

**IMPORTANT**

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.



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): _____ 3. Maiden Name _____ 4. Sex (tick): Male <input type="checkbox"/> Female <input type="checkbox"/> 6. Country of Birth (State country): _____ 8. Nationality of passport: _____ 10. Passport Expiry Date: Day : Month : Year : : : 11. Number of accompanying children under the age of 16: Male <input type="checkbox"/> Female <input type="checkbox"/> 12. Mode of Travel (Please tick one box): Air <input type="checkbox"/> Flight No _____ Road <input type="checkbox"/> Reg No _____ Rail <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____	2. First Name (s): _____ 5. Date of Birth: Day : Month : Year : : : 7. Country of present residence: _____ 9. Passport Number: _____ 13. Occupation: _____ Sea Name of Vessel _____
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14. Physical Address in Namibia: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Purpose of Entry (Tick one box):

Namibian Citizen <input type="checkbox"/>	PRP Holder <input type="checkbox"/>	Visiting Friends/Relatives <input type="checkbox"/>	Holiday/Tourist/Recreation <input type="checkbox"/>
In Transit/Stopover <input type="checkbox"/>	Diplomat <input type="checkbox"/>	Business/Conference/Professional <input type="checkbox"/>	ORP, EP & SP Holders <input type="checkbox"/>

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 \_\_\_\_\_

I declare that the above information is correct to the best of my knowledge.

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

Official use only (Date Stamp)

Signature of Immigration Officer

VISA NUMBER: \_\_\_\_\_ Number of days granted: \_\_\_\_\_  
 VISA TYPE: \_\_\_\_\_  
 OFFICE OF ISSUE: \_\_\_\_\_

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