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Namibia Tourism Board

REGISTRATION, APPLICATION and UPDATE INFORMATION FORM CONFERENCE CENTRES

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 regulated 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 Oaths 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 OPERATION / BUSINESS

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 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 or Road Number)

Postal address: _____

City / Town: _____

Region: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

Website: _____

Annual turnover: _____ Total annual investment to date: _____

Please specify any new additions/improvements made 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 | None Namibian Citizens | Total |
|--------------|-------------------|------------------------|-------|
| Management | | | |
| Supervisory | | | |
| Skilled | | | |
| Semi Skilled | | | |
| Unskilled | | | |

4 (c) Job categories of full-time Employees

Conference Centres must complete this section.

| Job Levels | Finance & Admin | Front Office | House Keeping | Banqueting | Chefs & Cooks | Maintenance | Others |
|------------|-----------------|--------------|---------------|------------|---------------|-------------|--------|
| Management | | | | | | | |
| Supervisor | | | | | | | |
| Skilled | | | | | | | |
| Unskilled | | | | | | | |
| Other | | | | | | | |
| Total | | | | | | | |

4 (d) Enumerate types of jobs done by employees indicated under "Other "in 5 c)

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

Part time staff number: _____

5. PARTICULARS OF SERVICES OFFERED BY BOOKING AGENTS

This information is requested for marketing purpose only.

5(a) Facilities & Services Provided

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

- | | |
|--|--|
| <input type="checkbox"/> Transport / pick-up service | <input type="checkbox"/> Reservations for airline tickets |
| <input type="checkbox"/> Booking of tours | <input type="checkbox"/> Booking of accommodation |
| <input type="checkbox"/> Booking of rental cars | <input type="checkbox"/> Booking of fly-in safaris |
| <input type="checkbox"/> Arranging group tours | <input type="checkbox"/> Arranging self-drive tours |
| <input type="checkbox"/> Tourist information desk | <input type="checkbox"/> Internet/e-mail facilities for client use |
| <input type="checkbox"/> Public telephone | <input type="checkbox"/> Conference venues of various sizes |
| <input type="checkbox"/> Overhead projector | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Liquor license | <input type="checkbox"/> Provision for disabled persons are made |
| <input type="checkbox"/> Promotional material given to clients free of charge (e.g. brochures, posters, videos, etc) | |

Specify others: _____

5 (b) Form of payment

Indicate form of payment that can be accepted.

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

5(c) Does your business have any foreign banking account? Yes ☐ or No ☐

If yes specify: _____

6. PARTICULARS OF CONFERENCE CENTRE

Name of owner: _____

(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) Select with an X which facilities/services do you provide?

- | | |
|--|--|
| <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 room | <input type="checkbox"/> Sound amplification systems and microphones |

Name of owner: _____

(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).

7. CHECK LIST

Enclose the following certified copies of the following documents:

Please tick as appropriate ✓:

- ☐ A prescribed application fee.
- ☐ A proof of company registration.
- ☐ A proof of ID, Permanent Residence of owner/owners.
- ☐ A proof of ID, Permanent Residence or Work Permit of Manager.
- ☐ A Certificate of fitness issued by Local Authority or any other Authority to conduct business from the premises.
- ☐ Good Standing and Registration Certificate with the Social Security Commission
- ☐ A VAT Certificate issued by the Receiver of Inland Revenue.

8. 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