



Client Profile Application Form

A. Client Details

Client Type:	☐ Individual	☐ Corporate
First Name:	Middle Name:	
Last Name:		

Date of Birth:	ID Number:																			
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Identification Type:	☐ South West Africa ID ☐ New Namibia ID																			
Nationality:	Citizenship:																			
Marital Status:	Ethnicity:																			
Sex: ☐ Male ☐ Female ☐ Not Specified	No of Dependents:																			
Any Disabilities? ☐ Yes ☐ No (if yes, provide the disability details below)																				
Albinism? ☐ Yes ☐ No																				

All official correspondence must be addressed to the Chief Executive Officer

Our Vision: To be a leading urban centre in Namibia that is built on quality municipal services and promotes sustainable local economic development.

B. Contact Details

Cellphone Number:	Home Contact Number:	Email Address:
Fixed Residential Address:		Postal Address:

LAND AND HOUSING NEEDS APPLICATION FORM

A. Client Details *(for individual clients only)*

First Name:	Last Name:																
Date of Birth:	ID Number:																
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Nationality:	Postal Address:																
Residential Address:	Tel./Cellphone Number:																
Email Address:	Work Tel. Phone Number:																
Date of Birth:	ID Number:																
Marital Status:	Ethnicity:																
Sex: ☐ Male ☐ Female	No of Dependents:																
Any Disabilities? ☐ Yes ☐ No <i>(if yes, provide the disability details below):</i>	Albinism? ☐ Yes ☐ No																

B. Application Details

Application Type: ☐ Housing ☐ Land	Head of Household? ☐ Yes ☐ No
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Purpose of Application (<i>housing application type only</i>):		Loan Required? ☐ Yes ☐ No	
Land Zoning (<i>state if residential, business, industrial, etc.</i>)		Loan Amount (NAD) (<i>only if applicable</i>)	
Institution:		Project:	
Employment Status: ☐ Employed ☐ Unemployed ☐ Self-Employed			
Employer:	Occupation:	Nett. Monthly Income (NAD):	
Subsidy? ☐ Yes ☐ No (<i>if yes, provide subsidy amount</i>)		Subsidy Amount (NAD):	
Usual Place of Residence:		Application Remarks:	

NB: The following should be attached to this application form:

1. Certified copies of identity documents
2. Bank statement/Payslip
3. Proof of income with a supporting Police Declaration for self employed clients.
4. Copy of marriage certificate if legally married.
5. Receipt of proof of payment for the application form (if applicable).

I certify that the information provided above is correct.

SIGNATURE OF THE APPLICANT

____ / ____ / 20____

DATE

FOR OFFICE USE	
Received by:	Designation:
Signature:	Date: ____ / ____ / 20____ Time: ____h____