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## Namibia Tourism Board

### REGISTRATION, APPLICATION and UPDATE INFORMATION FORM AIR CHARTER OPERATORS

#### INSTRUCTIONS FOR THE COMPLETION OF THIS FORM

NEW ☐  
RENEWAL ☐

- 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 non-refundable application form must be completed and submitted for each regulated business.
- 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.
- 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:

#### 1. PARTICULARS OF OWNER

Name of owner: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Nationality: \_\_\_\_\_

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

## 2. PARTICULARS OF MANAGER

Name of manager: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Mobile number: \_\_\_\_\_

Email address: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Nationality: \_\_\_\_\_

## 3. PARTICULARS OF THE OPERATION / BUSINESS

### 3 (a) Shareholding Information

Select from the following appropriate ownership status that best describes the ownership or the shareholder 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 (b) Other particulars of the operation / business

Trading name: \_\_\_\_\_

Date established: \_\_\_\_\_

Date of first registration: \_\_\_\_\_

NTB registration number (if applicable): \_\_\_\_\_

Company registration number: \_\_\_\_\_

Physical address business: \_\_\_\_\_

(Please specify Street Name and/or Road Number)

Postal address: \_\_\_\_\_ Postal code: \_\_\_\_\_

City / Town: \_\_\_\_\_ Region: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website: \_\_\_\_\_

GPS co-ordinates of location: \_\_\_\_\_

GPS co-ordinates of airstrip (if applicable): \_\_\_\_\_

Annual turnover: \_\_\_\_\_

Total annual investment to date: \_\_\_\_\_

#### 4. DETAILS OF EMPLOYEES

##### 4 (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					

##### 4 (b) Employees by Nationality

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

##### 4(c) Job categories of full-time Employees

Job Level	Finance & Admin	Front Office	Air Hostess	Others
Management				
Supervisor				
Skilled				
Unskilled				
Total				

##### 4 (d) Enumerate types of jobs done by employees indicated under "Other" in 4 c)

\_\_\_\_\_

##### 4(e) State number of part-time or seasonal employees

Part time staff number: \_\_\_\_\_

#### 5. CHARTER SERVICES OFFERED

Please mark the relevant boxes with an X

- |   |   |
|---|---|
| <input type="checkbox"/> Group Fly – in safaris                   | <input type="checkbox"/> Tour operator commissioned Fly-in safaris  |
| <input type="checkbox"/> Fly – in safaris tailor made for clients | <input type="checkbox"/> Scheduled fly-in safaris as per time table |
| <input type="checkbox"/> Specify others: _____                    |   |



## 6. TYPE OF AIRCRAFT

6(a) State total number of aircrafts used:

6(b) State the type of aircraft used

- |          |         |
|----------|---------|
| 1. _____ | 5 _____ |
| 2. _____ | 6 _____ |
| 3. _____ | 7 _____ |
| 4. _____ | 8 _____ |

6(c) State aircraft license number: \_\_\_\_\_

6(d) List the number of seats on each aircraft

- |          |         |
|----------|---------|
| 1. _____ | 5 _____ |
| 2. _____ | 6 _____ |
| 3. _____ | 7 _____ |
| 4. _____ | 8 _____ |

6(e) List other facilities offered on-board the aircraft

- |          |         |
|----------|---------|
| 1. _____ | 5 _____ |
| 2. _____ | 6 _____ |
| 3. _____ | 7 _____ |
| 4. _____ | 8 _____ |

## 7. GENERAL INFORMATION

This information is requested for marketing purposes only

### 7(a) Facilities & Services Provided

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

- ☐ Drop-off and pick-up service
- ☐ Drafting itineraries
- ☐ Car rentals
- ☐ Organizing tours
- ☐ Re-confirmation of onward flight bookings

Specify other: \_\_\_\_\_

**7(b) Form of payment**

*Indicate form of payment that can be accepted.*

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

**7(b)1. Does your business have any foreign banking account? Yes ☐ or No ☐**

**If yes specify:** \_\_\_\_\_

**7(c) 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 |

**7(d) Operating times**

*Indicate with an X time when the business is operational*

- ☐ Seasonal: Specify: \_\_\_\_\_
- ☐ All year round

**8. 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 of the Owner/owners.
- ☐ A proof of ID, Permanent Residence or Work Permit of Manager.
- ☐ A proof of Air worthiness certificates for all aircrafts.
- ☐ A proof of ownership or rental agreements of the aircrafts.
- ☐ A proof of aircraft certificates of registration.
- ☐ A proof of valid aircraft operator certificates.
- ☐ A proof of commercial Pilots license with Namibian validation for all pilots.
- ☐ A proof of passenger liability insurance.
- ☐ A copy of VAT certificate.
- ☐ A Good Standing and Registration Certificate with the Social Security Commission.



## 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