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Namibia Tourism Board

REGISTRATION, APPLICATION and UPDATE INFORMATION FORM ACTIVITY OPERATOR

- ☐ New Application
☐ Renewal of Application

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM

- Complete the form in full and answer all questions.
- Write in CAPITAL block letters.
- Where choices are given, mark only the appropriate box with an X.
- A separate application form must be completed and submitted for each regulated and accommodation business.
- A prescribed non-refundable application fee (in crossed postal orders or cheques made out to the Namibia Tourism Board) must accompany this application. An application not accompanied by the prescribed application fee, relevant documents and which is incomplete will NOT BE PROCESSED.
- The Commissioner of Oath must certify all accompanying copies of requested documents.
- All information will be treated confidentially as prescribed by the Namibia Tourism Board Act 2000 (Act 21 of 2000).
- Submission of this application does not guarantee immediate approval. Final approval will depend on comprehensively completed application form, attachment of all relevant documentation and compliance with the minimum requirements as detailed in the Registration Regulations and payment of registration fee.
- Application form must be submitted to:

**The Chief Executive Officer
Namibia Tourism Board
Private Bag 13244
Windhoek, Namibia
For Attention: Head: ISD**

Registration number allocated:

Receipt number:

Head Office
Namibia – Windhoek
Channel Life Building
Floor M2-2nd Post Street Mall
Tel: +264 61 290 6013
Fax: +264 61 25 4848
Private Bag 13244, Windhoek
info@namibiatourism.com.na
www.namibiatourism.com.na



Namibia Tourism Board

1. PARTICULARS OF OWNER

Name of owner: _____

Postal address: _____

Telephone number: _____ Fax number _____

Mobile number _____

Email address _____

Citizenship _____

Nationality _____

2. PARTICULARS OF MANAGER

Name of manager _____

Postal address: _____

Telephone number: _____ Fax number _____

Mobile number _____

Email address _____

Citizenship _____

Nationality _____

3. PARTICULARS OF THE OPERATION

3.1. Shareholding Information

(a) Select from the following appropriate ownership status that best describes the ownership or the shareholding of the operation.

- | | |
|--|---|
| <input type="checkbox"/> Black empowerment company | <input type="checkbox"/> Namibian-foreign joint venture |
| <input type="checkbox"/> Community-owned | <input type="checkbox"/> Namibian-owned international franchise |
| <input type="checkbox"/> Foreign investor | <input type="checkbox"/> Namibian partnership |
| <input type="checkbox"/> Government | <input type="checkbox"/> Namibian sole proprietor |
| <input type="checkbox"/> International Company | |

3.2. Other particulars of the operation

Trading name: _____

Date established: _____

Date of first registration: _____

NTB registration number (if applicable): _____

Company registration number: _____

Boat Operators license number: _____

Business Physical address: _____

(Please specify street Name and/or National Road number)

Postal address: _____ Postal code: _____

City / Town: _____ Region: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

Website: _____

Annual turnover: _____

Total annual investment to date: _____

4. BOOKING AGENTS/RESERVATION OFFICE PARTICULARS

Complete this section, if you use an agent for bookings

Name of agent: _____

Physical address: _____

Telephone: _____

E-mail: _____

Website: _____

5. Complete by Operator

(i) Give a short description on the activity offered:

(ii) Indicate the duration of the activity:

(iii) List the total number of motorized equipment used (e.g. quad bike, boat, etc.)

(iv) List the total number of non-motorized equipment used (e.g. canoes, hot air balloons, etc.)

(v) List and describe type of animals used (e.g. horse, camels, etc.)

(vi) Do you make use of overnight facilities: ☐ YES ☐ NO

(vii) Give a short description of overnight facilities, if used:

6. LIQUOR-LICENSE INFORMATION IF LIQUOR IS SERVED

6.1 State the class of liquor license held in respect of the activity establishment:

6.2 Name of licensee:

6.3 If the said license is held on behalf of a company, partnership or other association of persons, state names of directors, partners (excluding share-holders in public companies) who have a financial interest in the business:

6.4 Has a special right of off-sale been attached to the license concerned?

6.5 Is the off-sale department located on the premises?

If not, please provide physical address:

7. PUBLIC TOILETS

If offering bar and restaurant facilities to visitors, you are required to provide public toilet.

