



REPUBLIC OF NAMIBIA
MINISTRY OF HOME AFFAIRS
DEPARTMENT OF CIVIC AFFAIRS
IMMIGRATION CONTROL ACT, 1993

APPLICATION FOR VISA
(section 12 and 13/ Regulation 11)

1. Surname: NOVAKOVA
2. First Names: JANA
3. Maiden Name (if applicant is or was a married woman): NOVOTNA

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

4. Sex: Male ☐ Female ☒
5. Marital Status: Never Married ☐ Married ☒ Divorced ☐ Widow/Widower ☐
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 into 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 of the questions 6 to 9 is in the affirmative, attach full particulars.

12. Birth (a) Date: 12.8.1988 (b) Place: BRNO Country: CZE

13. Citizenship: CZE (If acquired by naturalization, state original citizenship.)

14. Passport: (a) Number: 11223344 (b) Place of issue: BRNO

(c) Date of issue: 01.01.2015 (d) Date of expiry: 01.01.2025

(e) Is passport valid for travel to Namibia? Yes ☒ No ☐

15. (a) Present residential address: OLOMOUCKA 25, BRNO

(b) Telephone number: (Code: 00420) No.: 600.000.000

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

(a) Residential address: OLOMOUCKA 25, BRNO

(b) Telephone number: (Code: 00420) No.: 600.000.000

(c) Period: 20 YEARS

17. Occupation or profession: MANAGER

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

(a) Name and address of employer: NÁZEV ZAMĚSTNAVATELE, ADRESA

(b) Telephone number: (Code:) No.: TEL. ČÍSLO

(c) Nature of business: OBOR, VE KTERÉM PRACUJETE

(d) If a student, name of university to which you are attached and the course pursued:

19. If accompanied by your wife and children state:

FIRST NAMES

DATE OF BIRTH

PLACE OF BIRTH

(a) (a) (a)

(b) (b) (b)

(c) (c) (c)

20. (a) What amount of money will you have available on arrival in Namibia for your own use? N\$ 5000

(b) Will you be in possession of an onward / return ticket? Yes ☒ No ☐ (MÁTE K DISPOZICI ZPÁTEČNÍ LETENKU?)

(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.)

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

File No.:

Date of issue:

Date of expiry:

Remarks:

Signature:

Date:

NOTE: COMPLETE ONLY PART A OR B
(A) HOLIDAY / BUSINESS / WORK / TRANSIT VISA

DATUM PŘEDPOKLÁDANÉHO VSTUPU DO NAMIBIE

1. Intended date and port of arrival in Namibia:
2. (a) What is the purpose of your visits?..... ÚČEL NÁVŠTĚVY
- (b) If it is for business purposes, explain in detail the nature of business:..... V PŘÍPADĚ ŽÁDOSTI O BUSINESS VÍZUM
..... ROZVEĎTE ÚČEL CESTY
- (c) Duration of intended visit (Number of days, weeks or months):..... DÉLKA POŽADOVANÉHO VÍZA (MAX. 90 DNÍ) + POČET VSTUPŮ
3. Places to be visited in Namibia (full addresses, including telephone number must be provided):
- MÍSTA, KTERÁ HODLÁTE NAVŠTÍVIT
-
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 for 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:..... PŘEDPOKLÁDANÁ ADRESA POBYTU. POKUD BUDETE CESTOVAT, UVEĎTE.....
- SEZNAM MÍST, KTERÁ HODLÁTE NAVŠTÍVIT (VIZ. BOD 3):
6. Names and address of relatives in Namibia:
- | NAME | ADDRESS AND TELEPHONE NUMBER | RELATIONSHIP |
|-----------|------------------------------|--------------|
| (a) | | |
| (b) | | |
7. Date of last visit, if any, to Namibia:..... DATUM PŘEDCHOZÍ NÁVŠTĚVY NAMIBIE.....
8. Do you contribute professionally or otherwise to publications, radio, television or films? If so, please give details:
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9. (a) Destination after leaving Namibia:..... DESTINACE, KAM ZAMÍŘÍTE PO OPUŠTĚNÍ NAMIBIE
- (b) Mode of travel to destination:..... ZPŮSOB DOPRAVY.....
- (c) Intended day and port of departure:..... PŘEDPOKLÁDANÝ TERMÍN OPUŠTĚNÍ ZEMĚ.....
- (d) Is your entry to that destination assured, e.g. do you hold a visa or a permit for permanent or temporary residence? (proof to be submitted)
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10. Reasons for travelling through Namibia?..... VYPLŇTE POUZE V PŘÍPADĚ ŽÁDOSTI O TRANZITNÍ VÍZUM.....
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(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.

DATUM

Date:

Signature:..... PODPIS ŽADATELE

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