TEMPORARY RESIDENCE PERMIT FOR WORK PURPOSES

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

TO BE COMPLETED AND SUBMITTED BY THE APPLICANT

- Application form (form3-1/001) (Please read directives carefully)
- Copy of marriage/divorce certificate (par.6) if married to a Namibian citizen, proof of citizenship
- Copy of travel document or passport (only those pages reflecting the particulars of the passport/applicant) (par.8).
- Two passport type photos of each applicant.
- Copy of educational and/or training certificate (par. 18b)
- Copies of certificates of service (par. 18d)
- Medical certificate and radiological report
- Police clearance certificate

TO BE COMPLETED AND SUBMITTED BY THE EMPLOYER

- Work offer (representation by employer) (Directives must be carefully followed).
- Motivational letter from prospective employer.
- Deed of Surety (see instruction for completion at bottom of document).
- Proof of advertisement of vacancy in local newspaper/s.
- If applicant is applying for a vacancy in the Government Service a letter of recommendation signed by the Permanent Secretary of that Ministry is required.
- A handling fee of N\$80-00 must accompany your application.
- If applicant is a medical officer, proof of registration with the Medical Board of Namibia.
- If applicant is an engineer, proof of registration with the Namibia Engineering Council.



MINISTRY OF HOME AFFAIRS

DEPARTMENT OF CIVIC AFFAIRS

APPLICATION FOR TEMPORARY WORK OR STUDY PERMIT

DIRECTIVES:

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

PARTICULARS OF THE APPLICANT

	Surname:
	Maiden Name (if applicable):
	First Names (in full):
	Particulars of birth:
	(a) Date of birth:
	(b) Place of birth:
	(District) (Country) Sex: MALE FEMALE
	Marital status (Indicate by means of an "X" whatever is applicable and attach copy of marriage certificate)
	Single Married Window/Windower Seperated Divorced
	*If seperated, state whether divorce proceedings have been instituted and when final divorce is expected:
	In seperated, state whether divorce proceedings have been histituted and when this divorce is expected.
	(Copy of document to be attached)
	Identity number: (if available)
	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:
	Particulars of residence in Namibia (if any): (If not, copmlete paragraph 13)
	(a) date of entry:
	(b) Postal address in Namibia:
	(c) Residential Address:
	Telephone Number:
	(d) If you are already working Namibia or on a visit, state number and date of your temporary residence permit:
	(e) If you have no permit explain circumstances under which you find yourself in Namibia:
	(e) if you have no permit explain circumstances under which you find yourself in Namiola.
).	(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):

Particulars of children:					
Full name and registered surname of each child	Date of birth	Place (district) of birth	Sex		
			V		
			-		
Present permanent residential address of	the spouse and children	outside Namibia (if not accomp	panied by applica		
Present address outside Namibia:					
(a) Residential:					
(b) Postal:		elephone number			
(a) Will your dependants accompany you	ı: YES	NO			
(b) If not, state reason:					
Occupation of applicant:					
Contemplated period of residence in Nar	mibia:				
If purpose of entry is to accept employm	ent state:				
(a) Nature of employment:					
(b) Name and address of firm/person offer					
(b) Name and address of firm/person one.	ing employment of spon	soring applicant. (If you have all	i oner or employing		
in Namibia, attach copy):					
Details of training and experience:					
(a) School education		From	То		
Primary School:					
Secondary school:					
Highest Examination Passed:					
Major subjects:			193		
(b) Higher education or special training		iments to be attached)			
Name of College, University or institution attended:					
Prescribe duration of course:					
Period attended: From:		To:	er e		
Major subjects:					
Degree, Diploma or Certificate obtain					
(c) Trade qualifications:					
Duration of apprenticeship training: From					
Trade in which qualified:					
rrade in winch 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)

19.

20.

21.

22.

23.24.

