

## Republic of Namibia MINISTRY OF HEALTH AND SOCIAL SERVICES

## CERTIFICATION APPLICATION FORM FOR THE ACCOMMODATION ESTABLISHMENTS

This application must be submitted t	to the following	contact details for	r consideration ar	nd approval:
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This application must be submitted to the following contact dete	and for consideration and approval.
TO: Ms Naemi Shoopala, Director	
Primary Health Services	RMD SOFTWARTH
0612032700	ORPHOE OF THE BUTTERS
Email naemi.shoopala@mhss.gov.na	1 4 SEP ZIRI
APPLICATION DATE:	P/BAR Para
CONTACT DETAILS OF THE ACCOMMODATION ESTABLISHMENT	DIRECTORATE KHONIAS STORES
	and the same of th
Name of establishment: Kamab Suest	- Farm
Name of establishment: Kamab Suest  Physical address: Farm New Offics  M53, Windhock	auona, No Sog
M 53, Windhoele	
Nearest town/village council or local authority area where estable	lishment is located <u>Socis</u>
Coindhoek	
In which political region is establishment located Kho	bmas
GPS Co-ordinates 21°57'25" 5 , 17°	39'07"E
Category under which establishment is registered by NTB:	gicest term
NTB Registration Number: GF 000 93	

Type of material from which the 90% C	f the establishment is built (e	e.g. thatched, bricks, r	nud,	
corrugated irons, other. brick	s and Corru	gated iron	s tox	100/s.
CONTACT DETAILS OF OWNER OR ASSI	NGED MANAGER			
Name: Katja and		-		
Contact number: landline: 062 - S			248 7	144
Email Address: <u>Ratja</u> a mal	radi - Safaris	· Com		
OFFICE USE ONLY				
_me of Assessor assigned:	ouns ko	POF.		
Contact details of the Assessor: Office Email Address:				, ,
Date of Inspection:	12020	- 1534		
APPROVAL TO BE GRANTED OR NOT:	YES NO			
es	T. Kapoz	/.	4/10/	/2020
/ NED	NAME OF AUTHORISOR		DATE	

