

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

Namibia Tourism Board

STAR GRADING ADVISORY/MYSTERY GUEST VISIT FORM

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 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 of star grading will be subject to Board approval.
- Application form must be submitted to:

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

Registration Number:

Receipt number:

1. (Please Tick only one designator)

- | | |
|--|--|
| <input type="checkbox"/> Hotel | <input type="checkbox"/> Self-Catering establishment |
| <input type="checkbox"/> Bed and Breakfast | |
| <input type="checkbox"/> Guest Farms | |
| <input type="checkbox"/> Guest House | |
| <input type="checkbox"/> Hotel Pension | |
| <input type="checkbox"/> Lodge | |
| <input type="checkbox"/> Tented Camp | |
| <input type="checkbox"/> Tented Lodge | |
| <input type="checkbox"/> Other: | <input type="text"/> |

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

Specify

2. Reason for Advisory Visit

3. Correspondence Details

Name of the establishment: _____

Name of contact person for grading: _____

Designation of contact person: _____

Physical address: _____

Postal Address (if different to physical address):. _____

Telephone Number/s: _____

Cellular Number/s: _____

Facsimile Number/s: _____

Email Address: _____

Website Address: _____

4. Contact details of the owner / manager (if different to above)

Name of contact Person: _____

Physical Address: _____

Telephone Number: _____ Facsimile Number: _____

Email: Address: _____

5. Suitable Period for Advisory Visit

6. CHECK LIST

Enclose the following materials:

Please tick in appropriate ☐

- ☐ A prescribed application fee.

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

