## 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**

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

| 1. Surname (Family name):            |               |                     |                                  | 2. First Name (s):               |                   |                            |
|--------------------------------------|---------------|---------------------|----------------------------------|----------------------------------|-------------------|----------------------------|
| 3. Maiden N                          | ame           |                     |                                  |                                  |                   |                            |
| 4. Sex (tick): Male Female           |               |                     |                                  | 5. Date of Birth: Day Month Year |                   |                            |
| 6. Country of Birth (State country): |               |                     |                                  | 7. Country of present residence: |                   |                            |
| 8. Nationalit                        | ty of passpo  | rt:                 |                                  | 9. Pass                          | port Number:      |                            |
| 10. Passport                         |               |                     |                                  |                                  |                   |                            |
| 11. Number                           | of accompa    | nying children und  | ler the age of 16:               | Male                             | Female            |                            |
| 12. Mode of                          | Travel (Plea  | ise tick one box):  |                                  |                                  |                   |                            |
| Air                                  | Flight No     |                     |                                  | 13. Occupation:                  |                   |                            |
| Road                                 | Reg No        |                     |                                  | Sea                              | Name of Vess      | el                         |
| Rail                                 | Other         | Specify:            |                                  |                                  |                   |                            |
| 14. Physical                         | Address in    | Namibia:            | *                                |                                  |                   |                            |
| 15. Purpose                          | of Entry (Tic | k one box):         |                                  |                                  |                   |                            |
|                                      |               |                     | Visiting Friend                  | ds/Relati                        | ves               | Holiday/Tourist/Recreation |
| In Transit/Stopover                  |               | Diplomat            | Business/Conference/Professional |                                  |                   | ORP, EP & SP Holders       |
| Other (Pleas                         | e specify):   |                     |                                  |                                  |                   |                            |
| 16. Length a                         | nd intended   | stay in Namibia: I  | )ays/Weeks/Mo                    | nths                             |                   |                            |
| 17. Visitors f                       | to Namibia,   | kindly state the ar | nount of money y                 | ou inten                         | d to spend during | your visit                 |
| (excluding f                         | are to and f  | rom Namibia):       |                                  |                                  |                   |                            |
| 18. Contact Person                   |               |                     |                                  | 19. Contact Number               |                   |                            |
| I declare the                        | at the above  | information is co   | rect to the best (               | of my kn                         | owledge.          |                            |
| Signature: Date:                     |               |                     |                                  |                                  |                   |                            |
| (Cohie                               |               | /                   | 100                              |                                  |                   |                            |
|                                      |               |                     |                                  |                                  |                   |                            |
| Official use only (Date Stamp)       |               |                     |                                  | Signature of Immigration Officer |                   |                            |
| VISA NUMBER: Number of days grad     |               |                     |                                  |                                  |                   | ys granted:                |
| VISA TYPE:                           |               |                     |                                  |                                  |                   |                            |
| OFFICE OF I                          | SSUE:         |                     |                                  |                                  |                   |                            |
|                                      |               |                     |                                  |                                  |                   |                            |
| N PRP                                | T, ST T/S     | 6 B, C, P D 0       | SERIAL NO                        | : A                              |                   |                            |