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## Namibia Tourism Board

### REGISTRATION, APPLICATION and UPDATE INFORMATION FORM BACKPACKERS HOSTEL

#### 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 application form must be completed and submitted for each 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 ESTABLISHMENT

#### 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 establishment

Trading name: \_\_\_\_\_  
Date established: \_\_\_\_\_  
Date of first registration: \_\_\_\_\_  
NTB registration number (if applicable): \_\_\_\_\_  
Company registration number: \_\_\_\_\_  
Physical address of business: \_\_\_\_\_  
\_\_\_\_\_

(Please specify Street Name or Road Number)

Postal address of business: \_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

Please specify any new additions/improvements made to date: \_\_\_\_\_

#### 4. BOOKING AGENTS / RESERVATION OFFICE INFORMATION

*Complete this section only if applicable*

Name of agent \_\_\_\_\_

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

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

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

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

#### 5. PARTICULARS OF ACCOMMODATION FACILITIES

##### 5(a) Sleeping accommodation facilities of Backpackers

*This section should ONLY be completed by the Backpackers Hostel accommodation*

*If offering accommodation in bedroom set-up, complete the following:*

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

(i) Total number of beds in bedrooms: \_\_\_\_\_

(ii) Number of bedrooms with own shower and toilet: \_\_\_\_\_

(iii) Number of bedrooms without shower and toilet: \_\_\_\_\_

(iv) Total number of bedrooms: \_\_\_\_\_

(iv) Average floor area of bedrooms: \_\_\_\_\_

(v) Total number of beds: \_\_\_\_\_

*If offering accommodation in dormitory set-up, complete the following:*

(i) Number of dormitories: \_\_\_\_\_

(ii) Number of beds per dormitory: \_\_\_\_\_

(iii) Total number of beds: \_\_\_\_\_

(iv) Average floor area of each dormitory \_\_\_\_\_

#### 6. DINING ROOMS / RESTAURANTS AND KITCHEN

(i) Number of ordinary dining rooms/restaurants: \_\_\_\_\_

(ii) Whether meals are served: \_\_\_\_\_

(iii) Hours during which meals are served:

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_

(iv) Hours during which room service are available \_\_\_\_\_

(v) Is the kitchen equipped with the following, if self-catering is provided?

☐ Refrigerator

☐ Hot plate or stove

☐ Microwave

☐ Sufficient cutlery and crockery

☐ Food storage facilities

☐ A kitchen sink with hot and cold running water



(vi) Total number of chairs and tables in dining room:

Chairs: \_\_\_\_\_ Tables: \_\_\_\_\_

(Note: For Backpackers Hostels and volunteer accommodation, tables and chairs should be sufficient to accommodate at one sitting 50% of total guests)

**6(a) Bathrooms and Sanitation (applicable, if communal facilities are provided)**

(i) Ratio of communal bath to beds: \_\_\_\_\_

(ii) Ratio of communal shower to beds: \_\_\_\_\_

(iii) Ratio of communal toilets to beds: \_\_\_\_\_

**7. PARTICULARS OF CONFERENCE FACILITY**

Complete, if offering conference facilities

State:

(i) Total number of conference venues: \_\_\_\_\_

(ii) Total number of people, which can be accommodated at full capacity: \_\_\_\_\_

(iii) Total number of people that can be accommodated as per the following seating arrangements:

Theatre-style: \_\_\_\_\_ Conference-style: \_\_\_\_\_

Banquet-style: \_\_\_\_\_

Boardroom-style: \_\_\_\_\_ Classroom-style: \_\_\_\_\_ Herringbone-style: \_\_\_\_\_

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

- |  |  |
|--|--|
| <input type="checkbox"/> Overhead and slide/film projectors          | <input type="checkbox"/> TV and VCR sets                       |
| <input type="checkbox"/> Photocopying, telephone & fax               | <input type="checkbox"/> Adequate parking for event organizers |
| <input type="checkbox"/> Catering areas separate from meeting rooms  | <input type="checkbox"/> Translation services                  |
| <input type="checkbox"/> Sound amplification systems and microphones |  |

(v) State how arrangements for the facilities in (iv) above can be made, if required:

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

(vi) Total number of toilets for: Males: \_\_\_\_\_ Females: \_\_\_\_\_

(Note: Separate toilets to be provided for both sexes with at least one toilet for every 25 delegates)

**8. DETAILS OF EMPLOYEES**

**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 |                   |                        |       |

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

| Job Level  | Finance & Admin | Front Office | House Keeping | Food & Beverage (Restaurant Bar) | Kitchen | Maintenance | Qualified Chefs | Others |
|------------|-----------------|--------------|---------------|----------------------------------|---------|-------------|-----------------|--------|
| Management |                 |              |               |                                  |         |             |                 |        |
| Supervisor |                 |              |               |                                  |         |             |                 |        |
| Skilled    |                 |              |               |                                  |         |             |                 |        |
| Unskilled  |                 |              |               |                                  |         |             |                 |        |
| Others     |                 |              |               |                                  |         |             |                 |        |
| Total      |                 |              |               |                                  |         |             |                 |        |

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

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

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

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## 9. GENERAL INFORMATION

This information is for marketing purposes only.

