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Namibia Tourism Board

REGISTRATION, APPLICATION and UPDATE INFORMATION FORM CARAVAN PARKS

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 / BUSINESS

3.1. Shareholding Information

Select from the following appropriate ownership status that best describes the ownership or the shareholding of the establishment / business.

- | | |
|--|---|
| <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 / business

Trading name: _____

Date established: _____

Date of first registration: _____

NTB registration number (if applicable): _____

Company registration number: _____

Physical address business: _____

(Please specify Street Name or National Road Number)

Postal address: _____

City / Town: _____

Region: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

GPS co-ordinates of location: _____

GPS co-ordinates of airstrip (if applicable): _____

Website: _____

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 number: _____ Fax number: _____

E-mail address: _____

Website: _____

5. PUBLIC TOILETS

If offering bar & restaurant facilities to day visitors and guests and holds a liquor license in respect of your establishment, you are required to provide at least two public toilets.

State the number of toilets: Males: _____ Females: _____

6. PARTICULARS OF ACCOMMODATION FACILITIES

6(a) Sleeping Accommodation particulars of Caravan parks and Camp sites.

DESCRIPTION	TOTAL
Number of pitches without power points	
Number of pitches with power points	
Number of pitches with power points and water	
Number of pitches with power points, water and own ablution facilities	
Number of pitches	

6(b) Bathrooms and Sanitation

Complete this section, if offering communal facilities.

- (i) Ratio of communal shower to beds: _____
- (ii) Ratio of communal bath to beds: _____
- (iii) Ratio of communal toilets to beds : _____

7. DINING ROOMS/RESTAURANTS AND KITCHEN

Needs to be completed by establishments that serve meals to guests

7(a) Non Self-catering establishments

State:

- (i) Number of ordinary dining rooms/restaurants: _____
- (ii) Whether meals are served: _____
- (iii) Hours during which meals are served:
Breakfast: _____ Lunch: _____ Supper: _____
- (iv) Hours during which room service is available: _____

7(b) Self-catering establishments

(Needs to be completed, if self-catering is allowed by guests)

(i) Has provision been made for tents, rondavels, bungalows, chalets or caravan pitches, without self-contained facilities, for following at a central place?

- ☐ Utensils, dishes and plates are supplied
- ☐ A porcelain, enamel, concrete or stainless steel sink with drying-top
- ☐ Hot and cold water
- ☐ Garbage-bin with cover
- ☐ Own fire place for each unit or pitch

(ii) State total number Scullery for cooking: _____

(iii) State total number of roofed field kitchen: _____

(iv) State total number of fireplace with double grate: _____

(v) Is the self-catering kitchen in the bungalows, rondavels, etc equipped with the following?

- | | |
|---|---|
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Hotplate or stove |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Sufficient cutlery and crockery |
| <input type="checkbox"/> Food storage facilities | <input type="checkbox"/> A kitchen sink with hot and cold running water |
| <input type="checkbox"/> A table with adequate number of chairs for the number of guest | |

(vi) Is the establishment fenced? If so, give particulars of the fence:

8. 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) Number of toilets for: Males _____ Females: _____

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

9. DETAILS OF EMPLOYEES

9 (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					

9 (b) Employees by Nationality

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

9 (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								
Other								
Total								

Enumerate types of jobs done by employees indicated under "Other "in 10 c)

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

Part time staff number: _____

10. GENERAL INFORMATION

This information is for marketing purposes only.

10 (a) Facilities & Services Provided

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

- | | |
|--|--|
| <input type="checkbox"/> Transport / pick-up service | <input type="checkbox"/> 24 Hour receptions |
| <input type="checkbox"/> Lapa/Boma | <input type="checkbox"/> Hair dryer in rooms/units |
| <input type="checkbox"/> Shaver plug in rooms/units | <input type="checkbox"/> Hairdressing Salon |
| <input type="checkbox"/> Toiletries supplied | <input type="checkbox"/> Linen supplied |
| <input type="checkbox"/> Towels supplied | <input type="checkbox"/> Air conditioning in rooms/units |
| <input type="checkbox"/> Overhead Fans in rooms/units | <input type="checkbox"/> Gym available on the premise |
| <input type="checkbox"/> Bar fridge in rooms/units | <input type="checkbox"/> Conference facilities |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> Swimming pool |
| <input type="checkbox"/> Cots available | <input type="checkbox"/> Wheel chair friendly |
| <input type="checkbox"/> Non-smoking rooms | <input type="checkbox"/> Public telephone |
| <input type="checkbox"/> Laundry / Valet service | <input type="checkbox"/> Babysitting service |
| <input type="checkbox"/> Lifts if storey building | <input type="checkbox"/> Promotional material available (e.g. brochures) |
| <input type="checkbox"/> Tourist information desk/curio shop/kiosk | <input type="checkbox"/> Safe in room or reception |
| <input type="checkbox"/> Secure off-street parking | <input type="checkbox"/> Internet / e-mail facilities |
| <input type="checkbox"/> TV in room | <input type="checkbox"/> Central TV lounge |
| <input type="checkbox"/> Satellite TV in room / lounge | <input type="checkbox"/> Telephone in rooms/units |

Specify others: _____

10 (b) Tariffs

State tariffs charged:

Single bedroom: _____ Double bedroom: _____

Family bedroom: _____ Suite: _____

Other, specify: _____

10(c) 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 |

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

If yes specify: _____

10 (e) Accessibility

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

(Please specify Street Names and/or National Road Numbers)

☐ 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

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

☐ Tarred up to reception ☐ Tarred and gravel
☐ River Crossings ☐ Mountain Passes

10 (f) Attractions in the immediate surroundings:

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

	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: _____

10 (g) Activities offered:

Which activities do you offer to visitors against payment?

LAND

☐ Archaeology ☐ Horse rides
☐ Abseiling ☐ Hunting
☐ Adventure Racing ☐ Mountaineering
☐ Birding ☐ Rock Climbing
☐ Camel Trails/ Rides ☐ Quad-biking
☐ Canoeing & Rafting ☐ Sand Boarding
☐ Caving ☐ Stargazing
☐ Cave diving ☐ Scenic drives

WATER

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

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Cultural Tours | <input type="checkbox"/> 4X4 Trails | AIR |
| <input type="checkbox"/> Cinema | | <input type="checkbox"/> Ballooning |
| <input type="checkbox"/> Casino | | <input type="checkbox"/> Hang gliding |
| <input type="checkbox"/> Game/nature drives | | <input type="checkbox"/> Micro lighting |
| <input type="checkbox"/> Golfing | | <input type="checkbox"/> Paragliding |
| <input type="checkbox"/> Geological tours | | <input type="checkbox"/> Skydiving |
| <input type="checkbox"/> Hides | | |
| <input type="checkbox"/> Hiking Trails | Specify others: _____ | |

10 (h) 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 (i) 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 certificate 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 of authorisation to conduct a business of the class of accommodation establishment applied for (e.g. PTO).
- ☐ A certificate of Public liability insurance, inclusive of professional indemnity, if clients are taken on guided walks.
- ☐ A proof of passenger liability insurance if clients are transported.
- ☐ A copy of VAT certificate.
- ☐ 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

