



**Republic of Namibia**  
**MINISTRY OF HEALTH AND SOCIAL SERVICES**

**CERTIFICATION APPLICATION FORM FOR THE ACCOMMODATION ESTABLISHMENTS**

This application must be submitted to the following contact details for consideration and approval:

TO: Ms Naemi Shoopala, Director  
Primary Health Services  
0612032700  
Email naemi.shoopala@mhss.gov.na

APPLICATION DATE:

**CONTACT DETAILS OF THE ACCOMMODATION ESTABLISHMENT**

Name of establishment: \_\_\_\_\_

Physical address: \_\_\_\_\_  
\_\_\_\_\_

Nearest town/village council or local authority area where establishment is located \_\_\_\_\_  
\_\_\_\_\_

In which political region is establishment located \_\_\_\_\_  
\_\_\_\_\_

GPS Co-ordinates \_\_\_\_\_

Category under which establishment is registered by NTB: \_\_\_\_\_

NTB Registration Number: \_\_\_\_\_

Type of material from which the 90% Of the establishment is built (e.g. thatched, bricks, mud, corrugated irons, other. \_\_\_\_\_

**CONTACT DETAILS OF OWNER OR ASSIGNED MANAGER**

Name: \_\_\_\_\_

Contact number: landline: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**OFFICE USE ONLY**

Name of Assessor assigned: \_\_\_\_\_

Contact details of the Assessor: Office line: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

APPROVAL TO BE GRANTED OR NOT: YES  NO

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
NAME OF AUTHORISOR

\_\_\_\_\_  
DATE