

<i>Date received</i>	
<i>Processed by</i>	
<i>Date Processed</i>	

Namibia Tourism Board

APPLICATION FOR REPLACEMENT OF REGISTRATION CERTIFICATE

INSTRUCTIONS FOR THE COMPLETION OF THIS FORM

- 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 and accommodation business.
- A prescribed 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.
- Application form must be submitted to:

**The Chief Executive Officer
Namibia Tourism Board
Private Bag 13244
Windhoek, Namibia
For Attention: HEAD:ISD**

Receipt number:

NTB registration number:

- ☐ **Lost**
- ☐ **Damaged**
- ☐ **Destroyed**

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. DETAILS OF THE APPLICANT

Trading name / Name: _____

Date established: _____

NTB registration number (if applicable): _____

Physical address business: _____

(Please specify Street Name and/or Road Number)

Postal address business: _____

City / Town: _____

Region : _____

Telephone number: _____ Fax number: _____

Mobile number: _____

E-mail address: _____

Website: _____

GPS Co-ordinates: _____

2. DETAILS OF LOST ITEM

(a) Certificate/Disc/Licence/Badge No: _____

Date issued: _____

Issued to: _____

(name of establishment/regulated business/licensed person)

(b) The reason for this application is that the certificate, license, disc or insignia was damaged/destroyed/ lost in the following circumstances:

I undertake hereby to return the damaged certificate / license / disc / badge / insignia (delete as appropriate) together with this application to the Namibia Tourism Board.

Place: _____ Date: _____

Signature of applicant: _____

FOR OFFICE USE ONLY

	Date	Initials of Data Capturer
Date received		
Date captured		
Date approved / rejected		
Date issued		

RECOMMENDATION

Recommended for approval		Rejected	
--------------------------	--	----------	--

APPLICABLE CONDITIONS:

SIGNATURE

RANK

DATE**APPROVAL**

Approval granted:

Yes ☐No ☐**APPLICABLE CONDITIONS:**

SIGNATURE

RANK

DATE

