



REPUBLIC OF NAMIBIA

MINISTRY OF LANDS AND RESETTLEMENT

Tel: (061) 2965000
Fax: (061) 228 240/2965119

Dr. Robert Mugabe Avenue No. 55
Private Bag 13343
WINDHOEK

FOR OFFICE USE ONLY

Received by:

Ref. No:

Checked by:

Date:

APPLICATION FOR RESETTLEMENT / LEASE

Only one application per family will be considered except if they apply as duly constituted cooperative.

1. FAMILY NAME:
2. FIRST NAMES:
3. MAIDEN NAMES:
4. I.D / PASSPORT NO:
(Attach certified copy)
5. DATE OF BIRTH:
6. PLACE OF BIRTH:

Village/ Town	Region/Constituency	Country

7. SEX: Female ☐ Male ☐

8. MARITAL STATUS: ☐ Single ☐ Married

9. IF MARRIED: ☐ In Community of Property
☐ Out of Community of Property

10. (a) CURRENT RESIDENTIAL ADDRESS: (b) POSTAL ADDRESS:
.....
.....
.....

11. TELEPHONE No. (W) (H)

12. SOURCE OF INCOME: ☐ PENSION ☐ SELF-EMPLOYMENT
☐ EMPLOYMENT

13. IF SELF-EMPLOYMENT, INDICATE

(a) Type of business you are engaged in:

.....

(b) Your annual income?

N\$.....

14. IF IN EMPLOYMENT, INDICATE

PLACE OF EMPLOYMENT (<i>starting with the recent jobs</i>)	FROM	TO

15. In what capacity are you employed?

16. What is your annual income? N\$
(Attach Salary Slip and any support documents)

17. Is your spouse ☐ EMPLOYED ☐ SELF-EMPLOYED
☐ UNEMPLOYED

18. If employed, indicate address and contact details of the employer?

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.....
.....

19. What is the spouse's annual income? N\$
(Attach Salary Slip and other documents)

20. QUALIFICATION OR SKILLS

a) Agricultural Qualification: (Attach certified proof)

.....
.....

b) Agricultural Experience (Attach certified proof)

- a) 0 – 1 year ☐
b) 2-5 years ☐
c) 6-10 years ☐
d) 11-14 years ☐
e) 15+ years ☐

c) Specify type of farming ☐ Crop Production ☐ Animal Husbandry

d) Other Qualification (State your highest qualification – attach certified proof)

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.....

21. LIVESTOCK NUMBERS *(Please attach a copy of Stock Brand Card):*

Cattle	Goats	Sheep	Horses	Donkeys	Other

Note: Numbers of livestock shall not exceed 150 Large Stock and 800 Small Stock

22. (a) DO YOU HAVE EXCLUSIVE USE TO AGRICULTURAL LAND OTHER THAN

CUSTOMARY LAND RIGHT?

☐

YES

☐

NO

(b) IF YES, Indicate Size and Name of place or Farm No.

.....

23. (a) ARE YOU A FULL TIME COMMUNAL FARMER? YES ☐

NO ☐

(b) If YES, provide a statement from your Traditional Authority

24. FARMING UNIT APPLIED FOR:

Farming Unit No.	Farm Name and No	District	Region

25. NAME OF YOUR HEADMAN, CHIEF OR COUNCILLOR

.....

26. Address of Headman, Chief or Councillor

a) Postal Address

b) Telephone Number

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.....

27. (a) REASON FOR REQUEST TO BE RESETTLED (*tick where it is appropriate*)

- i) My area is drought stricken ☐
- ii) The land I occupy has become too small ☐
- iii) I am expelled from the land I have been living on ☐
- iv) I have never owned/occupied land ☐
- v) I am renting a piece of land ☐

(b) STATE OTHER REASONS TO SUPPORT YOUR APPLICATION

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.....

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28. (a) ARE YOU A GENERATIONAL FARM WORKER? ☐ YES ☐ NO

(b) If YES, provide support documentations

29. DECLARATION

a) I/We do solemnly declare that I/We apply for farm (Name & No.)
..... Unit in Region and in
..... Constituency/District on my/our behalf and for my/our sole use
and benefit and not as agent(s) or trustee(s) for any other person.

b) I/We further declare that the information provided above is true and correct to the
best of my/our knowledge.

Signature:

Place:

Date:

Before me:
(Commissioner of Oaths)

30. FOR OFFICE USE ONLY

	Remarks by and forwarded	Remarks and approved		
1.	Regional Resettlement Committee Secretary Signed: Date:		Rejected	Recommended
2.	Remarks by and forwarded	Remarks and approved		
3.	Chairperson Regional Resettlement Committee Signed: Date:		Rejected	Recommended

b) LAND REFORM ADVISORY COMMISSION

a) Name of the Farm:

b) Farm No: Region:

c) Allotment No:

d) Recommended by Permanent Secretary (Chairperson)

.....
.....

Signature:

Date:

c) APPROVED BY THE MINISTER

.....
.....

Signature:

Date: