

IMPORTANT
 To be completed in block letters
 The permission of the Ministry of Home Affairs
 & Immigration must be obtained before:
 A) The purpose and period of residence
 may be changed; or
 B) Employment is accepted; or
 C) Employment/employer may be changed; or
 D) Study offer is accepted; or
 E) Learning institution is changed.



Immigration Control Act 7 of 1993
 Arrival Form
 (Section 8 & 29 Regulation 2)

Departure From Namibia Regulation Act 1993
 (Act 34 of 1993)

Departure Form
 (Section 9A/Regulation 3)

ARRIVAL / DEPARTURE FORM

DEPARTING PASSENGERS ANSWER ONLY QUESTION 1-14.
ARRIVING PASSENGERS, PLEASE ANSWER QUESTIONS 1-19. DO NOT FORGET SIGNATURE AND DATE.

1. Surname (Family name): KOWALSKI 2. First Name (s): JAN
 3. Maiden Name: _____
 4. Sex (tick): Male Female 5. Date of Birth: Day 07 Month 07 Year 1977
 6. Country of Birth (State country): POLAND 7. Country of present residence: POLAND
 8. Nationality of passport: POLISH 9. Passport Number: ED1234567
 10. Passport Expiry Date: Day 05 Month 05 Year 2015
 11. Number of accompanying children under the age of 16: Male Female WPEŁNIAMY TYLKO JEŚLI
 12. Mode of Travel (Please tick one box): PODRÓŻYJEM 4 2 DRIĘCMI
 Air Flight No: NUMER REJSU 13. Occupation: ZAWÓD
 Road Reg No: _____ Sea Name of Vessel: _____
 Rail Other Specify: _____

14. Physical Address in Namibia: ADRES PIERNIEGO NOCLEGU

15. Purpose of Entry (Tick one box):
 Namibian Citizen PRP Holder Visiting Friends/Relatives Holiday/Tourist/Recreation
 In Transit/Stopover Diplomat Business/Conference/Professional ORP, EP & SP Holders
 Other (Please specify): _____

16. Length and intended stay in Namibia: Days/Weeks/Months JOSŁ DNI POBYTU
 17. Visitors to Namibia, kindly state the amount of money you intend to spend during your visit
 (excluding fare to and from Namibia): 2500 EURO

18. Contact Person OSOBA KONTAKOWA 19. Contact Number NUMER DO OSOBY KONTAKOWEJ

I declare that the above information is correct to the best of my knowledge.
 Signature: PODPIS Date: DATA

Official use only (Date Stamp) _____ Signature of Immigration Officer _____

VISA NUMBER: _____ Number of days granted: _____
 VISA TYPE: _____
 OFFICE OF ISSUE: _____

N PRP T, ST T/S B, C, P D O SERIAL NO: A