State the number of public toilets: _____ Males _____ Females

8. EMPLOYEE DETAILS

8(a) Number and Qualifications of Full-time Employees (to be completed in full)

Gender training	No. of formal qualification	Primary School	Secondary School	Tertiary education	Vocational
Male					
Female					
Total					

8(b) Employees by Nationality

Job Level	Namibian Citizens	Non- Namibian Citizens	Total
Management			
Supervisory			
Skilled			
Semi-skilled			
Other			

8(c) Job categories of full-time employees for Activity

Job Level	Finance & Admin	Tour Guides	Escorts	Reservation/Booking agents	Others
Management					
Supervisor					
Skilled					
Unskilled					
Other					
Total					

Enumerate types of jobs done by employees indicated under "Others" in 8 (c)

8(d) State number of part-time or seasonal employees

Part time staff number:

9. FACILITIES AND SERVICES OFFERED

Which facilities /services do you provide? Please mark the relevant boxes with an X.

- | | |
|--|---|
| <input type="checkbox"/> Transport / pick-up service | <input type="checkbox"/> Toiletries supplied |
| <input type="checkbox"/> 24 Hour receptions | <input type="checkbox"/> Linen supplied |
| <input type="checkbox"/> Tourist information desk / Curio shop/Kiosk | <input type="checkbox"/> Towels supplied |
| <input type="checkbox"/> Safe in cabin or reception | <input type="checkbox"/> Air conditioning in cabins |
| <input type="checkbox"/> Internet / e-mail facilities | <input type="checkbox"/> Overhead fans in cabins |
| <input type="checkbox"/> TV in cabin | <input type="checkbox"/> Gym available on the premise |
| <input type="checkbox"/> Central TV lounge | <input type="checkbox"/> Bar fridge in cabins |
| <input type="checkbox"/> Satellite TV in room / lounge | <input type="checkbox"/> Conference facilities |
| <input type="checkbox"/> Telephone in cabins | <input type="checkbox"/> Food & Beverage |
| <input type="checkbox"/> Restaurant/dining area | <input type="checkbox"/> Swimming pool |
| <input type="checkbox"/> A la Carte menu | <input type="checkbox"/> Cots available |
| <input type="checkbox"/> Set menu | <input type="checkbox"/> Wheel chair friendly |
| <input type="checkbox"/> Special meals on request | <input type="checkbox"/> Non-smoking cabins |
| <input type="checkbox"/> Cocktail Bar/Pub | <input type="checkbox"/> Public telephone |
| <input type="checkbox"/> Cabin service | <input type="checkbox"/> Laundry / Valet service |
| <input type="checkbox"/> Lapa/Boma | <input type="checkbox"/> Babysitting service |
| <input type="checkbox"/> Hair dryer in cabins | <input type="checkbox"/> Elevators if storey building |
| <input type="checkbox"/> Shaver plug in cabins | <input type="checkbox"/> Promotional material (e.g. brochures, posters, videos) are available |
| <input type="checkbox"/> Hairdressing Salon | |

Specify others:

9 (a) Tariffs

State tariffs charged:

Single cabin: _____ Double cabin: _____

Family cabin: _____ Suite: _____

Other, specify: _____

9 (b) Attractions in the immediate surroundings:

Which of the following national attractions are within the 50 km radius from the establishment?

	Attraction Name	Estimated Distance
<input type="checkbox"/> Historical buildings		
<input type="checkbox"/> Mountains		
<input type="checkbox"/> Canyons		
<input type="checkbox"/> Museums		
<input type="checkbox"/> Desert		
<input type="checkbox"/> Nature parks		

Name of owner:

9 (c) Activities offered:

Which activities do you offer to visitors against payment?

LAND

- ☐ Archaeology
- ☐ Abseiling
- ☐ Adventure Racing
- ☐ Birding
- ☐ Camel Trails/ Rides
- ☐ Canoeing & Rafting
- ☐ Caving
- ☐ Cave diving
- ☐ Cultural Tours
- ☐ Cinema
- ☐ Casino
- ☐ Game/nature drives
- ☐ Golfing
- ☐ Geological tours

- ☐ Horse rides
- ☐ Hunting
- ☐ Mountaineering
- ☐ Rock Climbing
- ☐ Quad-biking
- ☐ Sand Boarding
- ☐ Stargazing
- ☐ Scenic drives
- ☐ 4X4 Trails

WATER

- ☐ Angling
- ☐ Diving
- ☐ Dolphin/ Seal Cruises
- ☐ Deep-sea fishing
- ☐ Fresh water fishing
- ☐ Sea Kayaking
- ☐ Shore Fishing
- ☐ Water sports

AIR

- ☐ Ballooning
- ☐ Hang gliding
- ☐ Micro lighting
- ☐ Paragliding
- ☐ Skydiving

- ☐ Hides
- ☐ Hiking Trails

Specify others:

9 (d) Booking arrangements

Indicate with an X most preferred booking method.

