



**REPUBLIC OF NAMIBIA**  
**MINISTRY OF HOME AFFAIRS**  
 DEPARTMENT OF CIVIC AFFAIRS  
 IMMIGRATION CONTROL ACT, 1993  
**APPLICATION FOR VISA**  
 (Sections 12 and 13 / Regulation 11)

<p><b>FOR OFFICIAL USE ONLY</b>  <b>Approved / Not Approved</b>  <b>Single / Multiple Entry</b></p> <p>File No: _____</p> <p>Date of Issue: _____</p> <p>Date of Expiry: _____</p> <p>Remarks: _____</p> <p>Signature: _____</p> <p>Date: _____</p>
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- Surname: \_\_\_\_\_
- First Names: \_\_\_\_\_
- 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

- Sex: Male  Female
- Marital Status: Never Married  Married  Divorced  Widow/Widower
- Have you at any time applied for a permit to settle permanently in Namibia? Yes  No
- Have you ever been restricted or refused entry to Namibia? Yes  No
- Have you ever been deported or ordered to leave Namibia? Yes  No
- Have you ever been convicted of any crime in any country? Yes  No
- 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  No
- If the reply to any one of the questions 6 to 19 is in the affirmative, attach full particulars
- Birth: (a) Date: \_\_\_\_\_ (b) Place: \_\_\_\_\_ Country: \_\_\_\_\_
- Citizenship: \_\_\_\_\_ (if acquired by naturalization, state original citizenship)
- 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
- (a) Present residential address: \_\_\_\_\_  
 (b) Telephone number: (Code: \_\_\_\_\_ ) No: \_\_\_\_\_
- Address and period of residence in country of which you are a permanent resident:  
 (a) Residential address: \_\_\_\_\_  
 (b) Telephone number: (Code: \_\_\_\_\_ ) No: \_\_\_\_\_  
 (c) Period: \_\_\_\_\_
- Occupation or profession: \_\_\_\_\_
- 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: \_\_\_\_\_
- 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) _____
- (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  No

(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)**



**NOTE: COMPLETE ONLY PART A OR B**

**(A) TURISTICKÉ/PODNIKATELSKÉ/PRACOVNÍ/TRANZITNÍ VÍZUM**

1. Plánované datum a místo příjezdu do Namibie **datum příletu & název hraničního přechodu**
2. a) Co je účelem Vaší cesty? (doplňte prosím: **TOURISM**  
b) Pokud se jedná o návštěvu za účelem podnikání, pak detailně popište druh podnikání  
c) Délka pobytu (počet dní, týdnů nebo měsíců) **11 days**
3. Místa, která v Namibii navštívíte (adresu, telefonní číslo) **dle seznamu ubytování, stačí název hotelu a místo**
  
4. Pokud je účelem Vaší cesty lékařské ošetření/ zákrok/operace, pak vyplňte následující **nevyplňujte**
  - a) jméno doktora, nemocnice nebo kliniky
  - b) kdo zaplatí výdaje spojené s léčbou a poplatky nemocnici
  - c) pokud veškeré výdaje bude hradit sami, uveďte částku, kterou disponujete
  
5. Adresa pro pobyt v Namibii **1. ubytování** telefonní číslo: **dle seznamu ubytování**
6. Jména a adresy příbuzných v Namibii

JMÉNO ADRESA A TELEFONNÍ ČÍSLO	PŘÍBUZENSKÝ VZTAH
<b>a) nevyplňujte</b>	
<b>b) nevyplňujte</b>	
  
7. Pokud jste již Namibii navštívil/a, uveďte datum poslední návštěvy
8. Pracujete nebo přispíváte profesně médiím? Pokud ano, uveďte detaily (**nevyplňujte**)
  
9.
  - a) Země, kam odjíždíte z Namibie **JAR nebo Botswana dle orientace trasy**
  - b) Způsob cestování do dané země **car (Sprinter)**
  - c) Den a místo odjezdu z Namibie **datum odjezdu z Namibie & název hraničního přechodu**
  - d) Je vstup do dané země zajištěn, např. jste držitelem víza nebo povolení k dočasnému nebo trvalému pobytu? **I am a citizen of EU**
  
10. Uveďte důvody, proč cestujete přes Namibii **nevyplňujte**

**(B) RETURN VISA tuto část nevyplňujte**

Datum.....

Podpis.....

**NEZAPOMEŇTE PODEPSAT A DOPLNIT DATUM**