TEMPORARY RESIDENCE PERMIT FOR STUDY 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.

TO BE COMPLETED AND SUBMITTED BY THE STUDENT

- Application form (form3-1/001) (Please read directives carefully).
- Copy of travel document or passport (only those pages reflecting the particulars of the passport/applicant) (par.8).
- Two passport type photos.
- Medical Certificate
- Radiological Report
- Deed of Surety (see instruction for completion at bottom of document).
- Police clearance certificate from country of origin.

PROOF OF ADMISSION FROM STUDY INSTITUTION

- Written undertaking by parents/guardian and/or sponsor.
- Reason for studying in Namibia.
- Letter from your Department/Ministry of Education confirming no objection against your studying in Namibia instead of your own country.
- A handling fee of N$80-00 must accompany your application.

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, 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 relavant 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, veneral disease, trachoma, tuberculosis or other infection or contagious deseases;
(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.

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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 divisions 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.