

## **TEMPORARY RESIDENCE PERMIT FOR INVESTORS**

### FORMS AND DOCUMENTS REQUIRED

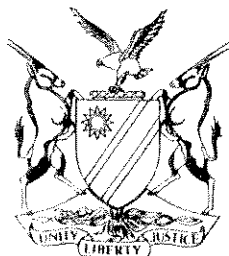
- NOTE:
1. Incomplete forms and outstanding documents will cause unnecessary delays.
  2. All documents must be in English or translated into English.

### **DOCUMENTS REQUIRED**

- Two passport type photos of each applicant.
- Highest Educational Qualification
- Previous Work References
- Police clearance certificate from country of origin and each country of residence for more than twelve months (All applicants older than 18yrs)
- Copy of marriage/divorce certificate (par.6) if married to a Namibian citizen, proof of citizenship.
- Motivational letter providing a synopsis of applicant.
- A comprehensive business plan (please see outline for business plan)
- Proof of company registration in Namibia (Copy of registration certificate and share certificates to be attached).
- Copy of lease agreement of business premises or proof of ownership of property.
- Proof of financial resources/bank statement, list of assets, equipment and machinery to be imported into Namibia, auditor reports.
- Copy of Curriculum Vitae (CV)

### **TO BE COMPLETED AND SUBMITTED BY THE APPLICANT**

- Work Permit application form (Please read directives carefully)
- Multiple Entry Visa application form
- Deed of Surety (see instruction for completion at bottom of document).
- Medical Report
- Radiological Form
- Outline for business plan
- Business questionnaire
- A handling fee of N\$80-00 must accompany your application.



**REPUBLIC OF NAMIBIA**  
**Ministry of Home Affairs and Immigration**  
**APPLICATION FOR TEMPORARY WORK OR STUDY PERMIT**

**DIRECTIVES**

1. This form must be completed in BLOCK Letters.
2. All items must be completed in detail. A mere dash is not acceptable.
3. Failure to complete in detail will cause unnecessary delay.
4. The completed form must be forwarded to the Under-Secretary, Department of Civic Affairs, Private Bag 13200, Windhoek, Namibia.

**PARTICULARS OF THE APPLICANT**

1. Surname: \_\_\_\_\_
2. Maiden name (if applicable): \_\_\_\_\_
3. First names (in full): \_\_\_\_\_
4. Particulars of birth:
  - (a) Date of birth: \_\_\_\_\_
  - (b) Place of birth: \_\_\_\_\_  
(District) \_\_\_\_\_ (Country) \_\_\_\_\_
5. Sex:  Male  Female
6. Marital status (Indicate by means of an "X" whatever is applicable and attach a copy of marriage certificate)  
Single  Married  Widow/Widower  Separated  Divorced   
\*If separated, state whether divorce proceedings have been instituted and when final divorce is expected:  
\_\_\_\_\_  
(Copy of document to be attached) \_\_\_\_\_
7. Identity number (if available): \_\_\_\_\_
8. Passport or other travel document:
  - (a) Number: \_\_\_\_\_ (b) Date of expiry: \_\_\_\_\_
  - (c) Issuing authority (attach document): \_\_\_\_\_
  - (d) Nationality: \_\_\_\_\_
  - (e) Immigration permit number: \_\_\_\_\_ (f) Date of issue: \_\_\_\_\_
9. Particulars of residence in Namibia (if any), (if not complete paragraph 13):
  - (a) Date of entry: \_\_\_\_\_
  - (b) Postal address in Namibia: \_\_\_\_\_
  - (c) Residential address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone number: \_\_\_\_\_
  - (d) If you are already working in Namibia or are on a visit, then state number and date of your temporary residence permit:  
\_\_\_\_\_  
\_\_\_\_\_

(e) If you have no permit explain circumstances under which you find yourself in Namibia:

.....  
.....

10. (a) If married, state full name of spouse (including maiden name, where applicable): .....

(b) Place and date of birth of spouse: .....

(c) Name and address of employer of spouse (if employed): .....

