



Republic of Namibia

MINISTRY OF HOME AFFAIRS, IMMIGRATION, SAFETY AND SECURITY

REQUIREMENTS FOR CHANGE OF STUDY INSTITUTION

NOTE:

1. No application forms will be accepted if all necessary documents are not provided
2. Incomplete forms and outstanding documents will cause unnecessary delays.
3. All documents must be in English or translated into English
4. All copies from applicant must be certified
5. All application forms to be signed by the applicants themselves.

1. TO BE COMPLETED AND SUBMITTED BY THE STUDENT

- 1.1 Visa application (form number 3-1/0033)
- 1.2 Questionnaire form (3-1/0069)
- 1.3 Proof of acceptance/ registration with study institution
- 1.4 Certified copy of passport page reflecting the last endorsed study permit
- 1.5 Reasons why change of study institution is required
- 1.6 Progress report from previous school/institution
- 1.7 Local police clearance certificate (applicants 18 years and above)

2. Appeal application

- 2.1 Prescribed fee: N\$ 200.00 must accompany your Appeal application



REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS
DEPARTMENT OF CIVIC AFFAIRS
IMMIGRATION CONTROL ACT, 1993
APPLICATION FOR VISA
 (Section 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: _____

1. Surname: _____
2. First Names: _____
3. Maiden name (if applicant is or was a married woman): _____

ITEMS 4 TO 10 TO BE COMPLETED BY INSERTING AN "X" IN THE APPROPRIATE BOX

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 or other 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 9 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 number: (Code: _____) No: _____

16. Address and period of residence in country of which you are a permanent resident:
 (a) Residential address: _____
 (b) Telephone number: (Code: _____) 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 number: (Code: _____) 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) _____	(a) _____	(a) _____
(b) _____	(b) _____	(b) _____
(c) _____	(c) _____	(c) _____

20. (a) What amount of money will you have 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 traveling 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, 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: _____ Telephone number: _____
6. Name and addresses of relatives in Namibia:

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, please 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 visa or permit for permanent or temporary residence? (Proof to be submitted)
10. Reasons for traveling 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 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 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 and Immigration

Application for Renewal of an Employment Permit, a Student's Permit or a Visitor's Entry Permit and/or change of conditions (Act 7 of 1993)

For official use only	
File:	
Date of expiry:	
Purpose:	
Approved/Not approved	
Signature	Date

QUESTIONNAIRE

- 1. (a) Surname:
- (b) First Names: Maiden name:
- (c) Date of birth: Country of birth:
- (d) Passport number: Expiry date of passport:
- (e) Place of issue: Citizenship:
- (f) Occupation:

NEVER MARRIED	MARRIED	DIVORCED	WIDOWED	*SEPARATED
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2. Indicate with an "X"

*If separated state whether divorce proceedings have been instituted and when final order of divorce is expected :

3. PARTICULARS OF RELATIVES IN NAMIBIA - IMPORTANT

(a) Indicate with an "X"

HUSBAND	WIFE	FATHER	MOTHER	CHILD
---------	------	--------	--------	-------

Name:
 Date of birth: Place of birth:
 Residential address:
 Tel No. Code

(b) Postal address:

(c) Indicate whether your is a holder of:

HUSBAND	WIFE	FATHER	MOTHER	CHILD
---------	------	--------	--------	-------

(i) Namibian Citizenship (indicate with an "X")

YES		NO	
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(ii) Permanent Residence Permit

YES		NO	
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State number and date of issue

(iii) Employment Permit (expiry date):

(iv) Student's Permit (expiry date):

(d) If husband/wife is not in Namibia does he/she intend entering the country? If YES, indicate when

(e) Particulars of children accompanying applicant:

NAME	DATE OF BIRTH	COUNTRY OF BIRTH
.....
.....
.....

4. (a) State fully why you desire to prolong your stay or want to change the conditions of your existing permit: •

.....
.....

(b) Intended date of departure: Day Month Year

5. State what funds you possess for maintenance and/or the purchase of a return ticket or what other arrangements will be made for your return journey:

- (i) Valid return or onward ticket No Expiry date:
- (ii) Undertaking by employer
- (iii) Deposit lodged - Receipt No Amount N\$ Date
- (iv) Guarantee submitted
- (v) Vehicle No
- (vi) Other

6. (a) If you intend to stay permanently- Have you applied for permanent residence?

NO	YES
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 Reference No Date:

(b) If not, what are your intentions?

.....

7. If the validity of your existing permit has already expired, state why you did not apply for an extension on time:

.....
.....

8. ADDRESSES IN NAMIBIA (must be completed in full)

(a) Residential address:

.....
..... Tel No Code

(b) Postal address:

..... Tel No Code

(c) Work address:

..... Tel No Code

(d) Contact address (Relatives/Friends/Business associates)

.....
..... Tel No Code

DATE: SIGNATURE:

9. CERTIFICATE BY EMPLOYER

I hereby certify that is still an
employee of as
(name of employer) (occupation)

.....
Signature of employer

.....
Date