FOR OFFICIAL USE ONLY Approved / Not Approved Single / Multiple entry



	File No.:
UNITYZUSTICE	Date of issue:
REPUBLIC OF NAMIBIA	Date of expiry:
Ministry of Home Affairs and Immigration	and the state of t
Immigration Control Act, 1993	Remarks:
APPLICATION FOR VISA	
(Sections 12 and 13 / Regulation 11)	
ems 4 to 10 to be completed by inserting an "X" in the appropriate box.	t When are pay and productive production, apply you much shift
1. Surname:	Signature:
2. First names:	Date:
Maiden name (if applicant is or was a married woman):	
4. Sex: Male Female 5. Marital status: Never M	
6. Have you at any time applied for a permit to settle permanently in Na	
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
 Are you suffering from tuberculosis, or any other contagious lung dis scabies or any other contagious bacterial skin disease; syphilis or any Syndrome virus (AIDS virus), or any mental illness or affliction? If the reply to any one of the questions 6 to 10 is in the affirmative, at 	other venereal disease; or leprosy or Acquired Immune Defic
	Country
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3. Citizenship: 4. Passport: (a) Number: (c) Date of issue: (e) Is passport valid for travel to Namibia: Yes No 5. (a) Present residential address:	(if acquired by naturalization, state original citizer (b) Place of issue (d) Date of expiry: (b) Telephone no.: ()
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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

that is the purpose of you visit? it is for business purposes, explain in detail the nature of business in the purpose of days, weeks or months) is to be visited in Namibia (full address, including telephone of the purpose of your visit is for medical treatment, please provide ame of doctor, hospital or clinic you will visit: Tho will pay your medical expenses and hospital fees: you are liable for the expenses and fees above, state amount osed residential address in Namibia: Be and addresses of relatives in Namibia: Name Au Of last visit, if any, to Namibia: ou contribute professionally or otherwise to publications, radicestination after leaving Namibia: Indeed of travel to destination: Indeed date and port of departure: your entry to that destination assured, e.g. do you hold a visa	number must be provided) e the following information: of funds available: Telephone no.: () _ ddress and Telephone number io, television or films? If so, give detail	Relationship
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y declare that the above particulars given by me are true in	substance and in fact and that I fully	understand the meaning there

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