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Namibia Tourism Board

REGISTRATION, APPLICATION and UPDATE INFORMATION FORM FOREIGN TOUR OPERATOR

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-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 the 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 or Residential address: _____

Telephone number: _____ Fax number: _____

Mobile number: _____

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

3.1. Shareholding Information

(a) Select from the following appropriate ownership status that best describes the ownership or the shareholding of the operation/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 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 business: _____

City / Town: _____

Region : _____

Telephone number: _____ Fax number: _____

E-mail address: _____

Website: _____

GPS Co-ordinates: _____

Annual turnover: _____ Total annual investment to date: _____

Please specify any new additions/improvements made to date: _____

4. BOOKING AGENTS/RESERVATION OFFICE PARTICULARS

Complete this section, if you use an agent for bookings

Name of agent: _____

Physical address: _____

Telephone: _____

E-mail: _____

Website: _____

5. EMPLOYEE DETAILS (To be completed in full)

5 (a) Number and Qualifications of Full-time Employees

| Gender training | No. of formal qualification | Primary School | Secondary School | Tertiary education | Vocational |
|-----------------|-----------------------------|----------------|------------------|--------------------|------------|
| Male | | | | | |
| Female | | | | | |
| Total | | | | | |

5 (b) Employees by Nationality

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

5 (c) Job categories of full-time employees

| Job Level | Finance & Admin | Junior Tour consultant | Senior Tour consultant | Tour Guides | Maintenance | Qualified Chefs | Others |
|------------|-----------------|------------------------|------------------------|-------------|-------------|-----------------|--------|
| Management | | | | | | | |
| Supervisor | | | | | | | |
| Skilled | | | | | | | |
| Unskilled | | | | | | | |
| Total | | | | | | | |

Name of owner: _____

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

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

Part time staff number: _____

6. PARTICULARS OF VEHICLES

6 (a) Status of vehicles used in operation

Indicate whether vehicles used in your operation are :

☐ own vehicles ☐ hired vehicles

6 (b) If using own vehicles complete the table below : (If Own Vehicles of above section)

| Type of Vehicles | With Four-Wheel Drive | Without Four-Wheel Drive | Total |
|--------------------|-----------------------|--------------------------|-------|
| Quad bikes | | | |
| Sedan vehicles | | | |
| Pick-up /Bakkie | | | |
| Bus (11-25 seats) | | | |
| Bus (26-50 seats) | | | |
| Bus (51+ seats) | | | |
| Overland truck/bus | | | |
| Aircraft | | | |
| Boats | | | |
| Other | | | |

Specify any other: _____

7. FACILITIES PROVIDED IN PASSENGER VEHICLES/BUSES

What facilities do you provide in vehicles used for tours?

- | | |
|--|---|
| <input type="checkbox"/> Brackets for loose luggage | <input type="checkbox"/> Maps and Brochures |
| <input type="checkbox"/> Air – conditioning | <input type="checkbox"/> Intercom |
| <input type="checkbox"/> Seats with adjustable backrests | <input type="checkbox"/> Sun shades for windows |
| <input type="checkbox"/> Portable toilets | <input type="checkbox"/> Fridge/cooler |
| <input type="checkbox"/> First Aid kit | <input type="checkbox"/> Other |

Specify: _____

8. DETAILS OF SAFARIS OR TOURS OFFERED

(i) Indicate the tours or safaris you offer

LAND

- | | |
|---|---|
| <input type="checkbox"/> Archaeology | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Abseiling | <input type="checkbox"/> Hiking Trails |
| <input type="checkbox"/> Adventure Racing | <input type="checkbox"/> Horse rides |
| <input type="checkbox"/> Birding | <input type="checkbox"/> Mountaineering |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Quad-biking |
| <input type="checkbox"/> Camel Trails/Rides | <input type="checkbox"/> Rock Climbing |
| <input type="checkbox"/> Canoeing & Rafting | <input type="checkbox"/> Sand Boarding |
| <input type="checkbox"/> Caving | <input type="checkbox"/> Stargazing |
| <input type="checkbox"/> Cave diving | <input type="checkbox"/> Scenic Drives |
| <input type="checkbox"/> Cultural Tours | <input type="checkbox"/> 4X4 Trails |
| <input type="checkbox"/> Casino | |
| <input type="checkbox"/> Golfing | |
| <input type="checkbox"/> Geological tours | |
| <input type="checkbox"/> Paragliding | |
| <input type="checkbox"/> Hang gliding | |

