Date received	
Processed by	
Date Processed	

Namibia Tourism Board

APPLICATION FOR ADDITIONAL NUMBER OF ROOMS/VEHICLES

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM

- a) Complete the form in full and answer all questions.
- b) Write in CAPITAL block letters.
- c) A separate application form must be completed and submitted for each regulated and accommodation business.
- d) A prescribed 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.
- e) All information will be treated confidentially as prescribed by the Namibia Tourism Board Act 2000 (Act 21 of 2000).
- f) 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.
- g) Application form must be submitted to:

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



1. DETAILS OF THE APPLICANT

Trading name / Name		
Trading name / Name:		
Date established:		
NTB registration number (if applicable):		
Physical address business:		
(Please specify Street Name and/or Road Number)		
Postal address business:		
City / Town:		
Region :		
Telephone number:	_Fax number:	
Mobile number:		
E-mail address:		
Website:		
WEDSILE		
GPS Co-ordinates:		

2. DETAILS OF ADDITIONAL

	SINGLE	DOUBLE/TWIN	FAMILY
Number of bedrooms with communal toilet/shower			
Number of bedrooms with private shower/bath			
Number of en-suite bedrooms			
Number of bedrooms with private bath/toilet & kitchen	_		
Total number of bedrooms			
Total number of beds(M)			

3 . DETAILS OF ADDITIONAL VEHICLES (any one in below list)

Type of Vehicles	With Four-Wheel Drive	Without Four-Wheel Drive	Total
Quad bikes			
Sedan vehicles			
Pick-up /Bakkie			
Bus (11-25 seats)			
Bus (26-50 seats)			
Bus (51+ seats)			
Overland truck/bus			

Aircraft		
Boats		
Other		

Place: _____ Date: _____

Signature of applicant:

FOR OFFICE USE ONLY

	Date	Initials of Data Capturer	
Date received			
Date captured			
Date approved / rejected			
Date issued			

RECOMMENDATION

Recommended for approval	Rejected	

APPLICABLE CONDITIONS:

SIGNATURE	RANK	DATE
APPROVAL		
Approval granted:	Yes 🗆	No 🗆
APPLICABLE CONDITIONS:		
SIGNATURE	RANK	DATE

