

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.

1. TO BE COMPLETE AND SUBMITTED BY THE APPLICANT

- 1.1 Application form (form3-1/0001) (Please read directives carefully)
 - 1.1.1 copy of marriage/divorce certificate (para.6). If married to a Namibian citizen proof of citizenship.
 - 1.1.2 Copy of travel document or passport (only those pages reflecting the particulars of the passport/applicant) (para.8) two passport types photos.
 - 1.1.3 Copy of educational and/or training certificate (para.19 b)
 - 1.1.4 Copies of certificates of service (para. 18.18 d)
- 1.2 Medical Certificate
- 1.3 Police Clearance Certificate

2. TO BE COMPLETED AND SUBMITTED BY THE EMPLOYER

- 2.1 Work offer (representation by employer) (Directive must be carefully followed)
- 2.2 Deed of Surety (see instruction for completion at the bottom of the document)
- 2.3 Proof of advertisement of vacancy in local newspapers
3. If applicant is applying for a vacancy in the Government Service a letter of recommendation signed by the Permanent Secretary of that Ministry required.
4. Motivation letter from the employer
5. Handling fee N\$40,00
6. If applicant is Medical Officer, proof of registration with Medical Board of Namibia
7. If applicant is Engineer, proof of registration with Namibia Engineering Council.



**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	
------	--

FEMALE	
--------	--
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, complete 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	<input type="checkbox"/>
-----	--------------------------

NO	<input type="checkbox"/>
----	--------------------------

(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 <input type="checkbox"/> | NO <input type="checkbox"/> |
| 21. Have you ever been restricted, or refused entry into Namibia? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 22. Have you ever been deported from or ordered to leave Namibia or any other country? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 23. Have you ever been convicted of any crime in any country? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 24. Are you suffering from any infectious or contagious diseases? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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
 IMMIGRATION CONTROL ACT, 1993
APPLICATION FOR VISA
 (Sections 12 AND 13 / Regulation 11)

FOR OFFICIAL USE ONLY
Approved / Not Approved
Single / Multiple Entry

File No.: _____

Date of Issue: _____

Date of expiry: _____

Remarks:

Signature: _____

Date: _____

1. Surname: _____
2. First Names: _____
3. Maiden name (if applicant is or was a married woman): _____

ITEMS 4 TO 10 TO BE COMPLETED BY INSERTING AN "X" IN THE APPROPRIATE BOX

4. Sex: Male Female
5. Marital Status: Never Married Married Divorced Widow/Widower
6. Have you at any time applied for a permit to settle permanently in Namibia? Yes No
7. Have you ever been restricted or refused entry to Namibia? Yes No
8. Have you ever been deported or ordered to leave Namibia? Yes No
9. Have you ever been convicted of any crime in any country? Yes No

10. Are you suffering from tuberculosis, or any other contagious lung disease; trachoma, or any other chronic eye infection, frambesia, yaws, scabies or any other contagious bacterial other skin disease; syphilis or any other venereal disease; or leprosy or acquired immune deficiency syndrome virus (aids virus), or ant mental illness or affliction? Yes No

11. If the reply to any one of the questions 6 to 19 is in the affirmative, attach full particulars
12. Birth: (a) Date: _____ (b) Place: _____ Country: _____
13. Citizenship: _____ (if acquired 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 Namibia: Yes No

15. (a) Present residential address: _____

 (b) Telephone number: (Code: _____) No: _____

16. Address and period of residence in country of which you are a permanent resident: _____
 (a) Residential address: _____
 (b) Telephone number: (Code: _____) No: _____
 (c) Period: _____

17. Occupation or profession: _____

18. Firm, company, university, etc., to which you are attached or which you represent: _____
 (a) Name and address of employer: _____
 (b) Telephone number (Code: _____) No: _____
 (c) Nature of business: _____
 (d) If a student, name of university to which you are attached and the course pursued: _____

19. If accompanied by your wife and children, state:

FIRST NAMES	DATE OF BIRTH	PLACE OF BIRTH
(a) _____	(a) _____	(a) _____
(b) _____	(b) _____	(b) _____
(c) _____	(c) _____	(c) _____

20. (a) What amount of money will you have available on arrival in Namibia for your own use? N\$ _____
 (b) Will you be in possession of an onward / return ticket? Yes No

(N.B. Separate applications have to be completed in respect of your spouse or children over the age of 16 years and children travelling with their own passports.)

