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Namibia Tourism Board

REGISTRATION, APPLICATION and UPDATE INFORMATION FORM GUEST FARMS

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: _____

Physical address: _____

Telephone number: _____ Fax number: _____

Mobile number: _____

Email address: _____

Citizenship: _____

Nationality: _____

2. PARTICULARS OF MANAGER

Name of manager: _____

Postal address: _____

Physical address: _____

Telephone number: _____ Fax number: _____

Mobile number: _____

Email address: _____

Citizenship: _____

Nationality: _____

3. PARTICULARS OF THE BUSINESS

3.1. Shareholding Information

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

Trading name: _____

Date established: _____

Date of first registration: _____

NTB registration number (if applicable): _____

Company registration number: _____

Physical address: _____

(Please specify Street Name or National Road Number)

Postal address: _____

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. LIQUOR-LICENSED INFORMATION

Name of owner: _____

5 (a) State the class of liquor license held in respect of the accommodation establishment: _____

5 (b) Name of licensee: _____

5 (c) If the said license is held on behalf of a company, partnership or other association of persons, state names of directors, partners (excluding share-holders in public companies) who have a financial interest in the business. _____

5 (d) Has a special right of off-sale been attached to the license concerned? _____

5 (e) Is the off-sale department located on the premises? _____

If not please provide physical address: _____

6. PUBLIC TOILETS

If offering bar & restaurant facilities to visitors, you are required to provide public toilet.

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

7. PARTICULARS OF ACCOMMODATION FACILITIES

7(a) Sleeping accommodation of guests (to be completed in full)

Number of bedrooms	Single	Twin/double	Suites	Family	Totals
With en-suite facilities					
With private shower/bath only					
With private toilet only					
Total number of bedrooms					
Total number of beds					

State Average floor area of bedrooms: _____

7 (b) COMMUNAL BATHROOMS AND SANITATION

- (i) Ratio of Communal bath to bedrooms: _____
- (ii) Ratio of Communal shower to bedrooms: _____
- (iii) Ratio of Communal toilet to bedrooms: _____
- (iv) Are the bedrooms suitable for disabled people: _____

8. 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: _____

9. PARTICULARS OF CONFERENCE CENTRE FACILITY

Complete if offering conference facilities:

- (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 |

(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).

10. DETAILS OF EMPLOYEES

10 (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	Total
Male						
Female						
Total						

10 (b) Employees by Nationality

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

10 (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								
Semi-Skilled								
Unskilled								
Other								
Total								

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

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

Part time staff number: _____

11. GENERAL INFORMATION

This information is for marketing purposes only.

11 (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"/> 24 Hour receptions |
| <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 |
| <input type="checkbox"/> Restaurant/dining area | <input type="checkbox"/> A la Carte menu |
| <input type="checkbox"/> Set menu | <input type="checkbox"/> Special meals on request |
| <input type="checkbox"/> Cocktail Bar/Pub | <input type="checkbox"/> Room service |
| <input type="checkbox"/> Limited Room Service | <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 (e.g. brochures, posters, videos) are available | |

Specify others:

11 (b) Tariffs

State tariffs charged:

Single bedroom: _____ Double bedroom: _____

Family bedroom: _____ Suite: _____

Other, specify: _____

11 (c) Forms 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 |

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

Name of owner: _____

If yes specify: _____

11 (e) Accessibility

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

(Please specify Street Names 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

11 (f) 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: _____

11 (g) Activities offered:

Which activities do you offer to visitors against payment?

LAND

- | | |
|--|---|
| <input type="checkbox"/> Archaeology | <input type="checkbox"/> Horse rides |
| <input type="checkbox"/> Abseiling | <input type="checkbox"/> Hunting |
| <input type="checkbox"/> Adventure Racing | <input type="checkbox"/> Mountaineering |
| <input type="checkbox"/> Birding | <input type="checkbox"/> Rock Climbing |
| <input type="checkbox"/> Camel Trails/ Rides | <input type="checkbox"/> Quad-biking |
| <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"/> Cinema | |
| <input type="checkbox"/> Casino | |
| <input type="checkbox"/> Game/nature drives | |
| <input type="checkbox"/> Golfing | |
| <input type="checkbox"/> Geological tours | |
| <input type="checkbox"/> Hides | |
| <input type="checkbox"/> Hiking 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: _____

11(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

11 (i) Operating times

Indicate with an X when the establishment is operational.

- ☐ Seasonal: Specify: _____
- ☐ All year round

12. CHECK LIST

Enclose the following materials:

Please tick in appropriate ☐

- ☐ A prescribed application fee.
- ☐ A proof of company registration and ownership of premises or lease agreement.
- ☐ 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 the Local Authority or Ministry of Health
- ☐ A proof of Passenger Liability Insurance, if clients are transported.
- ☐ A copy of Environmental Impact Assessment, where required by authorized authority.
- ☐ 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

