

AMERICAN VISA OF DC
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THIS IS NOT AN APPLICATION; IT IS ONLY A COVERING LETTER FOR AMERICAN VISA OF DC

NAMIBIA

Visa Requirements:

- Original signed passport valid for six months with at least one blank visa page.
- One visa application form completed and signed.
- Two color passport sized photos 2" X 2" ONLY on white or very light background.
- Photocopy of passport information page.
- Business letter from USA company. (For business visa).
- Copy of flight itinerary.
- Photocopy of hotel confirmation.
- Copy of invitation from family member or friend (Private visit visa).
- Photocopy of proof of immunization for Yellow Fever if coming from infected area.
- Copy of the Green Card (For Non-U.S. Citizens).

Validity of Visas: Tourist and business visas' validity is 3 months.

Jurisdiction: Residents of all states can be processed in Washington DC.

Contact Person's Name: _____ Phone and email: _____

SHIPPING INSTRUCTIONS: *Return completed process to:*

Company Name (If applicable): _____ Contact Name _____
Address _____ Apt#/Mail Code _____
City _____ State _____ Zip Code _____
Phone # _____ Email Address _____

TRAVELER(S) INFORMATION:

Departure Date from U.S.A.: _____ **Need by this date:** _____ *Rush fees **will be** applied to meet this date **if necessary**

1) Last Name: _____ First Name _____

Passport #: _____ Passport Expires: _____ Date of Birth ____ / ____ / ____

2) Last Name: _____ First Name _____

Passport #: _____ Passport Expires: _____ Date of Birth ____ / ____ / ____

Processing Fees: (please check one)

Processing Time:	American Visa of DC Fee:	Namibia Embassy Fee	Money Order Fee	Fed Ex Shipping Fee	TOTAL
3 -7 Business Days Single Entry:	\$65	\$50	\$25	\$35	\$175
1 - 2 Business Days Single Entry:	\$125	\$100	\$25	\$35	\$285
3-7 Business Days Multiple Entry:	\$65	\$100	\$25	\$35	\$225
1-2 Business Days Multiple Entry:	\$125	\$150	\$25	\$35	\$335

- Please add \$15 service fee for all Non-U.S. citizens, and the Embassy Fee will vary.
- **SAME DAY Service is at the discretion of the visa officer.**

PAYMENT: (check one)

I authorize American Visa of DC to charge my credit card for payment of passport/visa services.

Card holders' name _____ Number _____ Exp. Date: _____

CVV: _____ Signature _____ Today's Date: _____

Check or Money Order made out to "American Visa of DC" for \$ _____ enclosed.

My company has a prearranged billing agreement.

American Visa of DC Inc. assumes no responsibility for the loss, damage or delay of passports or visas caused by an Embassy, Consulate, government office, postal or courier service, delivery service or travel agency. All service fees and Embassy Fees are NON-REFUNDABLE and not dependant on the visa being issued or declined. Requirements and fees relating to this request are subject to change without notice.



REPUBLIC OF NAMIBIA

Ministry of Home Affairs and Immigration

Immigration Control Act, 1993

APPLICATION FOR VISA

(Sections 12 and 13 / Regulation 11)

FOR OFFICIAL USE ONLY

Approved / Not Approved

Single / Multiple entry

File No.: _____

Date of issue: _____

Date of expiry: _____

Remarks: _____

Signature: _____

Date: _____

Items 4 to 10 to be completed by inserting an "X" in the appropriate box.

1. Surname: _____

2. First names: _____

3. Maiden name (if applicant is or was a married woman): _____

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 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 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 10 is in the affirmative, attach full particulars.

12. Birth (a) Date: _____ (b) Place: _____ Country: _____

13. Citizenship: _____ (if acquired by naturalization, state original citizenship)

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

(c) Date of issue: _____ (d) Date of expiry: _____

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

15. (a) Present residential address: _____

(b) Telephone no.: (_____) _____

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

(a) Residential address: _____

(b) Telephone no.: (_____) _____ (c) Period: _____

17. Occupation or Profession: _____

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

(a) Name and address of employer: _____

(b) Telephone no.: (_____) _____

(c) Nature of business: _____

(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)
(b)
(c)

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

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

(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: _____
2. (a) What is the purpose of your visit? _____
(b) if it is for business purposes, explain in detail the nature of business: _____

(c) Duration of intended visit (Number of days, weeks or months) _____
3. Places to be visited in Namibia (full address, including telephone number must be provided) _____

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: _____

Telephone no.: (_____) _____
6. Names 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, give details: _____

9. (a) Destination after leaving Namibia: _____
(b) Mode of travel to destination: _____
(c) Intended date and port of departure: _____
(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)

10. Reasons for travelling through Namibia: _____

(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: _____ Signature: _____

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