NOTE: COMPLETE ONLY PART A OR B
(A) HOLIDAY / BUSINESS / WORK / TRANSIT / VISA

1. Intended date and port of arrival in Namibia: _____
2. (a) What is the purpose of your visit? _____
 (b) If it is for business purposes, explain in detail the nature of business: _____

 (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): _____

4. If the purpose of your visit is for medical treatment, please provide the following information:
 (a) Name of doctor, hospital or clinic you will visit: _____
 (b) Who will pay your medical expenses and hospital fees: _____
 (c) If you are liable for the expenses and fees above, state amount of funds available: _____
5. Proposed residential address in Namibia: _____
 _____ Tel. No. _____
6. Names and addresses of relatives in Namibia:

NAME	ADDRESS AND TELEPHONE NUMBER	RELATIONSHIP
(a) _____	_____	_____
(b) _____	_____	_____
7. Date of last visit, if any, to Namibia: _____
8. Do you contribute professionally or otherwise to publications, radio, television 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 assured, e.g. do you hold visa or a permit for permanent or temporary residence? (Proof to be submitted)

10. Reasons for travelling through Namibia: _____

(B) RETURN VISA

IMPORTANT

An applicant has to:

- (i) produce his or her passport or travel document; and
- (ii) submit proof of his or her right of residence in Namibia if not endorsed in his 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:

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 by me are true in substance and in fact and that I fully understand the meaning thereof.

Date _____ Signature: _____

(N.B. Only the signature of the applicant will be accepted)



REPUBLIC OF NAMIBIA

APPLICATION FOR VISA

INSTRUCTIONS AND INFORMATION

IMPORTANT

- (i) Failure to complete the visa application in detail may result in the delay or rejection of a visa.
- (ii) A separate application form must be completed by each applicant over the age of 16 years and by each applicant under the age of 16 years who is in possession of his / her own passport.
- (iii) Visas granted will be subject to the laws and regulations governing the admission of persons to the Republic of Namibia. A temporary visitor must, inter alia, be in possession of a valid passport which must bear a valid visa, if required, for entry into the Republic of Namibia; be of sound mind and body; have a clear record as far as certain criminal offences are concerned; and must satisfy the Immigration Officer at the port of arrival that he/she has sufficient means to support him/her for a reasonable period after his/her arrival, and for his/her return passage, if he/she is not in possession of a return ticket. The Immigration Officer may require from the temporary visitor to make a cash deposit if he/she cannot comply with any of the above-mentioned requirements.

OFFICES AT WHICH VISAS ARE ISSUED

Diplomatic or consular representatives of the Republic of Namibia abroad. (See overleaf.) The Ministry of Home Affairs, Cohen Building, c/o Independence Avenue and Casino Streets, Windhoek (Postal Address: Private Bag 13200, Windhoek) and in the case of holders of official or diplomatic passport or Liassez Passer, the Ministry of Foreign Affairs, Windhoek.

HOW TO OBTAIN VISA

Applicant's must submit their completed applications to the nearest Namibian diplomatic or consular Representative at least 60 days prior to their proposed date of departure. Applicants in countries where Namibia is not represented may also send their applications directly to the Ministry of Home Affairs, Windhoek. Applications may also be transmitted through the various airlines, shipping companies or travel agencies arranging the applicant's visit to the Republic of Namibia.

If the request for visa is approved, the visa will be stamped in the passport and the passport returned. If the applicant's passport is not available, a loose leaf visa (i.e. a visa not endorsed in a passport) will be issued and forwarded to the applicant or his agent by airmail. If the date and place of arrival and the flight number are available, the Immigration Officer at the port of arrival in the Republic of Namibia will be advised accordingly, if necessary. In the case of urgency, the Ministry of Home Affairs will be prepared to advise the applicant or the agent who has submitted the application, by telegram, telex or facsimile of the outcome of the visa application. The visa or other document authorising the applicant's entry into the Republic of Namibia must be produced to the Immigration Officer at the port of arrival in the Republic of Namibia.

PHOTOGRAPHS

An applicant who cannot submit his passport for a visa must attach two passport-type photographs, measuring 37 x 52 mm, to his/her visa application, and in the case where an applicant has to be forwarded by fax a copy of his/her photograph should accompany the application. The reverse side of the photographs must bear the applicant's name and signature.

PASSPORT

A valid passport (valid for at least 6 months longer than the intended stay) must accompany the visa application except in the case of the passport not being available.

HEALTH REQUIREMENTS

(1) Yellow fever - Inoculation is a requirement only if the journey to the Republic of Namibia entails passing through the yellow fever area of Africa by any other means than by a scheduled air service.

The validity of yellow fever certificates begins 10 days after the date of vaccination.

PERSONS IN TRANSIT

Persons in applying for a transit visa must submit proof (if required) that they will be admitted to the country of their destination.

(This page must be retained by the applicant)



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:

.....

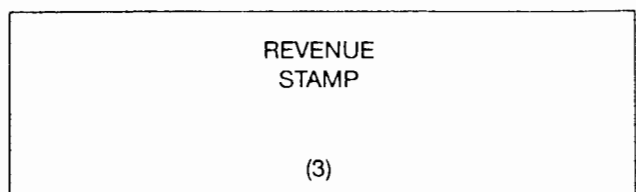
SIGNED AT this day of 20 in the presence of the undersigned witnesses.

.....
(Signature)

AS WITNESSES:

1.

2.



* (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
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

.....

.....

.....



