



Republic of Namibia

MINISTRY OF HOME AFFAIRS, IMMIGRATION, SAFETY AND SECURITY

EMPLOYMENT PERMIT (EP): FORMS AND DOCUMENTS REQUIRED

- 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 APPLICANT

1. Completion of application form (form number 3-1/0001) and visa form number 3-1/0033 (please read directives carefully)
2. Attach copy of marriage/ divorce certificate (para.6). If married. (Applicant's spouse and dependant child or children must complete separate application forms)
3. Attach copy of travel document or passport (only those pages reflecting the particulars of the applicant, two passport size photos and current status id in Namibia or exit stamps in the passport)
4. Copies of educational qualifications
5. Copy of Certificate of Service if any (para.18.18d)
6. Radiological Report (original)
7. Medical Certificate (original)
8. Police Clearance Certificate from country of origin or last country of residence for both applicant and spouse
9. Proof of registration with the Namibian Professional Board / Council or Association, if the profession requires that.

2. TO BE COMPLETED AND SUBMITTED BY THE EMPLOYER

- 2.1 Completion of representation by the employer, directive must be carefully followed (3-000)
- 2.2 Attach company profile.
- 2.3 Complete a Deed of Surety form, which must be signed by the Bank or Employer (see instructions for completion at the bottom of the document)
- 2.4 Proof of advertisement of the post in local newspapers (Posts must be widely advertised and copy (s) of newspaper advertisements must be provided)
- 2.5 Attach company Tax Certificate of Good Standing from Social Security Commission.
- 2.6 Attach Company Good Standing Certificate with Inland Revenue and Company Registration
- 2.7 Copies of CVs of unsuccessful Namibian candidates (their full names, highest qualifications and contact details must be provided)
- 2.8 Attach proof of non-availability of such positions through Namibia Integrated Employment Information System
- 2.9 If applicant is applying for Employment Permit in the Government (Provide a letter from the Executive Director of the respective Ministry and CEO of Public Enterprises)
- 2.10 Detailed motivation letter from the employer
- 2.11 Proof of Employment Equity Compliance Certificate from the Ministry of Labour, Industrial Relations and Employment Creation

3. Appeal application

- 3.1 Prescribed fee: N\$ 200.00 must accompany your Appeal application (non-refundable).



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
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.



REPUBLIC OF NAMIBIA
 Ministry of Home Affairs and Immigration
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

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

Int. Code	*Mental disorders includes the following:
290-299	All psychoses
300	Neurosis
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 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-principale 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 N\$.....) 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 domicilium citande et executandi for all purposes of and in connection with this deed as follows:

.....

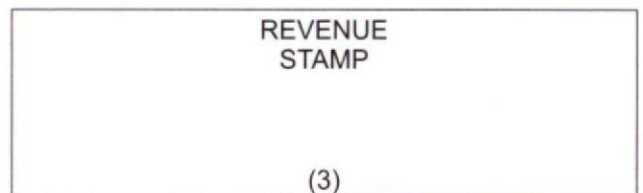
SIGNED AT..... this..... day of..... 20..... in the presence of the undersigned witnesses.

.....
(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 N\$100 or part thereof.



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 document 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 month salary or income per month? _____

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

(e) 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: _____

(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 infections 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 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. _____