



REPUBLIC OF NAMIBIA  
 MINISTRY OF HOME AFFAIRS  
 DEPARTMENT OF CIVIC AFFAIRS

IMMIGRATION CONTROL ACT, 1993  
 (Section 26 (3)(g)/  
 Regulation 9)

APPLICATION FOR A PERMANENT RESIDENCE PERMIT BY THE SPOUSE/DEPENDENT CHILD/ PARENT  
 OF A PERSON PERMANENTLY RESIDENT IN NAMIBIA.

To: The Immigration Selection Board  
 Windhoek

Particulars of the applicant:

1. Surnames: . . . . .
2. Maiden name (if applicable): . . . . .
3. Previous surname (if applicable): . . . . .
4. First names (in full): . . . . .
5. (a) Date of birth: . . . . .
- (b) Country and place of birth: . . . . .
6. Country of present residence: . . . . .
7. Citizenship: . . . . .
8. Sex:  Male  Female
9. Marital Status:  Never Married  Married  Widow/Widower  Separated  Divorced

- (a) If married, attach a copy of marriage certificate.
- (b) If a widow or widower, attach copy of death certificate of late spouse, or certificate by Master.
- (c) If separated, attach proof of divorce proceedings instituted, if any, and state when final order of divorce is expected.
- (d) If divorced, attach copy of final order of divorce.

10. Identity number: . . . . .
11. Passport or other travel document:  
 (a) Number: . . . . .  
 (b) Issuing authority: . . . . .  
 (c) Date if issue: . . . . . (d) Date if expiry . . . . .  
 Attach copy of passport or travel document)
12. Present residential address: . . . . .
13. Present postal address: . . . . .
14. Telephone number: . . . . .
15. Present monthly income N\$: . . . . .
16. If the applicant is married, the following particulars relating to his or her spouse have to be furnished:  
 (a) Surname: . . . . .  
 (b) Maiden name (if applicable): . . . . .  
 (c) Previous surname (if applicable): . . . . .  
 (d) First names in full: . . . . .  
 (e) Date of birth: . . . . .  
 (f) Country and place of birth: . . . . .  
 (Attach copy of birth certificate)  
 (g) Country of present residence: . . . . .  
 (h) Citizenship: . . . . .  
 (i) Identity number: . . . . .

17. Will the spouse of the applicant accompany the applicant  Yes  No

18. If the reply to the question in paragraph 17 is "No", attach reasons

19. Particulars of dependent children accompanying the applicant:

Surname and first names	Date and place of birth	Citizenship

20. Particulars of previous visits to or period of residence in Namibia:

- (a) from: ..... to: .....
- (b) from: ..... to: .....
- (c) from: ..... to: .....

21. Has the applicant or his or her spouse or any of his or her dependent children accompanying him or her

- (a) ever been convicted of any offence, whether inside or outside Namibia (excluding the contravention of any by-law or regulation where fine of N\$200 or less, or the equivalent thereof, was imposed)?  Yes  No  ;or  ;or
- (b) ever been deported from or refused entry into any country?  Yes  No  ;or
- (c) ever suffered, or is at present suffering from-

- (i) tuberculosis or any other contagious lung disease;
- (ii) trachoma or any other chronic eye infection;
- (iii) frambesia, yaws, scabies or any other contagious bacterial or other skin disease;
- (iv) syphilis or any other venereal disease;
- (v) leprosy
- (vi) acquired immune deficiency syndrome (aids); or
- (vii) any mental illness or affliction?

Yes  No

(d) at any time applied for an employment permit or a permanent residence permit, or any other permit under any law to take up employment or to reside in Namibia?

Yes  No

**If the applicant has replied "Yes" to any of the questions in paragraph 21, full particulars have to be attached to this application.**

22. Reasons why the applicant applies for permanent residence: .....

23. Particulars of person who has undertaken to maintain the applicant:

- (a) Surname: .....
- (b) First names (in full): .....
- (c) Residential address: .....
- (d) Postal address: .....
- (e) Telephone number: .....
- (f) Namibian citizen: .....
- (g) Holder of permanent residence: .....

