

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



ARRIVAL/DEPARTURE FORM

IMMIGRATION CONTROL ACT, 1995
ARRIVAL FORM
(Section: 8 & 29 Regulation 2)
DEPARTURE FORM NAMIBIA
REGULATION ACT, 1995
(Act 34 of 1995)
DEPARTURE FORM
(SECTION 9A/REGULATION 2)

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

FOR COMPLETION BY ARRIVING AND DEPARTING, PLEASE COMPLETE IN INK

1. Surname (Family Name)		2. First Names:			
3. Sex (tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	day	month	year
4. Date of Birth					
5. Country of Birth (state country)			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, ± state the amount of money you intend to spend during your visit (excluding fare to and from Namibia)	I declare that the above is to the best of my knowledge and believe correct
NS	Signature: _____ Date: _____

OFFICIAL USE ONLY

(Date Stamp)	Signature of Immigration Officer	Visa Number: _____	Visa Type: _____
		Office of Issues	
		N PRP T,ST T/S B,C,P D O	

Numbers of days granted: _____

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