- ☐ Only pre-bookings accepted
- ☐ Bookings can be made any time when arriving at the establishment
- ☐ Bookings accepted only by invitation
- ☐ Bookings only accepted through the representative booking agent

10. GENERAL INFORMATION

This information is requested for marketing purposes only

10 (a) Facilities & Services Provided

(i) Which facilities /services do you provide? Please mark the relevant boxes with an X

- ☐ Drop-off and pick-up service
- ☐ Arranges Itineraries & bookings for self-drive tours
- ☐ Arranges car rentals
- ☐ Minimum number of customer requirement for departure of tours
- ☐ Promotional material (e.g. brochures, posters, videos, etc.) available
- ☐ Provision for disabled persons are made
- ☐ Scheduled daily departures
- ☐ Scheduled weekly departures
- ☐ Scheduled two weekly departures
- ☐ Scheduled monthly departures
- ☐ Guaranteed departures on payment

Other:

10 (b) Form of payment

Indicate form of payment that can be accepted.

- | | |
|---|--|
| <input type="checkbox"/> Foreign currency | <input type="checkbox"/> Travellers cheque |
| <input type="checkbox"/> Credit cards | <input type="checkbox"/> Personal cheques |
| <input type="checkbox"/> Cash | <input type="checkbox"/> Bank/Internet Transfers |

10 (c)1. Does your business have any foreign banking account? Yes ☐ or No ☐

If yes specify: _____

10 (d) Market details

(i) Indicate which group tours you conduct.

- | | |
|---|--|
| <input type="checkbox"/> Younger age groups (18-35) | <input type="checkbox"/> Special interest groups |
| <input type="checkbox"/> Senior citizens only | <input type="checkbox"/> Groups (less than 6 people) |
| <input type="checkbox"/> Groups of 6 – 10 people | <input type="checkbox"/> Larger groups (more than 10 people) |

(ii) Indicate where your customers come from:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Namibia | <input type="checkbox"/> SADC |
| <input type="checkbox"/> Europe | <input type="checkbox"/> Rest of the world |

10 (e) Operating times

Indicate with an X time when the business is operational

☐ Seasonal: Specify:

☐ All year round

11. CHECK LIST

Enclose the following materials:

Please tick as appropriate ☐

- ☐ A prescribed application fee.
- ☐ A proof of company registration.
- ☐ A proof of ID, Permanent Residence or Work Permit of Owner.
- ☐ A proof of ID, Permanent Residence or Work Permit of Manager.
- ☐ A proof of Public Road Carrier Permit (if transporting clients).
- ☐ A proof of vehicle certificate of fitness for passenger carry vehicles.
- ☐ A certificate of public and passenger liability insurance inclusive of professional indemnity.
- ☐ A proof of authorization by the relevant authority to conduct a particular activity applied for.
- ☐ A proof of valid first aid certificate of staff escorting clients.

- ☐ A copy of a register / record of all motorized or non-motorized equipment used to conduct the activity.
- ☐ A copy of Environmental Impact Assessment, where required by authorized authority.
- ☐ A copy of VAT certificate.
- ☐ A copy of Good Standing and registration Certificate with the Social Security Commission.
- ☐ A risk manual.

DECLARATION

I declare that the above information furnished herein is true and correct.

Signature of applicant:

Place: _____ Date: _____

FOR OFFICE USE ONLY

	Date	Amount Received	Initial of Data Capturer
Date received			
Date Captured			
Date of Pre-qualification inspection			
Date of Approval			
Date of Registration			
Date of approval letter posted			
Date of Registration certificate posted			

RECOMMENDATION

Recommended for full registration		Recommended for conditional Registration		Rejected	
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APPLICABLE CONDITIONS:

SIGNATURE

RANK

DATE

APPROVAL

Approval granted:

Yes ☐

No ☐

SIGNATURE

RANK

DATE

