

IMPORTANT:

To be filled in block letters.
The permission of the Ministry of Home Affairs and Immigration must be obtained before:

- a) the purpose and period of residence may be changed; or
b) employment may be accepted; or
c) employment/employer may be changed

THE REPUBLIC OF NAMIBIA
Ministry of Home Affairs and Immigration



IMMIGRATION
CONTROL ACT, 1993
ARRIVAL FORM

(Sections 2 & 20/Regulation 2)
DEPARTURE FORM NAMIBIA
REGULATION ACT, 1993
(Act 24 of 1993)

ARRIVAL/DEPARTURE FORM

DEPARTURE FORM
(SECTION 9A/REGULATION 1)

ARRIVING AND DEPARTING PASSENGERS: PLEASE ANSWER QUESTIONS 1 - 16, THEN SIGN AND DATE

FOR COMPLETION BY ARRIVING AND DEPARTING, PLEASE COMPLETE IN INK

Surname				First Names:			
3. Sex (tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>		day	month	year	
5. Country of Birth				6. Country of Present Residence			
7. Nationality of Passport				8. Passport Number			
9. Passport Expiry Date		Day	Month	Year	10. Number of accompanying Children under 16		Male <input type="checkbox"/>
							Female <input type="checkbox"/>
11. Mode of travel (tick one box)							
Air <input type="checkbox"/>		Flight No. _____		Sea <input type="checkbox"/>		Name of vessel: _____	
Road <input type="checkbox"/>		Reg No: _____		Other <input type="checkbox"/>		Specify _____	
						Rail <input type="checkbox"/>	
12. Occupation: _____							

PHYSICAL ADDRESS IN NAMIBIA

13. Address in Namibia _____

14. Purpose of Entry (tick one box)

- | | |
|---|---|
| i. <input type="checkbox"/> Namibians | v. <input type="checkbox"/> In Transit / Stopover |
| ii. <input type="checkbox"/> PRP Holders | vi. <input type="checkbox"/> Diplomats |
| iii. <input type="checkbox"/> Visiting Friends / Relatives | vii. <input type="checkbox"/> Business / conference / Professionals |
| iv. <input type="checkbox"/> Holiday / Tourist / Recreation | viii. <input type="checkbox"/> TRP, EP & SP Holders |
| | xi. <input type="checkbox"/> Other Specify _____ |

15. Length of intended stay in Namibia nights/weeks/months

16. Visitors to the Republic of Namibia, I state the amount of money you intend to spend during your visit (excluding fare to and from Namibia)

NS

I declare that the above is to the best of my knowledge and believe correct

Signature: _____ Date: _____

OFFICIAL USE ONLY Number of days granted:

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Signature of Immigration Officer

Visa Number:	Visa Type:
Office of issue:	Visa Expiry:
N PRP T,ST	T/S B,C,P D O