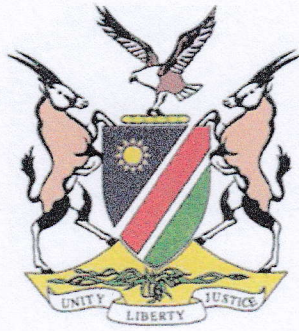


IMPORTANT

To be completed in block letters

The permission of the Ministry of Home Affairs & Immigration must be obtained before:

- A) The purpose and period of residence may be changed; or
- B) Employment is accepted; or
- C) Employment/employer may be changed; or
- D) Study offer is accepted; or
- E) Learning institution is changed.



Immigration Control Act 7 of 1993

Arrival Form

(Section 8 & 29 Regulation 2)

Departure From Namibia Regulation Act 1993

(Act 34 of 1993)

Departure Form

(Section 9A/Regulation 3)

ARRIVAL / DEPARTURE FORM

DEPARTING PASSENGERS ANSWER ONLY QUESTION 1-14.

ARRIVING PASSENGERS, PLEASE ANSWER QUESTIONS 1-19. DO NOT FORGET SIGNATURE AND DATE.

1. Surname (Family name):	2. First Name (s):
3. Maiden Name	
4. Sex (tick): Male <input type="checkbox"/> Female <input type="checkbox"/>	5. Date of Birth: Day : Month : Year : : :
6. Country of Birth (State country):	7. Country of present residence:
8. Nationality of passport:	9. Passport Number:
10. Passport Expiry Date: Day : Month : Year : : :	
11. Number of accompanying children under the age of 16: Male <input type="checkbox"/> Female <input type="checkbox"/>	
12. Mode of Travel (Please tick one box):	
Air <input type="checkbox"/> Flight No	13. Occupation:
Road <input type="checkbox"/> Reg No	Sea Name of Vessel
Rail <input type="checkbox"/> Other <input type="checkbox"/> Specify:	

14. Physical Address in Namibia:

15. Purpose of Entry (Tick one box):

Namibian Citizen <input type="checkbox"/>	PRP Holder <input type="checkbox"/>	Visiting Friends/Relatives <input type="checkbox"/>	Holiday/Tourist/Recreation <input type="checkbox"/>
In Transit/Stopover <input type="checkbox"/>	Diplomat <input type="checkbox"/>	Business/Conference/Professional <input type="checkbox"/>	ORP, EP & SP Holders <input type="checkbox"/>

Other (Please specify): _____

16. Length and intended stay in Namibia: Days/Weeks/Months _____

17. Visitors to Namibia, kindly state the amount of money you intend to spend during your visit (excluding fare to and from Namibia): _____

18. Contact Person _____ 19. Contact Number _____

I declare that the above information is correct to the best of my knowledge.

Signature: _____ Date: _____

Official use only (Date Stamp)

Signature of Immigration Officer

VISA NUMBER: _____	Number of days granted: _____
VISA TYPE: _____	
OFFICE OF ISSUE: _____	

N PRP T, ST T/S B, C, P D O

SERIAL NO: A