

Date received	
Processed by	
Date Processed	



Namibia Tourism Board

UPDATE INFORMATION FORM

Registration number allocated:

1. PARTICULARS OF OWNER

Name of owner: _____

Postal address: _____

Physical address: _____

Telephone number: _____ Telefax: _____

Mobile number: _____

Email address: _____

Citizenship: _____

Nationality: _____

2. PARTICULARS OF MANAGER

Name of manager: _____

Postal address: _____

Physical address: _____

Telephone number: _____ Telefax: _____

Mobile number: _____

Email address: _____

Citizenship: _____

Nationality: _____

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2. PARTICULARS OF THE BUSINESS

Old/new trading name: _____

Region: _____

Postal address: _____

City / Town: _____

Physical address: _____

Street name & erf number: _____

(If outside town) Road no. & farm / plot name: _____

Telephone number: _____ Telefax: _____

Mobile number: _____

Email address: _____

Website: _____

Number of bedrooms/units	Number beds	Number of pitches	Number of vehicles	Details of Employees Male / Female

DECLARATION

I declare that the above information furnished herein is true and correct.

Signature of applicant: _____

Place: _____ Date: _____