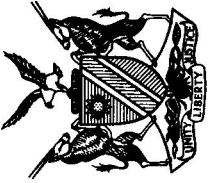


THE REPUBLIC OF NAMIBIA

Ministry of Home Affairs
Department of Civic Affairs

3-1/0013



DEPARTURE FORM

IMPORTANT:

To be filled in block letters

| | | | |
|---|---|---|--|
| Name: | | First Names: | |
| Citizenship: | Passport No.: | Nationality of your passport: | |
| Date of birth: | Sex: Male: <input type="checkbox"/> Female: <input type="checkbox"/> | Number of children travelling on your passport: Males: _____ Females: _____ | |
| Country of residence: | Visitors: Actual length of stay in Namibia (number of nights): | Physical address in Namibia/name of hotel: | |
| Mode of travel from Namibia (tick one box only): Road: <input type="checkbox"/> 1 Air: <input type="checkbox"/> 2 Sea: <input type="checkbox"/> 4 Vehicle No.: _____ Flight No.: _____ Name of vessel: _____ | | | |
| Namibian Residents: Are you leaving Namibia for more than 6 months? Yes: <input type="checkbox"/> 1 No: <input type="checkbox"/> 2 | | | |
| For visitors: Main purpose of visiting Namibia (tick one box only): Namibian residents: Main purpose of leaving Namibia (tick one box only): Leisure/Recreation/Holidays <input type="checkbox"/> 3 Transit/Stopover <input type="checkbox"/> 6 Business/Conference and Professionals <input type="checkbox"/> 4 Other purposes <input type="checkbox"/> 7 Visiting friends and relatives <input type="checkbox"/> 5 (Please specify) | | | |
| Port of departure: | Date of departure: | Official immigration departure stamp: | |
| <i>I declare that the above information is, to the best of my knowledge and belief, correct.</i> | | | |

Signature