

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

## **Namibia Tourism Board**

### **REGISTRATION, APPLICATION and UPDATE INFORMATION FORM TROPHY HUNTING OPERATORS WITHOUT ACCOMMODATION**

#### **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-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 or Physical 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 OPERATION / BUSINESS

#### 3.1. Shareholding Information

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 Categorization of ownership

Select the appropriate status of the Trophy Hunting Operation by marking only one relevant box with an X.

- ☐ Owner of registered hunting farm with the Ministry of Environment and Tourism
- ☐ Lessee of a registered hunting / Guest Farm
- ☐ Owner of registered Hunting Company or Close Corporation with hunting rights
- ☐ Lessee of registered Hunting Company or Close Corporation with hunting rights
- ☐ A Chairperson of gazette Communal Conservancy
- ☐ Any other, specify \_\_\_\_\_

### 3.3. Other particulars of the operation / business

Trading name: \_\_\_\_\_

Date established: \_\_\_\_\_

Date of first registration: \_\_\_\_\_

NTB registration number (if applicable): \_\_\_\_\_

Company registration number: \_\_\_\_\_

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

(Please specify Street Name or Road Number)

Postal address: \_\_\_\_\_

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 PARTICULARS

*Complete this section, if you use an agent for bookings*

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

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

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

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

**5. (a)** *If not making use of any of the own accommodation , describe alternative accommodation provision used.*

\_\_\_\_\_  
\_\_\_\_\_

**5 (b) Communication details:** *which of the following do you make use of? Give details:*

☐ Telephone: \_\_\_\_\_

☐ Cellphone: \_\_\_\_\_



☐ Radio phone: \_\_\_\_\_

☐ Satellite phone: \_\_\_\_\_

**5 (c) Details of other hunting facilities**

*Which of the following do you provide?*

☐ Slaughtering (with or without gantry)

☐ Salting facility

☐ Rifle sighting facility

**6. EMPLOYEE DETAILS**

**6 (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					

**6 (b) Employees by Nationality**

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

**6 (c) Job categories of full-time employees**

Gender	Game Trackers/ Skinners	Hunting Guide	Master Hunting Guide	Professional Hunting Guide	Reception	Maintenance	Kitchen	Others
Male								
Female								
Total								

Enumerate types of jobs done by employees indicated under "Other " in 6 c) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

**7. GENERAL INFORMATION**

*This information is requested for marketing purpose only*

**7(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
- ☐ Promotional material (e.g. brochures, posters/videos) is made available
- ☐ Disable friendly
- ☐ Trained trackers and skimmers
- ☐ Bow-hunting
- ☐ Bird-watching
- ☐ Laundry Services
- ☐ Photo Safaris
- ☐ Organized tours

Other: \_\_\_\_\_  
\_\_\_\_\_

**7(b) Form 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 |

**7(c)1. Does your business have any foreign account? Yes ☐ or No ☐**

Name of owner:

If yes specify: \_\_\_\_\_

**7(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 |

**7(e) Operating times**

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

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



### 7(f) Trophies Offered

Indicate Trophies offered for hunting

---

---

---

### 8. CHECK LIST

Enclose the following materials:

*Please tick as appropriate ✓*

- ☐ A prescribed application fee.
- ☐ A proof of Company registration and ownership or lease agreement of the farm.
- ☐ A proof of ID, Permanent Residence of the owner/owners.
- ☐ A proof of ID, Permanent Residence or Work Permit of Manager.
- ☐ A certificate of qualifications of registered Hunting or Master Hunting Guides or Professional Hunters employed.
- ☐ A proof of Public liability insurance, with professional indemnity certificate.
- ☐ A copy of VAT certificate.
- ☐ A proof of hunting farm, hunting rights, communal conservancy approval by the Ministry of Environment & Tourism.
- ☐ 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	
-----------------------------------	--	--	--	----------	--

APPLICABLE CONDITIONS:

\_\_\_\_\_  
**SIGNATURE**\_\_\_\_\_  
**RANK**\_\_\_\_\_  
**DATE****APPROVAL**

Approval granted:

Yes ☐No ☐\_\_\_\_\_  
**SIGNATURE**\_\_\_\_\_  
**RANK**\_\_\_\_\_  
**DATE**



