

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	AND SOCIAL S	
Primary Health Services	DEELCE OF THE DIME	
0612032700	2 8 OCT 2020	
Email naemi.shoopala@mhss.gov.na	P/BAG 13322, WINDHOEK	
APPLICATION DATE:	DIRECTORATE KHOMAS REGION	
CONTACT DETAILS OF THE ACCOMMIDATION ESTABL	ISHMENT	
Name of establishment:		
Physical address: Farm Klein		
Windhoek	District	And the Late
WENT THE STATE OF		
Nearest town/village council or local authority are	a where establishment is located 🔾) in dhock
In which political region is establishment local	Khomas Regio	on
III Willow pointed to grow to be some the same to be some to be so	44.00 20.	
GPS Co-ordinates 23° 17'4"5	16°0'37"0	
Category under which establishment is registered	by NTB: <u>Bed and B</u>	reakfast

	the establishment is built (e.g. thatched, bricks, i	mud,
corrugated irons, other. bree	oh s	
CONTACT DETAILS OF OWNER OR ASSING	ED MANAGER	Teg. 700 X X
	2ger 3732 Mobile number: 081 kadi - Safaris Com	-248 7144
OFFICE USE ONLY		
_ame of Assessor assigned: THO	MAS KayroFi	
Contact details of the Assessor: Office I	ine: <u>361-2035061</u> Mobile number	- <u>8</u> 1127667
Date of Inspection: $\frac{28/10/2}{2}$	2020	
APPROVAL TO BE GRANTED OR NOT:	YES NO	
JIGNED	T. Kays of T. NAME OF AUTHORISOR	28/10/2020 DATE