### 9(a) Facilities & Services Provided

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

- ☐ Transport / pick-up service
- ☐ 24 Hour receptions
- ☐ Tourist information desk / Curio shop/Kiosk
- ☐ Safe in room or reception
- ☐ Secure off-street parking
- ☐ Internet / e-mail facilities
- ☐ TV in room
- ☐ Central TV lounge
- ☐ Satellite TV in room / lounge
- ☐ Telephone in rooms/units
- ☐ Restaurant/dining area
- ☐ A la Carte menu
- ☐ Set menu
- ☐ Special meals on request
- ☐ Cocktail Bar/Pub
- ☐ Room service
- ☐ Limited Room Service



- ☐ Lapa/Boma
- ☐ Hair dryer in rooms/units
- ☐ Shaver plug in rooms/units
- ☐ Hairdressing Salon
- ☐ Toiletries supplied
- ☐ Linen supplied
- ☐ Towels supplied
- ☐ Air conditioning in rooms/units
- ☐ Overhead Fans in rooms/units
- ☐ Gym available on the premise
- ☐ Bar fridge in rooms/units
- ☐ Conference facilities
- ☐ Food & Beverage
- ☐ Swimming pool
- ☐ Cots available
- ☐ Wheel chair friendly
- ☐ Non smoking rooms
- ☐ Public telephone
- ☐ Laundry / Valet service
- ☐ Babysitting service
- ☐ Lifts if storey building
- ☐ Promotional material (e.g. brochures, posters, videos) are available

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

Specify others: \_\_\_\_\_

#### 9(b) Tariffs

State tariffs charged:

Single bedroom: \_\_\_\_\_ Double bedroom: \_\_\_\_\_

Family bedroom: \_\_\_\_\_ Suite: \_\_\_\_\_

Other, specify \_\_\_\_\_

#### 9(c) Accessibility

(i) How can guests travel to your establishment from other towns/areas within Namibia?

(E.g. road numbers, street names, 4x4 accessibility, etc.)

☐ Train, specify please \_\_\_\_\_

☐ Road, specify please: \_\_\_\_\_

☐ Air, specify please: \_\_\_\_\_

(ii) Do you provide pick-up and drop-off services to and from?

☐ Train station

☐ Bus terminal

☐ Airport

(iii) How is the general condition of the road accessibility, if own transport is used?

☐ Good

☐ Fair

☐ Bad

☐ 4x4 only

(iv) How would you describe the overall surfacing of the road?

☐ Tarred up to reception

☐ Tarred and gravel

☐ River Crossings

☐ Mountain Passes

**9(d) 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         |                 |                    |

Specify other places of interest: \_\_\_\_\_

**9(e) 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
- ☐ Hides
- ☐ Hiking Trails

- ☐ 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

Specify others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9(f) 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 Form of payment**

**10(a) Form of payment**

*Indicate form of payment that can be accepted.*

☐ Foreign currency

☐ Travellers cheques



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

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

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

**10(c) Operating times**

*Indicate with an X when the establishment 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 and ownership of the premises (e.g. Deed of Sale) or lease agreement.
- ☐ A proof of ID, Permanent Residence of owner/owners.
- ☐ A proof of ID, Permanent Residence or Work Permit of Manager.
- ☐ A proof of permit, approval or authorisation to conduct a business of class of accommodation establishment which is issued by the Local Authority / Regional Authority or other Authority (e.g. PTO / Certificate of fitness).
- ☐ An approved building plan by a competent authority where relevant (e.g. Local Authority).
- ☐ A 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 |  |
|-----------------------------------|--|--|--|----------|--|

APPLICABLE CONDITIONS:

\_\_\_\_\_  
**SIGNATURE**\_\_\_\_\_  
**RANK**\_\_\_\_\_  
**DATE****APPROVAL**

Approval granted:

Yes ☐No ☐\_\_\_\_\_  
**SIGNATURE**\_\_\_\_\_  
**RANK**\_\_\_\_\_  
**DATE**







