days, weeks or months):
3. Places to be visited in Namibia (full addresses, 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 for your medical expenses and hospital fees:
5. Proposed residential address in Namibia: Tel. No.:
6. Names and address 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:
9. (b) Mode of travel to destination:
9. (c) Intended day and port of departure:
9. (d) Is your entry to that destination assured, e.g. do you hold a visa or a 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:
1. (b) Date of departure:
1. (c) Expected date of return:

2. Particulars of residence in Namibia:

DATE OF FIRST ENTRY	PORT OF ENTRY	PERIODS OF RESIDENCE IN NAMIBIA	
		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 and Immigration
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 examined 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, venereal disease, trachoma, tuberculosis or other infectious 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

Official stamp and address of Medical Officer/
Practitioner/Hospital

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.



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:.....

.....

.....

.....

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