(h) Relationship to applicant:

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Spouse	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter
<input type="checkbox"/> Yes				<input type="checkbox"/> No

24. Has the applicant the intention to apply for Namibian citizenship?
25. If the applicant has replied "No" to question 24, attach reasons.
26. The applicant shall, in respect of himself or herself, attach to this application, in addition to the other documents specified in the application, the following documents:
- (a) A certificate issued by the police of the country where the applicant is residing, and the police of every country where the applicant has resided during the past ten years, reflecting all convictions relating to criminal offences, if any of the applicant; and
  - (b) A certificate issued by a medical practitioner certifying that the applicant does not suffer from any of the diseases listed in subparagraph (c) of paragraph 21; and
  - (c) Two passport photographs of the applicant (3,80cm by 3,80cm; black and white; face and shoulders only; both ears visible).
27. The applicant hereby declares that-
- (a) He or she hereby applies for the granting to him or her of a permanent residence permit under section 26(3)(g); of the immigration control act, 1993 (act 7 of 1993);
  - (b) The information furnished in this application and all annexures there to is correct and is the truth;
  - (c) The two photographs submitted with the application are true likenesses of the applicant, whose name appears on the reverse thereof;
  - (d) He or she understands that if this application by the applicant for permanent residence in Namibia is granted to the applicant, that such permanent residence applies of the applicant only and not in respect of his or her spouse, children or any other person;
  - (e) It is his or her firm intention to reside in Namibia permanently;
  - (f) The person named in paragraph 24 shall be responsible for the maintenance of the applicant and that the applicants aware of the fact that the government of Namibia does not accept any responsibility in respect of such maintenance.

Signed at . . . . . this . . . . . day of . . . . . 200 . . . . . in the presence of the undersigned witnesses

As witnesses:

1. . . . .

2. . . . .

. . . . . Signature of applicant

**Undertaking by person responsible for the maintenance of the applicant.**

**Particulars of person giving undertaking to maintain the applicant:**

28. (a) Surname . . . . .
- (b) Maiden name (if applicable): . . . . .
- (c) Previous surname (if applicable): . . . . .
- (d) First name in full: . . . . .
- (e) Identity number: . . . . .
- (f) Namibian citizenship:  Yes  No
- (g) Holder of permanent residence permit for Namibia  Yes  No
- (h) Present residential address: . . . . .  
(Attach proof of citizenship/copy of permanent residence permit, whichever may be applicable)
- (i) Present postal address: . . . . .
- (j) Telephone number: . . . . .
- (k) Sex:  Male  Female
- (l) Marital status:  Never Married  Married  Widow/Widower  Separated  Divorced
- (m) Number of dependent children and respective ages: . . . . .
- (n) Occupation or profession: . . . . .
- (o) Address of employer: . . . . .
- (p) Present monthly income: N\$ . . . . .
- (q) Other benefits: . . . . .

**Undertaking**

29. I hereby declare that-

- (a) my surname and full first names are: . . . . .
- (b) the particulars pertaining to myself are set out above are correct;
- (c) the applicant, namely (surname and full name): . . . . .  
is my father/mother/spouse/son/daughter;
- (d) I am financially able and in a position to maintain the applicant during his or her period of residence in Namibia;
- (e) the applicant will be residing my above residential address/ will be residing at the following address: . . . . .
- (f) I hereby undertake to provide for the entire maintenance of the applicant for the period of his or her residence in Namibia or until he or she becomes financially independent, whichever may be applicable; and
- g) I am aware of the fact that the Government of Namibia does not accept any responsibility in respect of maintenance of the applicant in any way whatsoever.

Signed at . . . . . this . . . . . day of . . . . . 200 . . . . . in the presence of the undersigned witnesses

As witnesses

- 1. . . . .
- 2. . . . .

. . . . .  
Signature of person giving undertaking

PLEASE READ THE FOLLOWING IN CONJUNCTION WITH THE ACCOMPANYING INSTRUCTIONS:

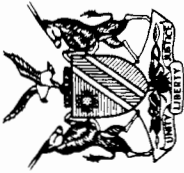
IMPORTANT:-

- (a) The documents listed below must be submitted by the persons indicated.
- (b) "Applicants" on this page includes all persons whose names appear under paragraph 1 and 2(a) on page: 1 and who intend to apply for a permanent residence permit.
- (c) Documents which are not in English, must be accompanied by certified translations into English.
- (d) The applicant and his/her spouse must sign this form. Where the applicant is a child both parents must sign this form.