WATER

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

AIR

- ☐ Ballooning
- ☐ Micro lighting
- ☐ Soaring
- ☐ Skydiving

Specify others: _____

(ii) Indicate maximum number of persons, excluding STAFF that can be taken on any ONE given tour.

| TYPE OF VEHICLE | NUMBER OF PERSONS |
|---------------------|-------------------|
| Quad Bike | |
| Sedan Vehicle | |
| Pick – Ups / Bakkie | |
| Bus (11 – 25 Seats) | |
| Bus (26 – 50 Seats) | |
| Bus (51+ Seats) | |
| Overland truck/bus | |
| Aircraft | |
| Boat | |

9. PARTICULARS OF ACCOMMODATION FACILITIES USED ON TOUR

9 (a) Indicate the accommodation types you make use of mostly during your tours.

- | | |
|--|---|
| <input type="checkbox"/> Hotel & Hotel Pension | <input type="checkbox"/> Guest Farms |
| <input type="checkbox"/> Guest Houses | <input type="checkbox"/> Bed & Breakfast |
| <input type="checkbox"/> Self-catering accommodation | <input type="checkbox"/> Lodges |
| <input type="checkbox"/> Tented Lodges | <input type="checkbox"/> Rest Camps |
| <input type="checkbox"/> Caravan Parks | <input type="checkbox"/> Permanent Tented Camps |
| <input type="checkbox"/> Camp Sites | <input type="checkbox"/> Backpackers Hostels |

9 (b) If providing own accommodation complete the following:

(i) Number and type of tents: _____

(ii) Average floor area of individual tents: _____

(iii) Type of beds: _____

(iv) Type of mattresses: _____

(v) Describe type of environmentally acceptable toilets and sanitation facilities used when camping away from established campsites:

10. LIGHTING IN CAMPS

Please mark the relevant boxes with an X

Indicate type of lighting used.

- ☐ Electricity ☐ Paraffin ☐ Gas

11. SERVICES OFFERED

(a) Do you employ a trained cook?: _____

(b) Do you have cooling facilities for food while on tour? State particulars: _____

(c) State particulars of staff accompanying tour: _____

(d) State particulars of first aid equipment taken on tour: _____

12. COMMUNICATION DETAILS

Indicate which of the following you make use of on tour and give details:

(a) Telephone: _____

(b) Cell Phone: _____

(c) Radio Telephone: _____

(d) Satellite Telephone: _____

13. GENERAL INFORMATION

This information is requested for marketing purposes only

13 (a) Facilities & Services Provided

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

- ☐ Drop-off and pick-up service
- ☐ Itineraries & bookings for self-drive tours can be arranged
- ☐ Promotional material (e.g. brochures, posters/videos) is made available
- ☐ Disabled friendly
- ☐ Trained trackers and skimmers
- ☐ Bow-hunting
- ☐ Bird-watching
- ☐ Laundry Services
- ☐ Photo Safaris
- ☐ Organised tours
- ☐ Departure times

Other _____

13 (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 Transfer |

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

If yes, specify _____

13 (d) 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 |

13 (e) Operating times

Indicate with an X time when the business is operational

☐ Seasonal: Specify: _____

☐ All year round

14. 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 owner.
- ☐ A proof of ID, Permanent Residence or Work Permit of Manager/Courier/Drivers, etc.
- ☐ A proof certificate of fitness of Road worthiness for vehicles used in operation.
- ☐ A certificate of public and passenger liability insurance inclusive of professional indemnity.
- ☐ A proof of valid first aid certificate of staff escorting clients.
- ☐ A proof of Public Driver's Permit / Driver's license endorsed with PA.
- ☐ A proof of Cross-border carrier permit, if registered for business in a country other than Namibia.

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

