

<i>Date received</i>	
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## ***Namibia Tourism Board***

### **APPLICATION FOR ALTERATIONS – PLANNED**

#### **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 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.
- Application form must be submitted to:

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

Receipt number:

NTB registration 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. DETAILS OF THE APPLICANT

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: \_\_\_\_\_

GPS Co-ordinates: \_\_\_\_\_

#### 4. DETAILS OF ALTERATIONS – PLANNED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### DECLARATION

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

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	
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**APPLICABLE CONDITIONS:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
RANK

\_\_\_\_\_  
DATE

**APPROVAL**

Approval granted:

Yes ☐

No ☐

**APPLICABLE CONDITIONS:**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
RANK

\_\_\_\_\_  
DATE



