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## **Namibia Tourism Board**

### **REGISTRATION, APPLICATION and UPDATE INFORMATION FORM SHUTTLE AND TRANSPORT SERVICE 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 INFORMATION

*Complete this section only if applicable.*

Name of agent: \_\_\_\_\_

Physical address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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							

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

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

Part time staff number: \_\_\_\_\_

**6. PARTICULARS OF VEHICLES (same as like tour and safari operators)**

**6 (a) If using own vehicles complete the table below :**

Type of Vehicles	With Four-Wheel Drive	Without Four-Wheel Drive	Total
Sedan vehicles			
Pick-up /Bakkie			
Bus (11-25 seats)			
Bus (26-50 seats)			
Bus ( 51+ seats)			
Overland truck/bus			
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: \_\_\_\_\_

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## 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 PERSON
Sedan Vehicle	
Pick – Ups / Bakkie	
Bus (11 – 25 Seats)	
Bus (26 – 50 Seats)	
Bus (51+ Seats)	
Overland truck/bus	

## 9. GENERAL INFORMATION

*This information is requested for marketing purpose only*

### 9 (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
- ☐ Disable friendly
- ☐ Trained trackers and skimmers
- ☐ Bow-hunting
- ☐ Bird-watching
- ☐ Laundry Services



- ☐ Photo Safaris
- ☐ Organised tours
- ☐ Departure times

Other \_\_\_\_\_  
\_\_\_\_\_

**9 (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 |

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

**If yes, specify** \_\_\_\_\_

**9 (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 |

**9(e) Operating times**

*Indicate with an X time when the business is operational*

- ☐ Seasonal: Specify: \_\_\_\_\_  
\_\_\_\_\_
- ☐ All year round

**10. 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 of Public Road Carrier Permit for vehicles used for tours.
- ☐ 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 Public Driver's Permit / Driver's license endorsed with PA.
- ☐ A proof of valid first aid certificate of staff escorting clients.
- ☐ 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