1.	Photograph, not less than 3,80 cm x 3,80 cm x 3,80 cm.	All applicants .....	A recent, passport - type, full-face photograph bearing the names of the applicants on the reverse side thereof. Machine-type instant photographs are not acceptable.
2.	Birth certificate, or extract from birth record	All applicants .....	Only original documents are acceptable..
2.1.	Change of name document i.e. Statutory Declaration or Deed Poll.	All applicants, where applicable	
3.	Medical report .....	All applicants .....	Must not be older than six months at time of submission.
4.	Radiological report .....	All applicants 12 years of age and older	The report must not be more than six months old at time of submission. ("Mass X-ray" cards and separate radiological reports acceptable.)
5.	Questionnaire .....	All applicants 18 years of age and older who will not be employed	
6.	Police certificate (s) .....	All applicants 18 years of age and older in respect of all countries of residence in excess of 12 months	
7.	Marriage certificate, or extract from marriage record.	All married applicants.	
8.	Final divorce decree (s) and all relevant court orders regarding custody of children and maintenance	All applicants who have been divorced .....	Required irrespective of whether or not the person concerned has since re-married.
9.	Death certificate of late spouse .....	All widows and widowers.	

10. Questionnaire, if not already submitted (training and experience) .....	All applicants who will be employed in Namibia	N.B. (a) Full details of both training and experience are essential to confirm an applicant's ability to perform the intend occupation in Namibia. (b) Documents submitted in support of this section must indicate the actual dates of training and/or employment and also the capacity or occupation in which trained and/or employed. (c) Present employer's work reference may be submitted at a later date if so desired.
11. Highest educational, trade and/or professional certificates .....	All applicants who will be employed in Namibia	
12. Work references or certificates of service covering at least the last five years	All applicants proceeding to pre-arranged employment	
13. Offer of employment .....	All applicants proceeding to prearranged employment .....	The job offer must state clearly the occupation to be followed and must not be older than six months at time of submission.
14. Proof of financial resources	All applicants who are retiring to Namibia, who will be self-employed or who will be entering into a business partnership.	
15. Consent of both parents or guardian .....	All single applicants under the age of 21.	





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

**DECLARATION FORM**

To be submitted with Application for Permanent Residence for completion in respect of every person who entered the Republic of Namibia

FOR OFFICIAL USE ONLY
P/R granted on: _____
Permit(s) No(s): _____
Entered by: _____
Date: _____

1. Mode of travel: \_\_\_\_\_ Place of departure: \_\_\_\_\_

2. The following particulars are to be furnished in respect of yourself, your wife and children which accompanied you:

Name (Blockletters)		Sex	Date of birth	Citizenship (state country of which you are a citizen)	Passport No.	Details of arrival	
Surname	First names					Place	Date
Self	_____	_____	_____	_____	_____	_____	_____
Wife	_____	_____	_____	_____	_____	_____	_____
1st Child	_____	_____	_____	_____	_____	_____	_____
2nd Child	_____	_____	_____	_____	_____	_____	_____
3rd Child	_____	_____	_____	_____	_____	_____	_____
4th Child	_____	_____	_____	_____	_____	_____	_____
5th Child	_____	_____	_____	_____	_____	_____	_____
6th Child	_____	_____	_____	_____	_____	_____	_____

3. Marital status (mark with a cross)

Single	Married
Widowed	Divorced

4. Reason for coming to Namibia (mark with a cross)

Business	Holiday	Study	In transit	Permanent residence	Former resident returning after permanent residence abroad
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5. State (a) country where you were permanently resident prior to your departure from Namibia \_\_\_\_\_ and (b) your present occupation / occupation as specified on immigration permit \_\_\_\_\_

I have scrutinized the passport(s) and certify that the particulars therefore entered on this form are correct.