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, veneral 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:

Table with 2 columns: Int. Code and Description. Rows include: 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

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):

PARTICULARS 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

PARTICULARS 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. Reasons why the position cannot be filled by promoting any of the other employees of the employer:
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	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------
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 motivation, if necessary):

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------
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: NS
- (b) other benefits:
- (c) period of employment:

PARTICULARS RELATING TO THE APPLICANT

28. Reasons why the applicant is considered to be a suitable candidate for the position (in respect of the following)
- (a) qualifications and training:
- (b) experience:
- (c) other reasons (be specific):
29. Is the applicant in possession of any qualification or training or experience not obtainable or available in Namibia?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------
30. If the reply to paragraph 29 is "Yes", give details (attach details, if necessary):
31. Will the applicant train other employees?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------
32. Reasons for your reply to the question in paragraph 31:
33. Details of training programmes for local inhabitants (attach details, if necessary):

UNDERTAKING BY PROSPECTIVE EMPLOYER

I/We

acting in my/our personal capacity/capacities acting for and on behalf of

duly authorized thereto, hereby accept full responsibility for all costs pertaining to the return of the applicant and his or her spouse and his or her dependent children to his or her or their respective countries of domicile at the expiration of applicant's period of employment in Namibia referred to in paragraph 27(c), or any extension of such period.

Signed at..... on this..... day of..... 20.....

AS WITNESSES:

1.

PROSPECTIVE EMPLOYER/FOR ON BEHALF OF PROSPECTIVE EMPLOYER.

2.

Doctors and Nurses :

Please attach the “Interim Medical and Dental Council” form to the temporary work permit application

EMBASSY OF THE
 REPUBLIC OF NAMIBIA
 RECEIVED
 2005 -02- 21
 STOCKHOLM

INTERIM MEDICAL AND DENTAL COUNCIL

P.O. Box 50021, Bechbacht, Windhoek
 Tel. 061 245586 / Fax. 061 27851

REGISTRATION AS MEDICAL PRACTITIONER

Please complete this form in full as well as the 'application for Registration' (MDC 1) and (2) 'Declaration of Identity and good Character' (MDC 2)

The following documents must accompany your application: (All either the originals or certified by a Commissioner of Oaths or Justice of the Peace.)

1. Certified copy of proof of **Citizenship** (Namibian or Foreign)
2. Certified copy of **qualification** on which application is based.
3. Certified copy of completion of **Internship**
4. Certified copy of **certificate of registration** from the Country in which the qualification (2) is obtained, or other proof of entitlement to practice in that country.
5. **Original Letter of Status (Good Standing)** from registering authorities covering all countries you have worked in over the last five years, or since completion of Internship if that is less.
6. Proof of competency in English if not a graduate of an English Language University.
7. Registration fee of **N\$580.00**

For office use only

Surnames.....

Maiden Name.....

First Name.....

Postal Address.....

Telephone: Home
 Work
 Fax

Male Female

E-mail:.....

CITIZENSHIP STATUS

Proof of Status: (passport / birth certificate etc)

Namibian?

(Please enter the type and number of the relevant document.)

Citizen of:
 Foreign Passport Number:

Category of Registration requested:

Full	Conditional
-------------	--------------------

(Cross applicable box)

Previous Registering Authority

Previous Registration Number

QUALIFICATION FOR REGISTRATION AS PRACTITIONER

University
 Country
 Degree
 Date

(Please enter only the main University/Medical School degree/diploma entitling you to register as a medical practitioner)

INTERNSHIP

Hospital	Department	Country	University	Dates

EXPERIENCE AS PRACTITIONER

Hospital	Department	Post	Town/City	Country	Dates

PRESENT POSITION

Hospital	Department	Post	Town/City	Country	Dates

I, the undersigned.....

(full first name and surname)

Identity (or passport) No.....

of (full address).....

hereby apply for registration as a medical practitioner in Namibia and under oath declare / solemnly affirm that:

(1) I am the person mentioned in the accompanying qualification(s), namely-

- (a) dated.....
- (b) dated.....
- (c) dated.....

submitted by me in support of my application to be registered as a medical practitioner in Namibia.

(2) The said qualification(s) was/were granted to me after examination and is/are my own lawful property, and entitle me as far as professional qualifications are concerned, to practise as a medical practitioner in the country of its/their

origin, namely.....

(3) The course of study in professional subjects undergone by me covered a period of..... academic years.

(4) The last Academic years of professional study for admission to the examination for the qualification in respect of which I apply for registration were taken at.....

(Name of University or Medical School)

(5) I have never in any country been convicted of any offence against the law or been debarred from practice by reason of misconduct and to the best of my knowledge and belief no proceedings involving or likely to involve a charge of any such nature are pending against me in any country at the present time.

.....
SIGNATURE

Sworn/solemnly affirmed before me at

this day of, 20.....

.....
SIGNATURE

.....
NAME

Justice of the Peace or Commissioner of Oaths