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## Namibia Tourism Board

### REGISTRATION, APPLICATION and UPDATE INFORMATION FORM GUEST HOUSE

#### 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

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)

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### 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 ☐

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?*

- |  |                                       |                                  |
|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Train station | <input type="checkbox"/> Bus terminal | <input type="checkbox"/> Airport |
|--|---------------------------------------|----------------------------------|

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

- |                               |                               |                              |
|-------------------------------|-------------------------------|------------------------------|
| <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Bad |
|-------------------------------|-------------------------------|------------------------------|

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

- |   |  |
|---|--|
| <input type="checkbox"/> Tarred up to reception | <input type="checkbox"/> Tarred and gravel |
| <input type="checkbox"/> River Crossings        | <input type="checkbox"/> 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 proof of permit, approval or authorization to conduct a business of the class of accommodation establishment applied for, e.g. (P.T.O or certificate of fitness) issued by the Local or Regional Authority.
- ☐ 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:**

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**SIGNATURE**

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**RANK**

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**DATE****APPROVAL**

Approval granted:

Yes ☐No ☐

---

**SIGNATURE**

---

**RANK**

---

**DATE**

