

IMPORTANT

To be completed in block letters

The permission of the Ministry of Home Affairs
& Immigration must be obtained before:

- A) The purpose and period of residence may be changed; or
 B) Employment is accepted; or
 C) Employment/employer may be changed; or
 D) Study offer is accepted; or
 E) Learning institution is changed.



Immigration Control Act 7 of 1993

Arrival Form

(Section 8 & 29 Regulation 2)

Departure From Namibia Regulation Act 1993

(Act 34 of 1993)

Departure Form

(Section 9A/Regulation 3)

ARRIVAL / DEPARTURE FORM**ARRIVING AND DEPARTING PASSENGERS, PLEASE ANSWER QUESTIONS 1-19. DO NOT FORGET SIGNATURE AND DATE**

1. Surname (Family name):	SUKUNIMI	2. First Name (s):	ETUNIMET
3. Maiden Name	(tyttönimi)		syntymäaika
4. Sex (tick): Male <input type="checkbox"/>	Female <input type="checkbox"/>	sukupuoli	5. Date of Birth: Day p v Month k k Year vuosi
6. Country of Birth (State country):	syntymämaa	7. Country of present residence:	asuinmaa
8. Nationality of passport:	FINLAND (jos suomen passi)	9. Passport Number:	PASSINUMERO
10. Passport Expiry Date: Day Month Year		<- PASSIN VIIMEINEN VOIMASSAOLOPÄIVÄ	
11. Number of accompanying children under the age of 16: Male <input type="checkbox"/>	Female <input type="checkbox"/>	<- kuinka monta alle 16v lasta MUKANA	
12. Mode of Travel (Please tick one box):			
Air <input checked="" type="checkbox"/>	Flight No	Lennon numero	13. Occupation: ammatti
Road <input type="checkbox"/>	Reg No		Sea Name of Vessel
Rail <input type="checkbox"/>	Other <input type="checkbox"/>	Specify:	
14. Physical Address in Namibia: ENSIMMÄISEN MAJAPAIKAN OSOITE			
15. Purpose of Entry (Tick one box):			
Namibian Citizen <input type="checkbox"/>	PRP Holder <input type="checkbox"/>	Visiting Friends/Relatives <input type="checkbox"/>	Holiday/Tourist/Recreation <input checked="" type="checkbox"/>
In Transit/Stopover <input type="checkbox"/>	Diplomat <input type="checkbox"/>	Business/Conference/Professional <input type="checkbox"/>	ORP, EP & SP Holders <input type="checkbox"/>
Other (Please specify):			
16. Length and intended stay in Namibia: Days/Weeks/Months PERILLÄOLOAIKA PÄIVISSÄ TAI LÄHTÖPÄIVÄMÄÄRÄ			
17. Visitors to Namibia, kindly state the amount of money you intend to spend during your visit (excluding fare to and from Namibia): ARVIO KUINKA PALJON RAHAA KÄYTTÄÄ NAMIBIASSA ESIM N\$ 2000			
18. Contact Person	STEFAN ERIKSSON	19. Contact Number	081-4059382

I declare that the above information is correct to the best of my knowledge.

Signature: ALLEKIRJOITUS

Date: PÄIVÄMÄÄRÄ

Official use only (Date Stamp)

Signature of Immigration Officer

VISA NUMBER:

Number of days granted:

VISA TYPE:

OFFICE OF ISSUE:

N PRP T, ST T/S B, C, P D O

SERIAL NO: A