

## FORMS AND DOCUMENTS REQUIRED FOR AN ORDINARY TEMPORARY RESIDENCE PERMIT:

- 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

1. APPLICATION FORM (FORM 3-1/001) (*Please read directive carefully*)
2. COPY OF MARRIAGE/DIVORCE CERTIFICATE (PARAGRAPH 6).  
IF MARRIED TO A NAMIBIAN CITIZEN PROOF OF CITIZENSHIP.
3. COPY OF TRAVEL DOCUMENT OR PASSPORT (ONLY THOSE  
PAGES REFLECTING THE PARTICULARS OF THE  
PASSPORT/APPLICANT. (PARAGRAPH 8).
4. TWO (2) PASSPORT TYPE PHOTOS.
5. MEDICAL AND RADIOLOGICAL REPORTS (ATTACHED).
6. POLICE CLEARANCE CERTIFICATE FROM COUNTRY OF ORIGIN.
7. DEED OF SURETY (ATTACHED).
8. PROOF OF SUFFICIENT FUNDS AVAILABLE TO MAINTAIN  
YOURSELF, WHILE RESIDING IN NAMIBIA/EITHER BANK  
GUARANTEE OR LETTER FROM GUARDIAN/FAMILY SUPPORTING  
APPLICANT.
9. IF PENSIONER, PROOF OF PENSION SHOULD BE SUBMITTED.  
/er-trp

Handling fee N\$ 80,00

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**REPUBLIC OF NAMIBIA  
MINISTRY OF HOME AFFAIRS  
DEPARTMENT OF CIVIC AFFAIRS**

**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	<input type="checkbox"/>
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FEMALE	<input type="checkbox"/>
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6. 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:  
\_\_\_\_\_  
(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, 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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 documentary 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 monthly salary or income per month? \_\_\_\_\_

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

(j) Do you receive a pension or do you have a private income? If so, please give details: \_\_\_\_\_

(k) Language proficiency:

(i) What is your mother tongue? \_\_\_\_\_

(ii) What is your proficiency in other languages (Answer YES or NO)

	Speak	Read	Write
(aa) English	_____	_____	_____
(bb)	_____	_____	_____
(cc)	_____	_____	_____
(dd)	_____	_____	_____

19. If purpose of entry is to study, state:

(a) Reason for study in Namibia: \_\_\_\_\_

(b) Nature of course: \_\_\_\_\_

(c) Intended period of study: \_\_\_\_\_

(d) Name of educational institution (attach copy of registration certificate) \_\_\_\_\_

20. Have you 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 infectious 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 so 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 the acquire residence rights in Namibia
29. I solemnly declare that I understand the aforesaid conditions and 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. \_\_\_\_\_



**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 ..... 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 infection 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

.....  
.....  
Date:.....  
.....

Int. Code	* “ Mental disorders” includes the following:
290-299	All psychoses
300	Neurosis
301	Persoality 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	..... ..... ..... .....
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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 Republic of Namibia which may involve certain expenses and costs.

NOW THEREFORE, I

(2) .....

do hereby bind myself as surety and co-principal 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. ....

REVENUE  
STAMP  
  
(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.