



FORM 4

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 Name(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) :	(i) Fax No:
(j) If permanently resident in Namibia, state Permanent Residence Permit No. (attach certified copy):		
(k) Work Permit No (attach copy):		
(l) Expiry date of work permit:		

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 dependent of existing permit holder employed in restricted area, give particulars of such permit holder:

(a) First Names(s):
(b) Surname:
(c) Postal Address:
(d) Residential Address:
(e) Permit No.:
(f) Relationship to Permit holder:

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

Dependant No.1:

(a) First Name(s):
(b) Surname:
(c) Relationship to applicant:
(d) Age:
(e) Sex:
(f) Date of birth:

Dependant No. 2:

(a) First Names:
(b) Surname:
(c) Relationship to applicant:
(d) Age:
(e) Sex:
(f) Date of birth:

(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

7. State whether applicant -

(a) has ever been convicted of a criminal offence, in or outside the Republic of Namibia:	YES	NO	If Yes, provide details on separate sheet of paper:
(b) has ever been arrested for or charged with, or acquitted of any criminal offence, in or outside the Republic of Namibia:	YES	NO	If Yes, provide details on separate sheet of paper:
(c) has any investigation in connection with any criminal offence pending against him/her:	YES	NO	If Yes, provide details on separate sheet of paper:

Signature of Applicant

Date

if signed on behalf of applicant, also state full names of person signing.

First names:	Surname:
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APPROVED	NOT APPROVED

Signature of police officer / Diamond inspector / Diamond Commissioner
or other authorised person.

DATE STAMP