11. Particulars of children:

Full name and registered surname of each child	Date of Birth	Place (district) of birth	Sex

12. Present permanent residential address of the spouse and children outside Namibia (if not accompanied by applicant):

.....  
.....

13. Present address outside Namibia:

(a) Residential: .....

(b) Postal: ..... Telephone number: .....

14. (a) Will your dependants accompany you:  Yes  No

(b) If not state reason: .....

.....

15. Occupation of applicant: .....

16. Contemplated period of residence in Namibia: .....

17. If purpose of entry is to accept employment state:

(a) Nature of employment: .....

(b) Name and address of firm/person offering employment or sponsoring applicant. (If you have an offer of employment in Namibia, attach copy):

.....  
.....

18. Details of training and experience:

(a) School education From To

Primary school: .....

Secondary school: .....

Highest examination passed: .....

Major subjects: .....

.....

(b) Higher education or special training (Copies of relevant documents to be attached)

Name of College, University or institution attended: .....

.....

Prescribe duration of course: \_\_\_\_\_

Period attended: From: \_\_\_\_\_ To: \_\_\_\_\_

Major subjects: \_\_\_\_\_

Degree, Diploma or Certificate obtained: \_\_\_\_\_

(c) Trade qualifications: \_\_\_\_\_

Duration of apprenticeship training: From: \_\_\_\_\_ To: \_\_\_\_\_

Trade in which qualified: \_\_\_\_\_

(d) Record of employment. (The details furnished must be in date order including periods of employment for the last 5 years):  
(Submit documentary proof)

Name of Firm/Employer	Address where located	From	To	Nature of work

(e) Describe briefly your last duties: \_\_\_\_\_

(f) What is the trade or business of your last employer? \_\_\_\_\_

(g) What was your last monthly salary or income per month? \_\_\_\_\_

(h) What amount of money will you transfer to Namibia? \_\_\_\_\_

(i) Do you receive a pension or do you have a private income? If so, please give details: \_\_\_\_\_

(j) Language proficiency:

(i) What is your mother tongue?: \_\_\_\_\_

(ii) What is your proficiency in other languages? (Answer Yes or No)

Language	Speak	Read	Write
(aa) English			
(bb)			
(cc)			
(dd)			

19. If purpose of entry is to study, state:

(a) Reason for study in Namibia: \_\_\_\_\_

(b) Nature of course: \_\_\_\_\_

(c) Intended period of study: \_\_\_\_\_

(d) Name of educational institution (attach copy of registration certificate)

20. Have you at any time applied for a permit to reside in Namibia? Yes  No
21. Have you ever been restricted, or refused entry into Namibia? Yes  No
22. Have you ever been deported from or ordered to leave Namibia or any other country? Yes  No
23. Have you ever been convicted of any crime in any country? Yes  No
24. Are you suffering from any infectious or contagious diseases? Yes  No

25. Particulars if the reply to one or more of the questions 20 to 24 is in the affirmative: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

26. If your spouse was born outside Namibia and resides in Namibia, state whether permanent residence has been granted to him/her or his/her parents and, if so give the number of residence permit:  
 \_\_\_\_\_

27. If you reside outside Namibia at the time of this application, a medical certificate from a doctor in that country to the effect that you are free from infectious disease and physically fit for the type of work which you will perform in Namibia, must be attached to this application.

28. I clearly understand that if the application is approved, the work permit will not entitle me to reside permanently in Namibia and on expiration of the validity or the cancellation of the permit or the termination of my service or whenever the Ministry of Home Affairs and Immigration so decides, I will leave the country forthwith. My employer or myself will be solely responsible for my accommodation. I realise that my spouse and children may not enter Namibia unless they acquire residence rights in Namibia.

29. I solemnly declare that I understand the aforesaid conditions and that the information furnished in this form is true and correct.

