

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 Female 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 Female
 12. Mode of Travel (Please tick one box):
 Air Flight No _____ 13. Occupation: _____
 Road Reg No _____ Sea Name of Vessel _____
 Rail Other Specify: _____

14. Physical Address in Namibia: _____

 15. Purpose of Entry (Tick one box):
 Namibian Citizen PRP Holder Visiting Friends/Relatives Holiday/Tourist/Recreation
 In Transit/Stopover Diplomat Business/Conference/Professional ORP, EP & SP Holders
 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