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Namibia Tourism Board

REGISTRATION, APPLICATION and UPDATE INFORMATION FORM SELF-CATERING

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: _____

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 ESTABLISHMENT

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 establishment

Trading name: _____

Date established: _____

Date of first registration: _____

NTB registration number (if applicable): _____

Company registration number: _____

Physical address of business: _____

(Please specify Street Name or Road Number)

Postal address of business: _____

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. PARTICULARS OF ACCOMMODATION FACILITIES

Sleeping accommodation facilities of Self-Catering Accommodation

This section should ONLY be completed by the Self-catering accommodation establishments.

(i) Number of apartments/units on the premise: _____

(ii) Number of bedrooms in each apartment/unit:

Single bedroom: _____ Double bedroom: _____ Family bedroom: _____

(iii) Ratio of bedrooms to bathroom: _____

(iv) Ratio of bedroom to kitchen: _____

(v) Average floor area of bedrooms: _____

(vi) Total number of beds in rooms: _____

6. 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: _____

(v) Is the kitchen equipped with the following, if self-catering is provided?

- | | |
|--|---|
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Hot plate or stove |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Sufficient cutlery and crockery |
| <input type="checkbox"/> Food storage facilities | <input type="checkbox"/> A kitchen sink with hot and cold running water |

(vi) Total number of chairs and tables in dining room:

Chairs: _____ Tables: _____

6 (a) Bathrooms and Sanitation (applicable, if communal facilities are provided)

(i) Ratio of communal bath to beds: _____

(ii) Ratio of communal shower to beds: _____

(iii) Ratio of communal toilets to beds: _____

7. PARTICULARS OF CONFERENCE FACILITY

Complete, if offering conference facilities

State:

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

- | | |
|--|--|
| <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 rooms | <input type="checkbox"/> Translation services |
| <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)

8. DETAILS OF EMPLOYEES

8 (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					

8(b) Employees by Nationality

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

8(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								
Unskilled								
Total								

Enumerate types of jobs done by employees indicated under "Other" in 8 c)

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

Part time staff number: _____

9. GENERAL INFORMATION

This information is for marketing purposes only.

9(a) Facilities & Services Provided

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

- ☐ Transport / pick-up service
- ☐ 24 Hour receptions
- ☐ Tourist information desk / Curio shop/Kiosk
- ☐ Safe in room or reception
- ☐ Secure off-street parking
- ☐ Internet / e-mail facilities
- ☐ TV in room
- ☐ Central TV lounge
- ☐ Satellite TV in room / lounge
- ☐ Telephone in rooms/units
- ☐ Restaurant/dining area
- ☐ A la Carte menu
- ☐ Set menu
- ☐ Special meals on request
- ☐ Cocktail Bar/Pub
- ☐ Room service
- ☐ Limited Room Service
- ☐ Lapa/Boma
- ☐ Hair dryer in rooms/units
- ☐ Shaver plug in rooms/units
- ☐ Hairdressing Salon
- ☐ Toiletries supplied
- ☐ Linen supplied

- ☐ Towels supplied
- ☐ Air conditioning in rooms/units
- ☐ Overhead Fans in rooms/units
- ☐ Gym available on the premise
- ☐ Bar fridge in rooms/units
- ☐ Conference facilities
- ☐ Food & Beverage
- ☐ Swimming pool
- ☐ Cots available
- ☐ Wheel chair friendly
- ☐ Non smoking rooms
- ☐ Public telephone
- ☐ Laundry / Valet service
- ☐ Babysitting service
- ☐ Lifts if storey building
- ☐ Promotional material (e.g. brochures, posters, videos) are available

Specify others: _____

9(b) Tariffs

State tariffs charged:

Single bedroom: _____ Double bedroom: _____

Family bedroom: _____ Suite: _____

Other, specify : _____

9(c) Accessibility

*(i) How can guests travel to your establishment from other towns/areas within Namibia?
(E.g. road numbers, street names, 4x4 accessibility, etc.)*

☐ 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

☐ 4x4 only

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

☐ Tarred up to reception

☐ Tarred and gravel

☐ River Crossings

☐ Mountain Passes

g(d) 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: _____

ge) Activities offered:

Which activities do you offer to visitors against payment?

LAND

- ☐ Archaeology
- ☐ Abseiling
- ☐ Adventure Racing
- ☐ Birding
- ☐ Camel Trails/ Rides
- ☐ Canoeing & Rafting
- ☐ Caving
- ☐ Cave diving
- ☐ Cultural Tours
- ☐ Cinema
- ☐ Casino
- ☐ Game/nature drives
- ☐ Golfing
- ☐ Geological tours
- ☐ Hides
- ☐ Hiking Trails

- ☐ Horse rides
- ☐ Hunting
- ☐ Mountaineering
- ☐ Rock Climbing
- ☐ Quad-biking
- ☐ Sand Boarding
- ☐ Stargazing
- ☐ Scenic drives
- ☐ 4X4 Trails

WATER

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

AIR

- ☐ Ballooning
- ☐ Hang gliding
- ☐ Micro lighting
- ☐ Paragliding
- ☐ Skydiving

Specify others: _____

9(f) 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

10 Form of payment

10(a) Form of payment

Indicate form of payment that can be accepted.

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

10(b)1. Does your business have any foreign banking account? Yes ☐ or No ☐

If yes specify: _____

10(c) Operating times

Indicate with an X when the establishment is operational.

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

11. CHECK LIST

Enclose the following materials:

Please tick as appropriate ✓

- ☐ A prescribed application fee.
- ☐ A proof of company registration and ownership of the premises (e.g. Deed of Sale) 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 authorisation to conduct a business of class of accommodation establishment which is issued by the Local Authority / Regional Authority or other Authority (e.g. PTO / Certificate of fitness).
- ☐ An approved building plan by a competent authority where relevant (e.g. Local Authority).
- ☐ A VAT certificate.
- ☐ A 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

