



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 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.:

Co. No:

(f) Relationship to Permit Holder:

Telephone No:

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 Name(s):

(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 separate sheet of paper)

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

(a) Name: Karl Raymond Fisch

(b) Postal Address: P.O. Box 35, Oranjemund

(c) Residential/
Business Address: NAMDEB Security

(d) Telephone No.: (264 63) 236002

I,

in my capacity as SENIOR SECURITY SUPT 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 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

Date

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

First Names: _____

Surname: _____

APPROVED	NOT APPROVED

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

DATE STAMP

**VRYWARING DEUR APPLIKANT / WERKNEMER
INDEMNITY BY APPLICANT / EMPLOYEE**

Ek _____ (volle name, van)

I _____ (full name, surname)

van _____ (adres)

of _____ (address)

het aansoek gedoen vir indiensneming deur / is tans in diens van
have applied for employment by / is currently employed by

_____ as werkgewer,

_____ as employer.

in die hoedanigheid van _____

in the capacity of _____

verleen hierby uitdruklike toestemming aan die hierbo vermelde werkgewer om my vingerafdrukke asook my naam, van en identiteitsnommer te neem / te laat neem en aan die Suid-Afrikaanse Polisie diens beskikbaar te stel.

hereby give my explicit consent to the abovementioned employer to take / have my fingerprints, name, surname and identity number taken and to make it available to the South African Police Service.

Verder verleen ek my uitdruklike toestemming aan die Suid-Afrikaanse Kriminelerekordsentrum vir die verskaffing van inligting aan die hierbo vermelde werkgewer aangaande enige kriminele agtergrond, kriminele geskiedenis, vorige veroordelings en / of enige relevante inligting van myself wat gewoonlik deur die Suid-Afrikaanse Polisie diens Kriminelerekordsentrum op die vorm SAP 69 verskaf word.

Furthermore, I give my explicit consent to the South African Police Service Criminal Record Centre to furnish information of myself regarding any criminal background, criminal history, previous convictions and/ or any relevant information to the above employer as is usually furnished by the South African Police Service Criminal Record Centre on the form SAP 69.

Verder onderneem die werkgewer om die Suid-Afrikaanse Polisie diens Kriminelerekordsentrum en alle lede of werknemers in diens van die Suid-Afrikaanse Polisie diens asook die Regering van die Republiek van Suid-Afrika onvoorwaardelik te vrywaar vir alle aanspreeklikheid en vir alle aksies, regsdinge, eise, skadevergoeding, rente, koste ingeslote prokureur-en-kliënt koste en uitgawes van watter aard ookal wat hiermee in verband staan of wat voortspruit uit die bekendmaking van enige inligting wat op die vorm SAP 69 vervat word.

Furthermore the employer also undertakes to indemnify the South African Police Service Criminal Record Centre and all its members or employees in the services of the South African Police Service as well as the Government of the Republic of South Africa unconditionally against all liability and against all actions, proceedings, claims, damages, interest, costs including attorney-client costs and expenses whatsoever in relation thereto or what result or may result from furnishing of information on the said form SAP 69.

Gedateer op hede _____ (dag, maand, jaar) te _____ (plek)

Dated at _____ (place) this _____ (day, month, year)

Getuies / Witnesses

1. _____

HANDTEKENING VAN VRYWAARDER
SIGNATURE OF INDEMNITOR

2. _____