SIGNED at \_\_\_\_\_ in the presence of the undersigned two

witnesses on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

AS WITNESSES:

1. \_\_\_\_\_

2. \_\_\_\_\_



## REPUBLIC OF NAMIBIA

Ministry of Home Affairs and Immigration

Immigration Control Act, 1993

### APPLICATION FOR VISA

(Sections 12 and 13 / Regulation 11)

#### FOR OFFICIAL USE ONLY

Approved / Not Approved  
Single / Multiple entry

File No.: \_\_\_\_\_

Date of issue: \_\_\_\_\_

Date of expiry: \_\_\_\_\_

Remarks: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Items 4 to 10 to be completed by inserting an "X" in the appropriate box.

1. Surname: \_\_\_\_\_

2. First names: \_\_\_\_\_

3. Maiden name (if applicant is or was a married woman): \_\_\_\_\_

4. Sex:  Male  Female

5. Marital status:  Never Married  Married  Divorced  Widow/Widower

6. Have you at any time applied for a permit to settle permanently in Namibia?  Yes  No

7. Have you ever been restricted or refused entry to Namibia?  Yes  No

8. Have you ever been deported or ordered to leave Namibia?  Yes  No

9. Have you ever been convicted of any crime in any country?  Yes  No

10. Are you suffering from tuberculosis, or any other contagious lung disease; trachoma, or any other chronic eye infection, frambesia, yaws, scabies or any other contagious bacterial skin disease; syphilis or any other venereal disease; or leprosy or Acquired Immune Deficiency Syndrome virus (AIDS virus), or any mental illness or affliction?  Yes  No

11. If the reply to any one of the questions 6 to 10 is in the affirmative, attach full particulars.

12. Birth (a) Date: \_\_\_\_\_ (b) Place: \_\_\_\_\_ Country \_\_\_\_\_

13. Citizenship: \_\_\_\_\_ (if acquired by naturalization, state original citizenship)

14. Passport: (a) Number: \_\_\_\_\_ (b) Place of issue \_\_\_\_\_

(c) Date of issue: \_\_\_\_\_ (d) Date of expiry: \_\_\_\_\_

(e) Is passport valid for travel to Namibia:  Yes  No

15. (a) Present residential address: \_\_\_\_\_

(b) Telephone no.: ( \_\_\_\_\_ ) \_\_\_\_\_

16. Address and period of residence in country of which you are a permanent resident:

(a) Residential address: \_\_\_\_\_

(b) Telephone no.: ( \_\_\_\_\_ ) \_\_\_\_\_ (c) Period: \_\_\_\_\_

17. Occupation or Profession: \_\_\_\_\_

18. Firm, company, university, etc., to which you are attached or which you represent:

(a) Name and address of employer: \_\_\_\_\_

(b) Telephone no.: ( \_\_\_\_\_ ) \_\_\_\_\_

(c) Nature of business: \_\_\_\_\_

(d) If a student, name of university to which you are attached and the course pursued: \_\_\_\_\_

19. If accompanied by your wife and children state:

First Names	Date of Birth	Place of Birth
(a) _____	_____	_____
(b) _____	_____	_____
(c) _____	_____	_____

20. (a) What amount of money will you have available on arrival in Namibia for your own use? N\$ \_\_\_\_\_

(b) Will you be in possession of an onward/return ticket?  Yes  No

(N.B. separate applications have to be completed in respect of your spouse or children over the age of 16 years and children travelling with their own passports.)

**NOTE: COMPLETE ONLY PART A OR B**

**(A) HOLIDAY / BUSINESS / WORK / TRANSIT / VISA**

1. Intended date and port of arrival in Namibia: \_\_\_\_\_
2. (a) What is the purpose of your visit? \_\_\_\_\_  
 (b) if it is for business purposes, explain in detail the nature of business: \_\_\_\_\_  
 \_\_\_\_\_  
 (c) Duration of intended visit (Number of days, weeks or months) \_\_\_\_\_
3. Places to be visited in Namibia (full address, including telephone number must be provided) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
4. If the purpose of your visit is for medical treatment, please provide the following information:  
 (a) Name of doctor, hospital or clinic you will visit: \_\_\_\_\_  
 (b) Who will pay your medical expenses and hospital fees: \_\_\_\_\_  
 (c) If you are liable for the expenses and fees above, state amount of funds available: \_\_\_\_\_
5. Proposed residential address in Namibia: \_\_\_\_\_

