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)	Gender:
(b)	Surname:		
(d)	Identity Number/Passport No: (attached 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:	
(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)
(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 Name(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 & 3

(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:	**SIMON AMUTENYA**
(b)	Postal Address:	**P O BOX 35, ORANJEMUND, NAMIBIA**
(c)	Residential / Business Address:	**NAMDEB**
(d)	Telephone No.:	**236002**

I

(full names), telephone no. 236002

in my capacity as **SENIOR SECURITY SUPERINTENDENT** 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		No	If, Yes, provide details on separate sheet of paper:
(b)	has ever been arrested for or charged with, or acquired of any criminal offence, in or outside the Republic of Namibia:		No	If, Yes, provide details on separate sheet of paper:
(c)	has any investigation in connection with any criminal offence pending against him/her:		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:

APPROVED	NOT APPROVED

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

DATE STAMP