



THE REPUBLIC OF NAMIBIA
MINISTRY OF MINES AND ENERGY
DIAMOND ACT, 1999 (ACT 13 of 1999)

APPLICATION IN TERMS OF SECTION 28 FOR PERMIT REFERRED TO IN SECTION 27(k)

1. Particulars of Applicant:

(a) First Names(s):	(c) Sex	
(b) Surname		
(d) Identity Number / Passport No (attach certified copy)	(e) Nationality: (attach proof)	
(f) Postal Address		
(g) Residential Address:		
(h) Telephone No: (Work)	Telephone No: (Home)	Fax no:
(j) If permanently resident in Namibia, state Permanent Residence Permit No. (attach certified copy):		
(k) Work Permit No (attach copy):	N/A	
(l) Expiry date of work permit:	N/A	

2. Particulars of Employer:

(a) Name:	
(b) Postal Address:	
(c) Business Address:	
(d) Telephone No:	(e) Fax No:
(f) Capacity/position in which applicant is employed:	

3. Particulars of restricted area(s) for which permit is required:

(a) Area(s):	
(b) Point of entry:	(c) Point of departure:
(d) Purpose for which permit is required:	
(e) Date / period for which permit is required:	

4. If applicant is spouse, child, other family member or dependant of existing permit holder employed in restricted area, give particulars of such permit holder:

(a) First Name(s):

(b) Surname:

(c) Postal Address:

(d) Residential Address:

(e) Permit No:

(f) Relationship to Permit holder:

Telephone No:

5. Particulars of any dependants unde the age of 15 years who should be covered by this permit:

Dependant No. 1:

(a) First Name(s): N/A

(b) Surname: N/A

(c) Relationship to applicant: N/A

(d) Age: N/A

(e) Sex: N/A

(f) Date of birth: N/A

Dependant No. 2:

(a) First Name(s): N/A

(b) Surname: N/A

(c) Relationship to applicant: N/A

(d) Age: N/A

(e) Sex: N/A

(f) Date of birth: N/A

(In case of more than two such dependants provide particulars as above on seperate sheet of paper)

**6. Particulars of and statement by person in control of restricted area
(e.g. producer, contractor or subcontractor):**

(a) Name:

(b) Postal Address:

(c) Residential /
Business Address:

(d) Telephone No.:

I,

(full names), telephone no.

In my capacity as _____ hereby support / do not support (delete whichever is not applicable)

The application by _____ (state name(s) of applicant)

Subject to the following recommendations (if any):

If application is not supported, state reasons:

I am duly authorised by _____ (name of producer, contractor, sub-contractor, in charge of restricted area)
To make this statement.

Signature

Date