6. Names and addresses of relatives in Namibia: \_\_\_\_\_ Telephone no.: ( \_\_\_\_\_ ) \_\_\_\_\_

Name	Address and Telephone number	Relationship
(a) _____	_____	_____
(b) _____	_____	_____

7. Date of last visit, if any, to Namibia: \_\_\_\_\_
8. Do you contribute professionally or otherwise to publications, radio, television or films? If so, give details: \_\_\_\_\_  
 \_\_\_\_\_
9. (a) Destination after leaving Namibia: \_\_\_\_\_  
 (b) Mode of travel to destination: \_\_\_\_\_  
 (c) Intended date and port of departure: \_\_\_\_\_  
 (d) Is your entry to that destination assured, e.g. do you hold a visa or a permit for permanent or temporary residence? (Proof to be submitted) \_\_\_\_\_

10. Reasons for travelling through Namibia: \_\_\_\_\_  
 \_\_\_\_\_

**(B) RETURN VISA**

**IMPORTANT**

An applicant has to:  
 (i) produce his or her passport or travel document; and  
 (ii) submit proof of his or her right of residence in Namibia if not endorsed in his or her passport.

1. (a) Kind of Permit and number: \_\_\_\_\_  
 (b) Date of departure: \_\_\_\_\_  
 (c) Expected date of return: \_\_\_\_\_

2. Particulars of Residence in Namibia:

Date of first entry	Port of entry	Periods of residence in Namibia	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Countries to which you will be travelling:  
 (a) \_\_\_\_\_ (b) \_\_\_\_\_ (c) \_\_\_\_\_ (d) \_\_\_\_\_
4. Purpose of journey (explain fully): \_\_\_\_\_  
 \_\_\_\_\_

I solemnly declare that the above particulars given by me are true in substance and in fact and that I fully understand the meaning thereof.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
 (N.B. Only the signature of the applicant will be accepted)



REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS
DEPARTMENT OF CIVIC AFFAIRS
MEDICAL CERTIFICATE

CONDITIONS OF A RECURRENT NATURE

Although the person(s) may be generally in a good state of health at the time of the examination, it would be appreciated if the medical officer/practitioner could furnish details of any disease, condition or defect the person(s) has/have suffered and which might recur.

I hereby certify that I have examined the following person(s)

- 1..... 5.....
2..... 6.....
3..... 7.....
4..... 8.....

and find him/her:

- (a) not mentally disordered\* or physically defective in any way;
(b) not suffering from leprosy, venereal disease, trachoma, tuberculosis or other infectious or contagious diseases;
(c) generally in a good state of health;

except for the following defects observed:

Name of person(s) (Please type or print)

.....
.....
.....
.....

Signature of medical officer/practitioner

Official stamp and address of medical officer/practitioner/hospital

.....

Date: .....

Table with 2 columns: Int. Code, \*\*Mental disorders\*\* includes the following:
290-299 All psychoses
300 Neuroses
301 Personality disorders
303-304 Addictions
308 Behaviour disturbances of childhood
310-315 All forms of mental retardation
320-349 Epilepsy and all other forms of degeneration of the central nervous system.





REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS
DEPARTMENT OF CIVIC AFFAIRS
RADIOLOGICAL REPORT

Note:

- (1) A radiological report of the chest is required in respect of every prospective immigrant 12 years of age and over.
(2) The radiologist must insert the names of the prospective immigrants examined by him in the space provided for that purpose on the form. Unused spaces must be crossed out.
(3) A separate report is required in respect of every applicant suffering or suspected to be suffering from tuberculosis.

I hereby certify that I have radiologically examined the chest(s) of the following person(s) and that I could find no signs of active pulmonary tuberculosis.

Name: (1) .....
(2) .....
(3) .....
(4) .....
(5) .....
(6) .....

