



MINISTRY OF HEALTH SOCIAL SERVICES

ANNEXURE B: APPLICATION FOR STATE FUNDED QUARANTINE DURING STAGE 4: COVID-19 STATE OF EMERGENCY

This form must be submitted two (2) weeks before the expected date of arrival. Completed form and supporting documents must be submitted to: health.travelapproval@mhss.gov.na

PERSONAL PARTICULARS	
1. Name	
2. Surname	
3. Date of Birth	
4. Passport Number	
5. Physical address in Namibia	
6. Contact details	Mobile Phone #: Email:
7. Occupation	
8. Employer	
TRAVEL INFORMATION	
9. Date last departed Namibia	
10. Reason for entering Namibia	
11. Expected date of arrival	
12. Mode of Travel (by road, air or sea)	
13. Port of Entry (name of border post/airport/seaport)	
14. Vehicle registration number/Flight /Vessel details	
MOTIVATION	
15. Please provide the motivation for the request for exemption from paying the cost of COVID-19 quarantine (use additional sheets if necessary)	

Recommended/ Not Recommended	Approved/ Not Approved	Date stamp
Signature: _____ Date: _____ Mwaala Shaanika Control Administrative Officer	Signature: _____ Date: _____ Ben Nangombe Executive Director	
Name of assigned quarantine facility: _____		

For enquiries, please contact Mr. Mwaala Shaanika ; health.travelapproval@mhss.gov.na

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