

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

| | |
|--------|--------------------------|
| FEMALE | <input type="checkbox"/> |
|--------|--------------------------|
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): _____

(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 they acquire residence rights in Namibia
29. I solemnly declare that I understand the aforesaid conditions 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:.....

.....

.....

Table with 2 columns: 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

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:

.....

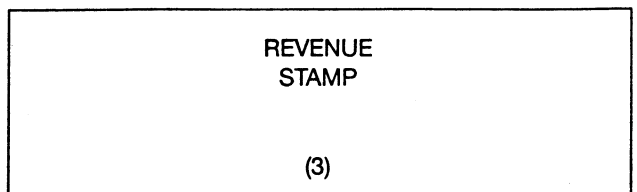
SIGNED AT this day of 20 in the presence of the undersigned witnesses.

.....
(Signature)

AS WITNESSES:

1.

2.



* (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.