FOR OFFICIAL USE ONLY

Approved / Not Approved

Single / Multiple Entry



REPUBLIC OF NAMIBIA MINISTRY OF HOME AFFAIRS

DEPARTMENT OF CIVIC AFFAIRS IMMIGRATION CONTROL ACT, 1993

(b) Will you be in possession of an onward / return ticket?

APPLICAT	ION FOR VISA		File No.:
(Sections 12 AN	D 13 / Regulation 11)		Date of Issue:
. Surname:			Date of expiry:
2. First Names:			Pare of expliry.
3. Maiden name (if applicant is or w	as a married/woman):		per la mese autros de calciente alegaça en described (d). Transis los aconociones antirad e la marca de la figura de la f
TEMS 4 TO 10 TO BE COMPLETED BY II	NSEPTING AN "Y" IN THE AL	PDD ODDIATE BOY	Remarks:
Sex: Male	Female Female	TROTRIATE BOX	
5. Marital	remaie		and the figure are less to prescribes they expect
Status Never Married Mar 6. Have you at any time applied for a permanently in Namibia?		ow/Widower Yes No	
7. Have you ever been restricted or re	efused entry to Namibia?	Yes No	USA CHICAGO CONTRACTOR
B. Have you ever been deported or or		res	Signature:
leave Namibia?		Yes No	Date:
Have you ever been convicted of			
	ous bacterial other skin dise is (aids virus), or ant mental	ease; syphilis or a	
2. Birth: (a) Date:	(0) Place:	(:5.	Country:
3. Citizenship:		(b) Place of issu	equired by naturalization, state original citizenship
4. Passport: (a) Number:(c) Date of issue:			
(e) Is passport valid for travel to N	amibia: Yes	No No	iry:
	amiloia.	NO	
5. (a) Present residential address:			
(b) Telephone number: (Code:) No:	und the second of the second
(b) Telephone number: (Code:			
(b) Telephone number: (Code:	country of which you are a pe		
(b) Telephone number: (Code:	country of which you are a pe	rmanent resident:	
(b) Telephone number: (Code:	country of which you are a pe	rmanent resident:	
(b) Telephone number: (Code:	country of which you are a pe	manent resident:_) No: ch you represent:	
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(b) Telephone number: (Code:	which you are attached or which you are a per which you are attached or which you are attached and while children state:	nmanent resident:_) No: sh you represent:) No: the course pursued	l:
(b) Telephone number: (Code:	which you are attached or which you are attached and which you are attached and whildren state:	The course pursued ATE OF BIRTH	d:PLACE OF BIRTH
(b) Telephone number: (Code:	which you are attached or which you are a per which you are attached or which you are attached and whildren state: DA	nmanent resident:_) No: ch you represent:) No: the course pursued ATE OF BIRTH	PLACE OF BIRTH
6. Address and period of residence in c (a) Residential address: (b)Telephone number: (Code: (c) Period: 7. Occupation or profession: 8. Firm, company, university, etc., to w (a) Name and address of employer: (b) Telephone number: (Code: (c) Nature of business: (d) If a student, name of university to 9. If accompanied by your wife and c FIRST NAMES	which you are attached or which you are a per attached or which you are attached and which you are attached and children state: DA (a) (b)	ch you represent: No: No: the course pursued TE OF BIRTH	PLACE OF BIRTH

(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

2.			Edge of the King of the King of		
	(a) What is the purpose of your visit?				
	(b) If it is for business purposes, explain in deta-	il the nature of business:	<u>BROOM OF COMMENT</u>		
	(c) Duration of intended visit (Number of days	weeks or months)	Maria Maria Maria Maria		
3.	Places to be visited in Namibia (full address in	oluding telephone number must be prov	ided)		
).	(c) Duration of intended visit (Number of days, weeks, or months)				
			EVELOPE AND THE PROPERTY OF TH		
4.	f the purpose of your visit is for medical treatment, please provide the following information:				
	(a) Name of doctor, hospital or clinic you will v				
	(b) Who will pay your medical expenses and ho				
		ove, state amount of funds available:	Carrier and a recommendation of the control of the con-		
5.	Proposed residential address in Namibia:	T 1 N			
	N 1 11 C 1 C 1 C 1 C	1el. No	74 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		
).	Names and addresses of relatives in Namibia		DEL ATIONGVID		
		DRESS AND TELEPHONE NUMBE	ER RELATIONSHIP		
	(a)				
	(b)				
	Date of last visit, if any to Namibia:				
3.	Do you contribute professionally or otherwise to	publications, radio, television or films	? If so, give details:		
).	(a) Destination after leaving Namibia:				
	(c) Intended date and port of departure:	volum tekseli salai kuerganas tada	Bullion of the Boltz than a growing as more than it.		
	(d) Is your entry to that destination assured	e g do you hold visa or a permit for n	ermanent or temporary residence? (Proof to be		
	submitted)	na en la mara de la			
10.	Reasons for travelling through Namibia:	985.00	E		
	ecessio rese transceptories actions alterna-				
		(B) RETURN VISA			
	PORTANT	(B) ItEI CIU (VISII			
LIVI	IORIANI				
Δn:	applicant has to:				
	produce his or her passport or travel docume	mt. and			
	submit proof of his or her right of residence i				
1.					
	(b) Date of departure:				
	(c) Expected date of return:				
	Particulars of residence in Namibia				
	DATE OF FIRST ENTRY	PORT OF ENTRY	PERIODS OF RESIDENCE IN NAMIBIA From To		
		PORT OF ENTRY			
	DATE OF FIRST ENTRY Countries to which you will be travelling		From To		
	Countries to which you will be travelling (a) (b)	(c)	From To		
3.	DATE OF FIRST ENTRY Countries to which you will be travelling	(c)	From To		
3. 1.	Countries to which you will be travelling (a) (b) Purpose of journey (explain fully):	(c)	From To		
3. 1.	Countries to which you will be travelling (a) (b) Purpose of journey (explain fully):	by me are true in substance and in fac	From To		
2.		PORT OF ENTRY			