

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, 1993
ARRIVAL FORM
(Sections 8 & 29 Regulation 2)
DEPARTURE FORM NAMIBIA
REGULATION ACT, 1993
(Act 34 of 1993)
DEPARTURE FORM
(SECTION 9A/REGULATION 3)

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:			
Sex (tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>	4. Date of Birth				
			day	month	year		
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	Female
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 Namibianights/weeks/months	

16. Visitor to the Republic of Namibia, ± 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

Numbers of days granted: _____

(Date Stamp)

Signature of Immigration Officer

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