

Visa Request Form - Visa Auftragsformular Postfach 9008 • 3001 Bern

Postfach 9008 • 3001 Bern Tel. +41 (0)31 888 80 80 info@consular-service.ch www.consular-service.ch

Angaben zum Reisenden / Traveler	date (pro Auftrag ist nur ein A	uftragsformular nötig/Per	order only one visa re	quest form is required)	
Reiseland/Country to Visit	Anzahl Einreisen/N	lumbre of Entries	Business - To	ourist - Technical	
Nachname/Last Name	Vorname/First Nam	ne	Nationalität/Nationality		
Email		Telefon/Phone			
Angaben AssitentIn/Assitant data (falls zutreffend/if available)				
Nachname/Last Name		Vorname/First Name			
:mail		Telefon/Phone	Handy Nr./Cell phone		
Rechnungsadresse / Billing address		Rücksendeadresse / Passport return address			
Firmenname/Company Name	z.Hd./Attention to	Firmenname/Com	npany Name	z.Hd./Attention to	
falls zutreffend/if available					
Auftragsnummer/Kostenstelle/PO-l	Number/Cost Center	Rücksendung Pas O Gleiche Adress billing address		ss for passport adresse/Same address a	
Aus administrativen Gründen verlanger wir Kreditkartenzahlung bei Privatpersonen.	Zahlung/Payment O Rechnung/Invoice	Kreditkarten	-Nummer	MM/JJ	
For administrative reasons we require credit card payment for private persons	O Kreditkarte/Credi Card	t Creditcard number	er	Expiry Date	
Datum des Auftrags/Date of Reque	st	Pass zurück	bis/Passport ret	turend untill:	
		please avoid sun	day as returning date		
Wählen Sie die Rücksendung/Seled O Swiss Post Registered A-Post next Friday)				S next day (Monday-	
O DHL Courier Standard next working day (Monday-Friday)		O DHL Courier Rapid next working day (Monday-Friday)			
O Courier - price on request		O Courier International - price on request			



Consular Service Fly Visa and Consular Service Bern - Geneva

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Required documents:	Namibia - Business		
Validity of Visa:	Max. Duration of stay:	Permitted entries:	

90 days 90 days 1x/multiple

- Our Visa Request Form
- Application form PDF please fill in the application form
- Original passport, valid at least 6 months beyond return date
- If non-Swiss Copy Swiss residence permit B, C or G
- 2 passport photos 4,5 x 3,5 cm good quality, colored, white background, not older than 4 months (The photos can also be sent to us digitally in jpg format + CHF 10/photo)
- Flight ticket
- Hotel reservation for the entire stay
- Invitation letter: With company stamp, signature, indication of place of activity Copy/scan sufficient (colored, good quality) - required language: english
- Employer's letter (letter of assignment with cost coverage and confirmation of employment) Copy/scan sufficient (colored, good quality) required language: english
- Additional documents: passport should have minimum 3 blank pages.
- Additional documents 2: employer letter should mention full coverage of medical insurance in Namibia.

Submission procedure: The application/passport is submitted and collected by us. Personal appearance by the applicant is generally not necessary. Send us all necessary documents by swiss post registered letter to our P.O. Box address.

