



**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	<input type="checkbox"/>
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Female	<input type="checkbox"/>
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5. Marital Status 

Never Married	<input type="checkbox"/>
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Married	<input type="checkbox"/>
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Divorced	<input type="checkbox"/>
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Widow/Widower	<input type="checkbox"/>
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6. Have you at any time applied for a permit to settle permanently in Namibia? 

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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7. Have you ever been restricted or refused entry to Namibia? 

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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8. Have you ever been deported or ordered to leave Namibia? 

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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9. Have you ever been convicted of any crime in any country? 

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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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	<input type="checkbox"/>
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No	<input type="checkbox"/>
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11. If the reply to any one of the questions 6 to 19 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	<input type="checkbox"/>
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No	<input type="checkbox"/>
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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) _____      |
| (b) _____   | (b) _____     | (b) _____      |
| (c) _____   | (c) _____     | (c) _____      |
20. (a) What amount of money will you have on arrival in Namibia for your own use? N\$ \_\_\_\_\_  
 (b) Will you be in possession of an onward/return ticket? 

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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(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:

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).**