Place: \_\_\_\_\_ Commissioner of Oaths: \_\_\_\_\_ Signature of head of family: \_\_\_\_\_

Date: \_\_\_\_\_ Designation: \_\_\_\_\_ Place: \_\_\_\_\_

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



# REPUBLIC OF NAMIBIA

REF: \_\_\_\_\_

## MINISTRY OF HOME AFFAIRS DEPARTMENT OF CIVIC AFFAIRS

### QUESTIONNAIRE – TRAINING AND EXPERIENCE (PERMANENT RESIDENCE)

Persons who intend to apply for a residence permit in the Republic of Namibia are requested to fill in this questionnaire and return it to the Under Secretary, Department of Civic Affairs, Private Bag 13200, WINDHOEK

Name and First Name(s)	Mr _____ Mrs _____ Miss _____
Present Address:	_____ (All First Names as reflected on birth certificate)
Nationality at present:	_____ At birth: _____ Religion: _____
Date of birth:	_____ Birthplace: _____ Country: _____ Age: _____
Marital Status	<input type="checkbox"/> Never married <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> estranged

Do you or any of your dependents suffer or have any of you ever suffered from any physical or mental disability?  Yes  No

If yes, please give full details \_\_\_\_\_

Will your wife and children(ren) accompany you to Namibia?  Yes  No

If "no", please state reasons therefore \_\_\_\_\_

Number and age of all your children \_\_\_\_\_

Details regarding children over the age of 15 years but not older than 21 years

Name:	Date and place of birth:	School and professional qualifications:

Have you ever been to or resided in Namibia? \_\_\_\_\_

If so, please state type of visa and exact dates (from/to) of stay: \_\_\_\_\_

#### IMPORTANT:

Questions (A) and (D) to (L) must be completed by all applicants in detail:

#### (A) SCHOOL EDUCATION

Number of years in schooling: \_\_\_\_\_

Primary School: \_\_\_\_\_ Years      Secondary School \_\_\_\_\_ Years

High School: \_\_\_\_\_ Years      Professional School \_\_\_\_\_ Years

Year in which passed: \_\_\_\_\_

Highest examination passed: \_\_\_\_\_

(B) TRADE QUALIFICATIONS (if applicable)

2.

Duration of apprenticeship training from: \_\_\_\_\_ to: \_\_\_\_\_

Trade in which qualified: \_\_\_\_\_ Year in which qualified \_\_\_\_\_

To which Trade Union do you belong? \_\_\_\_\_

(C) HIGHER EDUCATION OR SPECIAL TRAINING (if applicable)

Name of College, University or Institution attended: \_\_\_\_\_

Prescribed duration of course: \_\_\_\_\_ Major subjects: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Period attended: from \_\_\_\_\_ to \_\_\_\_\_

Degree, Diploma or certificate obtained: \_\_\_\_\_

(D) RECORD OF EMPLOYMENT

The details furnished below must be in date order and must cover the last 20 years

Nature of work	City, in which located	from	to	Nature of work

(E) Describe briefly what your present duties entail.  
\_\_\_\_\_  
\_\_\_\_\_

(F) What is the trade or business of your present employer  
\_\_\_\_\_  
\_\_\_\_\_

(G) What is your present monthly salary or income? \_\_\_\_\_

(H) What occupation do you intend following in Namibia? \_\_\_\_\_

(I) If you intend to go to Namibia as a person of independent means please indicate what amount of money you will transfer to Namibia? \_\_\_\_\_

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

(K) Have you an offer of employment in Namibia or are you receiving one? \_\_\_\_\_

(L) LANGUAGE PROFICIENCY

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

(ii) What is your proficiency in other languages? (Answer "A" = very good; "B" = good; "C" = fair or "D" = not understood) different headings:

	Speak	Read	Write
(a) English			
(c)			
(c)			

(M) Details of relatives/friends resident in Namibia

NAME	ADDRESS	RELATIONSHIP

(N) All addresses where you resided from the age of 18 years:

No. and Street	City	Country	from	to

Name of your father: \_\_\_\_\_

Surname First Name(s) Date of birth Country of birth

Maiden Name of your Mother: \_\_\_\_\_

Maiden name First Name(s) Date of birth Country of birth

Signature of Applicant

(O) IF MARRIED OR INTEND MARRYING BEFORE LEAVING, THE FOLLOWING DETAILS ARE REQUIRED IN THE FOLLOWING ORDER:

Surname, christian name(s) and maiden name: \_\_\_\_\_

Place of birth: \_\_\_\_\_ Country: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ A birth: \_\_\_\_\_ Religion: \_\_\_\_\_





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:

.....  
.....



REPUBLIC OF NAMIBIA
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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:.....

.....
.....

Table with 2 columns: Int. Code and \* "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.