Processing time standard application 1 working week

Processing time express application not available

Processing time urgent application not available



REPUBLIC OF NAMIBIA

MINISTRY OF HOME AFFAIRS

DEPARTMENT OF CIVIC AFFAIRS IMMIGRATION CONTROL ACT, 1993 APPLICATION FOR VISA

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

File No:____

ALL	ICATION FOR	VISA					
(Section	s 12 and 13 / Regular	tion 11)		Date of Issue:			
1. Surname:				Date of Expiry:			
2. First Names:							
3. Maiden name (if applican				Damarka			
ITEMS A TO 10 TO DE COMB	LETED DA INGEDTING AND	"" IN THE A DDI	DODDIATE DOV	Remarks:			
ITEMS 4 TO 10 TO BE COMP		X IN THE APPI	ROPKIALE BOX				
4. Sex: Male 5. Marital	Female						
Status Never Married	Married Divorce	ed Wido	w/Widower				
6. Have you at any time apple permanently in Namibia?	ied for a permit to settle		N-				
• •	-4- d C d t N	Yes	No	Ciamatuma			
7. Have you ever been restriction		Namibia? Yes	No	Signature:			
8. Have you ever been deport leave Namibia?		Yes	No	Date:			
9. Have you ever been convi	cted of any crime in any	country? Yes					
	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 or other skin disease; syphilis or any other venereal disease; or						
leprosy or acquired immu					Yes	No	
11. If the reply to any one of t	he questions 6 to 19 is ir	the affirmativ	e. attach full pa	rticulars			
12. Birth: (a) Date:	(b)	Place:	-	Country:			
13. Citizenship:			(if acquir	ed by naturalization, state	e original cit	izenship	
14. Passport: (a) Number		(b) Pla	ce of issue:				
(c) Date of issue		(d) Dat	te of expiry:				
(e) Is passport valid for tra	avel to Namibia?	Yes	No				
15. (a) Present residential add							
(b) Telephone number: (C	ode:		No:				
16. Address and period of res							
(a) Residential address: _							
(b) Telephone number: (C)	No:				
(c) Period:							
17. Occupation or profession:							
18. Firm, company, university(a) Name and address of e	employer:						
(b) Telephone number: (C	ode:)	No:				
(c) Nature of business:							
(d) If a student, name of u	niversity to which you ar	e attached and	the course purs	sued:			
19. If accompanied by your w	if and abildum state:						
19.11 accompanied by your w FIRST NAMES		DATE OF B	IRTH	PLACE O	F RIRTH		
(a)							
(b)	(h)			(h)			
(c)	(c)			(c)			
(-)	(0)			(*/			

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

NOTE: COMPLETE ONLY PART A OR B

(A) HOLIDAY / BUSINESS / WORK / TRANSIT VISA

	Intended date and port of arrival in Namib						
2.	(a) What is the purpose of your visit?(b) If it is for business, explain in detail the	ne nature of business:					
	(c) Duration of intended visit (number of						
3.		ces to be visited in Namibia (full address, including telephone number must be provided):					
1	If the purpose of your visit is for medical	treatment places provide the following in					
4.	(a) Name of doctor, hospital or clinic you(b) Who will pay your medical expenses a	will visit:and hospital fees:					
5.		(c) If you are liable for the expenses and fees above, state amount of funds available:					
6.	Name and addresses of relatives in Namib	Telepnone numb	er:				
	NAME	ADDRESS AND TELEPHONE NUMBER					
7	(b)						
8.	Date of last visit, if any to Namibia:						
9.	(a) Destination after leaving Namibia:						
	(b) Mode of travel to destination:						
	(c) Intended date and port of departure:(d) Is you entry to that destination assured submitted)	l, e.g. do you hold visa or permit for perm	anent or temporary res	sidence? (Proof to be			
10	. Reasons for travelling through Namibia:						
		(B) RETURN VISA					
IN	IPORTANT	(B) RETURN VISA					
114							
(i)	n applicant has to: produce his or her passport or travel docu						
) submit proof of his or her right of residen (a) Kind of Permit and number: (b) Date of departure:						
	(c) Expected date of return:						
2.	Particulars of residence in Namibia:	DODE OF EVERY	DEDIOD G OF DEGID	ENGE DINING			
	DATE OF FIRST ENTRY	PORT OF ENTRY	PERIODS OF RESID From	To			
3.	Countries to which you will be travelling:		410				
4.	Purpose of journey (explain fully):	(c)					
I s	olemnly declare that the above particulars give	n by me are true in substance and in fact and the	nat I fully understand the	meaning thereof.			
Da	ite: S	Signature:					

 $(\mbox{N.B. Only the signature of the applicant will be accepted})$