Official stamp and address of Radiologist/Hospital:

.....
Radiologist

Date: .....
.....
.....



**REPUBLIC OF NAMIBIA**  
**MINISTRY OF HOME AFFAIRS**  
**DEPARTMENT OF CIVIC AFFAIRS**

DEED OF SURETY

WHEREAS (1).....  
.....

is an intended visitor/employee to Namibia and (1) .....

may be repatriated or deported from Namibia by the Government of the Republic of Namibia which may involve certain expenses and costs.

NOW THEREFORE, I

(2) .....

do hereby bind myself as surety and co-principal debtor to the said

**GOVERNMENT OF THE REPUBLIC OF NAMIBIA**

(hereinafter called "the Government")

(a) of all expenses and costs to be incurred for the repatriation or deportation:

(b) the care, treatment and maintenance of the said person by the Government and/or a local authority and/or any other public body of (1)

.....  
and the amount thereof (not exceeding R.....) shall be in the sole discretion of the Ministry of Home Affairs on behalf of the Government, and I hereby renounce all benefits arising out of the legal exceptions ordinis seu excussionis et divisionis with the full force and effect with which I acknowledge myself to be acquired.

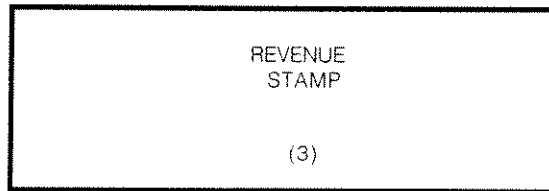
I choose my domicillium citande et executandi for all purposes of and in connection with this deed as follows:

SIGNED AT.....this.....day of.....19.....in the  
presence of the undersigned witnesses.

.....  
(Signature)

AS WITNESSES:

- 1. ....
- 2. ....



\* (1) Full name of visitor/employee, in block letters.  
(2) Full name of employer, guardian, relative or bank giving surety, in block letters.  
(3) Under item 20 of the first Schedule of Act 77 of 1968 5c for every R100 or part thereof.



REPUBLIC OF NAMIBIA  
MINISTRY OF HOME AFFAIRS  
DEPARTMENT OF CIVIC AFFAIRS

IMMIGRATION CONTROL ACT, 1993  
ANNEXURE TO APPLICATION FOR EMPLOYMENT PERMIT  
(Section 27(1)/Regulation 17)

REPRESENTATION BY PROSPECTIVE EMPLOYER

1. Surname and full first names of applicant (prospective employee): .....

PARTICULARS RELATING TO THE PERSPECTIVE EMPLOYER

2. Name of employer: .....

3. Street address (head-office): .....

4. Postal address: .....

5. Telephone number: .....

6. Address(es) of branch(es): .....

7. Name(s) and citizenship of owner(s) of employer-undertaking, or if a company or close corporation, name(s) and citizenship of director(s) or member(s):

8. Date of establishment of the business of the employer: .....

9. Main activities of employer: .....

10. Employees at present employed by the employer: .....

(a) total number: .....

(b) Namibian citizens: (number): .....

(c) non-citizens: .....

(i) permanent residents (number) .....

(ii) holders of employment permits (number) .....

(iii) others .....

PARTICULARS OF THE VACANCY CONCERNED

11. Job title: .....

12. Brief job description: .....

13. Date on which vacancy occurred: .....

14. Details of enquiries made at Trade Unions: .....

15. Details of enquiries made at private employment agencies (attach proof): .....

16. Details of advertisements relating to vacancy in local newspapers (attach proof): .....

17. Why is the filling of the post essential (attach motivation, if necessary) .....

18. Reasons why Namibian citizens or persons in possession of permanent residence permits

are not considered suitable or cannot be considered suitable for the position

(attach motivation, if necessary): .....