Name of Firm/Employer	Address where located	From	То	Nature of work
8				
(e) Describe briefly your last du				
(f) What is the trade or business				
(g) What was your last monthly				
(h) What amount of money will	you transfer to Namibia?			2
(j) Do you receive a pension or	do you have a private income?	If so, please g	give details:	
(k) Language proficiency:			-	
(i) What is your mother tongue?				
(ii) What is your proficiency in	Speak	or NO)	Read	Write
(aa) English			Ttoud	***************************************
(bb)				
(cc)		_		
(dd)	C × E			
If purpose of entry is to study, st	ate:			
(a) Reason for study in Namibia				
(b) Nature of course:				
(c) Intended period of study:				
(d) Name of educational instituti				
		,	37	
Have you any time applied for a	permit to reside in Namibia?		YES	NO
Have you ever been restricted, o	r refused entry into Namibia?		YES	NO
Have you ever been deported from	om or ordered to leave Namibia			
or any other country?			YES	NO NO
Have you ever been convicted or	f any crime in any country?		YES	NO
Are you suffering from any infe	ctious or contagious diseases?		YES	NO

to him/her or him. 27. If you reside ou		Namibia and resides in Namibia, sta	to whother permanent residence	
550		if so give the number of residence		e has been granted
		the time of this application, a medic nfectious disease and physically fit s application.		
Namibia and or the Ministry of	expiration of the Home Affairs so my accommodation	plication is approved, the work permovalidity or the cancellation of the perdecides, I will leave the country for on. I realise that my spouse and child	rmit or the termination of my sethwith. My employer or mysel	ervice or whenever f will be solely
29. I solemnly decl	are that I understa	nd the aforesaid conditions and and	that the information furnished	in this form is true
SIGNED at			in the presence of the	ne undersigned two
witnesses on this		day of		20
SIG	NATURE OF API	PLICANT		
AS WITNESS	ES:			
1				
2				



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 examine the following person(s)						
1	5					
2	7					
3						
4						
and find him/her (a) not mentally disordered* or physically defective in a (b) not suffering from leprosy, veneral disease, trachoma (c) generally in a good state of health; except for the following defects observed:	ny way; , tuberculosis or other infection or contagious deseases;					
Name of person(s) (Please type or print)						
Signature of medical officer/practitioner						
Date:						
Int. Code * " Mental disorders" includes the following	i:					
290-299 All psychoses						
300 Neurosis	9 9					
301 Persoality disorders 303-304 Addictions						
308 Behaviour disturbances of childhood 310-315 All forms of mental retardation	(B)					
320-349 Epilepsy and all other forms of degeneration of th	e central nervous system.					

HB Printers cc



REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS DEPARTMENT OF CIVIC AFFAIRS

EPARTMENT 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. <u>Unused spaces must be crossed out.</u>
- (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:		
		Quick Stamps & Printing



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 Repub	lic of Namibia which may involve certa	ain expenses and costs.		
NOW THEREFORE, I				
(2)				
do hereby bind myself as surety and co-principal debtor to the said				
GOVERNMENT OF THE REPU	JBLIC OF NAMIBIA			
(hereinafter called 'the G	Sovernment')			
(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	t and/or a local authority and/or any of	ther public body of		
(1)				
and the amount thereof (not exceeding N\$) shall be in the sole discretion of the Ministry of Home Affairs on b the Government, and I hereby renounce all benefits arising out of the legal exceptions ordinis seu excussionis et divisions with the fu 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	REVENU STAMF			
2	(3)			

- * (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 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):
PAF	ITICULARS 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
PAR	TICULARS 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.	Heasons why the position cannot be filled by promoting any of the other employees of the emplo	yer:	9		
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		Yes	No	
	motivation, if necessary):				

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:				
PAR	TICULARS RELATING TO THE APPLICANT				
28.	Reasons why the applicant is considered to be a suitable candidate for the position (in respect of				
	(a) qualifications and training:				
	(b) experience:				
	(c) other reasons (be speciffic):				
29.	Is the applicant in possession of any qualification or training or experience not obtainable or ava-			No	
30.	If the reply to paragraph 29 is "Yes", give details (attach details, if necessary):				
******				7	
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):				
LIND	ERTAKING BY PROSPECTIVE EMPLOYER	= = = = = = = = = = = = = = = = = = =			
	ENTAKING BY PROSPECTIVE ENTLOTER				
I/We					
action	g in my/our personal capacity/capacities acting for and on behalf of				
acting	g in my/our personal capacity/capacities acting for and on behalf or				
duly	authorized thereto, hereby accept full responsibility for all costs pertaining to the return of the appli	cant and his or her s	spouse and his	or her de	ependent
	en to his or her or their respective countries of domicile at the expiration of applicant's period of er				
	y extension of such period.	inprogramma in realistic		. pa. ag. ap	(-),
	ed aton thison this	day of		20	0
225	/ITNESSES:	aay omminin			
MO V	TINESSES.				
1 -		>	l v		
To our		PROSPECTIVE EMF			
		OF PROSPECTIVE I		J	
2					