

IMPORTANT

DEPARTURE

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.

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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: _____

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 6. Country of Birth (State country): _____ 7. Country of present residence: _____
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14. Physical Address in Namibia: BUNDI PLOT 424, NAURDOEWER

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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 _____

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I declare that the above information is correct to the best of my knowledge.
 Signature: _____ Date: _____

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 Signature: _____ Date: _____

Official use only (Date Stamp) _____
 Signature of Immigration Officer _____

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

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N PRP T, ST T/S B, C, P D O SERIAL NO: A

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