



REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS
DEPARTMENT OF CIVIC AFFAIRS
IMMIGRATION CONTROL ACT, 1993
APPLICATION FOR VISA
(Sections 12 and 13 / Regulation 11)

Ecco Holiday Sp. z o.o.
Al. Solidarności 46, 61-696 Poznań
NIP 9511773682 Regon 012797354
(1)

3-1/0033

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

File No: _____

Date of Issue: _____

Date of Expiry: _____

Remarks: _____

Signature: _____

Date: _____

1. Surname: NARWISKO
2. First Names: IMIE / IMIONA
3. Maiden name (if applicant is or was a married woman):
NARWISKO PANIENSKIE

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

4. Sex: Male ☐ Female ☒ PLEC
5. Marital Status: Never Married ☐ Married ☒ Divorced ☐ Widow/Widower ☐ STAN CYWILNY
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 or other skin disease; syphilis or any other venereal disease; or leprosy or acquired immune deficiency syndrome virus (AIDS virus), or any 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: DATA URODZENIA (b) Place: MIASTO Country: KRAJ
13. Citizenship: OBYWATELSTWO (if acquired by naturalization, state original citizenship)
14. Passport: (a) Number: SERIA / NUMER PASZPORTU (b) Place of issue: MIASTO WYDANIA
(c) Date of issue: _____ (d) Date of expiry: DATA WAZNOŚCI PASZPORTU
(e) Is passport valid for travel to Namibia? Yes ☒ No ☐
15. (a) Present residential address: ADRES ZAMIESZKANIA

- (b) Telephone number: (Code: NUMER TELEFONU +48) No: NR TELEFONU

16. Address and period of residence in country of which you are a permanent resident:

- (a) Residential address: ADRES ZAMIESZKANIA

- (b) Telephone number: (Code: NUMER TELEFONU +48) No: NR TELEFONU

- (c) Period: FOR LIFE

17. Occupation or profession: ZAWÓD

18. Firm, company, university, etc., to which you are attached or which you represent: DANE DOT. ZAWOJU

- (a) Name and address of employer: NAZWA FIRMY

- (b) Telephone number: (Code: NR TELEFONU) No: _____

- (c) Nature of business: BRANŻA

- (d) If a student, name of university to which you are attached and the course pursued: NAZWA UCZELNI
JEST I STUDENT

19. If accompanied by your wife and children, state: OSOBY TOWARZYSZĄCE W PODRÓŻY

- | FIRST NAMES | DATE OF BIRTH | PLACE OF BIRTH |
|---------------------------|---------------|----------------|
| (a) <u>RODZINA / MAŁŻ</u> | (a) _____ | (a) _____ |
| (b) _____ | (b) _____ | (b) _____ |
| (c) _____ | (c) _____ | (c) _____ |

20. (a) What amount of money will you have on arrival in Namibia for your own use? NS

- (b) Will you be in possession of an onward/return ticket? Yes ☒ No ☐ 20.000

(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: DATA I MIEJSC PRZYLOTU
2. (a) What is the purpose of your visit? CEL PODROZY / TOURIST
 (b) If it is for business, explain in detail the nature of business: ~
- (c) Duration of intended visit (number of days, weeks or months): DEUGOSI POBYTU
3. Places to be visited in Namibia (full address, including telephone number must be provided): ODWIEDZANE MIEJSCA
DANE HOTELOW, ADRES, TELEFON
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: ADRES PIERWSZEGO HOTELOW
 Telephone number: _____
6. Name 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: NO
9. (a) Destination after leaving Namibia: WARSAW POLAND
 (b) Mode of travel to destination: AIR
 (c) Intended date and port of departure: DATA WYLOTU
 (d) Is you entry to that destination assured, e.g. do you hold visa or permit for permanent or temporary residence? (Proof to be submitted) YES
10. Reasons for travelling through Namibia: HOLIDAY

(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: DATA Signature: PODPIS

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