

Republic of Namibia

MINISTRY OF HOME AFFAIRS, IMIGRATION, SEFETY AND SECURITY

REQUIREMENTS FOR RENEWAL OF STUDY PERMITS (RSP)

NB:

- 1. Incomplete forms and outstanding documents will cause unnecessary delays.
- 2. All documents must be in English or translated in English.
- 3. All documents must be certified.
- 4. Application forms must be signed by applicant (themselves)
- 1. FORM-3/0069 Questionnaire
- 2. Application for Re-entry Visa
- Confirmation letter from institution and copies of results of the previous Academic year
- 4. Application must be submitted two (2) months before expiry date of current Permit
- 5. Copy of study permit endorsed in passport
- Original Local (Namibian) Police Clearance Certificate of applicants older than 18 years.
- 7. Proof of residential address of applicant / guardian
- 8. Proof of relatives residing in Namibia and their status.

Appeal application

1. Prescribed fee: N\$ 200.00 must accompany your Appeal application



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 officia	al use only
File:	
Date of expiry:	
Purpose:	
Approved/Not a	pproved

	QUESTIONNAIRE		
. (a) Surname:			
(b) First Names:	Maiden name:		
(c) Date of birth:	Country of birth:	Expiry date of passport:	
(d) Passport number:	Expiry date of passport:		
(e) Place of issue:	Citizenship:		
(f) Occupation:			
	NEVER MARRIED MARRIED DIVORCED WIDOWED *SEPARATED)	
Indicate with an "X" *If separated state whether divorce	rce proceedings have been instituted and when final order of divorce is expected :		
. PARTICULARS OF REL	LATIVES IN NAMIBIA - IMPORTANT		
(a) Indicate with an "X"	HUSBAND WIFE FATHER MOTHER CHILD		
Name:			
	Place of birth:		
Residential address:	8:		
	Tel No Cod	le	
(b) Postal address:			
(c) Indicate whether you is a holder of:	ur HUSBAND WIFE FATHER MOTHER CHILD		
(i) Namibian Citizen:	1 10 10		
(indicate with an '			
(indicate with an '	sidence Permit YES NO State number and date of issue	9	
(ii) Permanent Resid	ermit (expiry date):		
(iii) Permanent Residuiii Employment Per			

	Year
5. State what funds you possess for maintenance and/or the purchase of a reference will be made for your return journey:	turn ticket or what other arrange-
(i) Valid return or onward ticket No E	xpiry date:
(ii) Undertaking by employer (iii) Deposit lodged - Receipt No Amount N\$	Date
(iv) Guarantee submitted (v) Vehicle No(vi) Other	
	10
6. (a) If you intend to stay permanently- Have you applied for permanent resid	
NO YES 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	
(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	
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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:
1 6		Date of Expiry:
1. Surname:		
First Names: Maiden name (if applicant is or was a		Remarks:
3. Maiden name (if applicant is or was a	married woman):	
ITEMS 4 TO 10 TO BE COMPLETED BY	INSERTING AN "X" IN THE APPROPRI	ATE BOX
4. Sex: Male Female		
5. Marital		Signature:
Status Never Married Marrie		ower Signature.
6. Have you at any time applied for a per	mit to settle	
permanently in Namibia?	Yes	No
7. Have you ever been restricted or refus		No Date:
8. Have you ever been deported or ordere	d to	
leave Namibia?		No L
9. Have you ever been convicted of any c		No
		achoma, or any other chronic eye infection,
		ase; 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:cquired by naturalization, state original citizenshi
13.Citizenship:	(1) Plane of investor	equired 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 Nami	bia? Yes No	
(b) Telephone number: (Code:) No:	
16.Address and period of residence in cou	intry of which you are a permanent res	ident:
(c) Period:		
7.Occupation or profession:		
8. Firm, company, university, etc., to whi	ch you are attached or which you repre	esent:
(a) Name and address of employer:		
(b) Telephone number: (Code:) No:	
(c) Nature of business:		oursued:
(d) If a student, name of university to w	hich you are attached and the course p	oursued:
9. If accompanied by your wife and child	en state:	
FIRST NAMES	DATE OF BIRTH	PLACE OF BIRTH
(a)	(a)	(a)
(b)	(b)	(a) (b)
(c)	(c)	(c)
Y /		1,
0.(a) What amount of money will you have	e on arrival in Namibia for your own	use? N\$
(b) Will you be in possession of an onw		
(N.B. Separate applications have to be completed in	respect of your spouse or children over the age o	f 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 or arrival in Nami	bia:			
2. (a) What is the purpose of your visit?	ha natura affirminana			
(c) Duration of intended visit (number of	days, weeks, or months):			
(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):				
 If the purpose of your visit is for medical (a) Name of doctor, hospital or clinic you 	will visit:			
(b) who will pay your inedical expenses	and nospital tees.			
(c) If you are liable for the expenses and i	fees above, state amount of fund:	ls available:		
5. Proposed residential address in Namibia:	Telen	hone number:		
6. Name and addresses of relatives in Namit	hia:	hone number:		
NAME ADDRE	SS AND TELEPHONE NUMBE			
(a)				
7. Date of last visit, if any to Namibia:				
8. Do you contribute professionally or other	wise to publications, radio, telev	vision 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 assure submitted)	ed, e.g. do you hold visa or permi	it for permanent or temporary residence? (Proof to be		
10 Reasons for traveling through Namihia				
To Reasons for traveling timough rainious.				
	(B) RETURN VISA			
IMPORTANT	 A service of the contract of the			
An applicant has to:				
(i) produce his or her passport or travel docu	iment: and			
(ii) submit proof of his or her right residence		nis 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:	PORT OF FUTBU	DEDICATE OF BEGINFINGS IN NAVIDA		
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 he me are true in substance	ce and in fact that I full understand the meaning thereo		
Date: N.B. Only the signature of the application will be	Signature:			
N.B. Only the signature of the application will be	accepted)			