19. Reasons why the position cannot be filled by promoting any of the other employees of the employer: .....

20. Will the employer be prepared to employ a suitable Namibian citizen, if available?

21. If the reply to paragraph 20 is "No", give reasons:

Yes  No

22. Are Namibian citizens being trained to fill the position?

23. If the reply to paragraph 22 is "YES", give details. If "NO", motivate (attach details of motivation, if necessary):

Yes  No

24. Employer's requirements for an appointment to the position (qualifications, training, experience etc.)

25. Place in Namibia where employee will be employed (town/district/farm):

26. Proposed date of commencement of employment: .....

27. Conditions of service agreed upon:

- (a) remuneration per week/month/year: N\$ .....
(b) other benefits: .....
(c) period of employment: .....

PARTICULARS RELATING TO THE APPLICANT

28. Reasons why the applicant is considered to be a suitable candidate for the position (in respect of the following)

- (a) qualifications and training: .....
(b) experience: .....
(c) other reasons (be specific): .....

29. Is the applicant in possession of any qualification or training or experience not obtainable or available in Namibia?

Yes  No

30. If the reply to paragraph 29 is "Yes", give details (attach details, if necessary): .....

31. Will the applicant train other employees?

Yes  No

32. Reasons for your reply to the question in paragraph 31:

33. Details of training programmes for local inhabitants (attach details, if necessary): .....

UNDERTAKING BY PROSPECTIVE EMPLOYER

I/We acting in my/our personal capacity/capacities acting for and on behalf of .....
duly authorized thereto, hereby accept full responsibility for all costs pertaining to the return of the applicant and his or her spouse and his or her dependent children to his or her or their respective countries of domicile at the expiration of applicant's period of employment in Namibia referred to in paragraph 27(c), or any extension of such period.

Signed at..... on this..... day of..... 20.....

AS WITNESSES:

1. ....
2. ....
PROSPECTIVE EMPLOYER/FOR ON BEHALF OF PROSPECTIVE EMPLOYER.

## OUTLINE FOR BUSINESS PLAN

### Balance concept

- Nature and activities of business (summary of intended business activities)
- Description of your production process or services offered
- Where do you intend to locate your business?
- What is your long-term strategic plan/vision?

### Management

- List investor and expatriate management staff by name
- Previous accomplishments and experience of those people
- Summarise number of years of experience in this field

### Market Summary

- Target market
- Present competition
- Your own competitive advantage

### Production information (to be completed for manufacturing/ processing projects only)

- Production capacity
- Product quality and standard
- Raw materials required
- Source of raw materials

### Manpower required

	Namibian	Foreign
Skilled		
Unskilled		

### Financial Projections

#### Capital Requirements

Capital Expenditure	Year 1	Year 2	Year 3
Fixed Investment			
Employees and stationery			
Working capital (e.g. rent & salaries)			
Total			
Profitability	Year 1	Year 2	Year 3
Turnover			
Cost of sales			
Expenses			
Total Profit			

### Benefits for Namibia

#### Current development status

- Pre-feasibility status
- Possibility study
- Project proposal and business plan
- Other (please specify)
- Any other relevant information

**Business Questionnaire**

**To be completed by applicants who intend to conduct own business:**

1. Registered name of the business.....  
.....
2. Business Address:
  - a) Postal Address  
.....  
.....  
.....
  - b) Physical Address:  
.....  
.....  
.....
- Tel. No: .....
- Fax No: .....
3. Employees:
  - a) Total: .....
  - b) Namibians: .....
  - c) Others (specify) .....
4. Funds available for conducting the business: .....
5. Total Investment amount:.....
6. Business Sector: Manufacturing, Tourism, Trade, Service, Agriculture, Mining
7. A brief description of the nature and activities of the business:.....  
.....  
.....

**PLEASE NOTE:**

Copies of inter alia, the following documents must be attached:

- a) Registration and / or
- b) Partnership and / or any applicable ownership agreement
- c) Certificate of incorporation
- d) Articles and /or memorandum of association
- e) Share certificate
- f) A bank statement reflecting the financial standing of the business or a letter indicating the availability and / or transferability of money
- g) Financial statements reflecting the assets and liabilities
- h) Rent / lease agreement etc