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



| 1. Surname: 2. First names: 3. Maiden name (if applicant is or was a married woman): 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? Yes No 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 10. Are you suffering from tuberculosis, or any other contagious lung disease; trachoma, or any other chronic eye infection, frambesia, you scabies or any other contagious bacterial slim disease; synhilis or any other venereal disease; or lepmosy or Acquired Immune Deficie Syndrome virus (AIDS virus), or any mental illness or affliction? Yes No 11. If the reply to any one of the questions 6 to 10 is in the affirmative, attach full particulars. 12. Birth (a) Date: (b) Place: Country 13. Citizenship: (if acquired by naturalization, state original citizent (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 no: () 16. Address and period of residence in country of which you are a permanent resident: (a) Residential address: (b) Telephone no: () 17. ◆ccupation or Profession: | | | | | | | | |
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| REPUBLIC OF NAMIBIA Ministry of Home Affairs and Immigration Immigration Control Act, 1993 APPLICATION FOR VISA (Sections 12 and 13 / Regulation 11) tems 4 to 10 to be completed by inserting an "X" in the appropriate box. 1. Sumame: 2. First names: 3. Maiden name (if applicant is or was a married woman): 4. Sex: Male | | | | . 1 | File No.: | ••••• | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | THE RESIDENCE OF THE PARTY OF T |
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| 20. (a) What amount of money will you have available on arrival in Namibia for your own use? N\$ | 20. (a) What amount of money will you have available | able on arriva | d in Namibia for y | our o | wn use? | N\$_ | | |

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

| Yes | | No | |
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| | | | |

NOTE: COMPLETE ONLY PART A OR B

| Intended date and port of arrival in | _ | | | |
|--|--|---|--|--|
| (a) What is the purpose of you visi | | | | |
| (b) if it is for business purposes, en | plain in detail the nature of bu | siness: | | |
| (c) Duration of intended visit (Nur | nber of days, weeks or months |) | | |
| Places to be visited in Namibia (fu | Il address, including telephone | number must be provided |) | |
| | | | | |
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| If the purpose of your visit is for r | nedical treatment please provi | de the following information | | |
| (a) Name of doctor, hospital or cli | | | | |
| (b) Who will pay your medical ex | | | | |
| (c) If you are liable for the expens | · | | | |
| Proposed residential address in Na | | | | |
| Proposed residential address in Na | | | | |
| Names and addresses of relatives | n Namibia: | Totophone no (| mandigita istorija proprije in province in a suplanta habitanija. | |
| Name | 1 | Address and Telephone n | umber | Relationship |
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| (b) | | | | ************************************** |
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| Do you contribute professionally | or otherwise to publications, r | adio, television or films? If | so, give details:_ | |
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