Date received	
Processed by	
Date Processed	



NATIONAL HERITAGE COUNCIL OF NAMIBIA

No. 52, Robert Mugabe Avenue • Private Bag 12043, Ausspannplatz • Windhoek, Namibia Tel: (061) 244 375 • Fax: (061) 246 872 • E-mail: permits@nhc-nam.org

DEPARTMENT OF HERITAGE MANAGEMENT: ARCHAEOLOGY UNIT

ARCHAEOLOGY & PALAEONTOLOGICAL HERITAGE PERMIT APPLICATION FORM In terms of the National Heritage Act (Act 27 of 2004)

- 1) This application is subjected to an application fee
- 2) This application must be endorsed from the National Museum of Namibia or the Geological Survey of Namibia (in case of field research)
- 3) Complete and accurate information will allow processing time of this permit for at least 14 days
- 4) All the necessary supporting documents must be enclosed
- 5) This form may be completed in ink or electronically and printed. This form must be dated and with original signature of the applicant
- 6) Information provided in this application form are confidential
- 7) All accompanying copies of requested documents must be certified by a Commissioner of Oath.
- 8) Where choices are given, mark only the appropriate box with an X.

SELECT ONE OF THE FOLLOWING: NEW APPLICATION RENEWAL OF PREVIOUSLY ISSUED PERMIT CHANGE / MODIFICATION TO PREVIOUSLY ISSUED PERMIT (Note: expired permits cannot be renewed or modified)	FOR PERMIT RENEWALS OR MODIFICATIONS ONLY, ENTER THE PREVIOUSLY ISSUED PERMIT NUMBER PURPOSE OF THE PERMIT: ARCHAEOLOGIAL RESEARCH PALAEONTOLOGICAL RESEARCH SCIENTIFIC ANALYSES DATA COLLECTION OTHERS (please specify)
SECTION A: APPLICANT DETAILS	
NAME	
TITLE/DESIGNATION	
PERSONAL ADDRESS	
20111771/27 27 27 201	
COUNTRY OF ORIGIN	

CONTACT NO:	
EMAIL	
N.P. Places attach your cartified copies of your pass	poort/ID and your advectional qualifications

N.B: Please attach your certified copies of your passport/ID and your educational qualifications.

	SECTION B:	INSTITUTIONS DETAILS
NAME PHYSICAL ADDRESS	8	
DEPARTMENT HEAD OF THE DEPA	RTMENT	
FAX NUMBER EMAIL ADDRESS		
SIGNATURE OF HEA	D OF DEPARTMENT	DATE:

N.B Attach a support letter from your research supervisor (In case the applicant is a student).

SECTION C: RESEARCH TEAM INFORMATION

Please provide the names, specialization and institutions of all members of this research team. Attach a current résumé or statement of qualifications for all co-investigators.

NAME & SURNAME	SPECIALIZATION	INSTITUTION

SECTION D: RESEARCH	I PROJECT INFOP	RMATION					
Please tick or mark X in t	the appropriate sp	ace below:					
Archaeological Research	Palaeontological re	esearch	Scientific	c Analyses		Data Collection	
Others							
N.B Please indicate below who	ether the excavated m	aterials will be e	exported ou	t of Namibia (iı	n case	of scientific analyses)	
YES				NO			
*If applicant intend to export and transport archaeological or paleontological materials out of Namibia, an additional exportation application form must be submitted before materials are taken out of Namibia. GEOGRAPHICAL AREA OF THE RESEARCH PROJECT IN NAMIBIA							
REGION							
FARM / VILLAGE							
NEAREST TOWN / CITY							
GPS LOCATION							
FARM/ LANDOWNERS NAME							
FARM /LANDOWNERS CONTA	ACTS NO.						
SITE NAME							
FIELDWORK RESEARCH AND ANALYSES SCHEDULE INDICATE THE PROPOSED DATES FOR FIELD WORK AND ANALYSES (POST FIELDWORK)							
FIELDWORK STARTS			FIELDWO	ORK ENDS			
ANALYSES STARTS			ANALYSE	S ENDS			

RESEARCH PROJECT TITLE	
Provide a summary of your research proposal using only the space below and on the following page. Attach a map of the proposed study at to your application. The proposal summary must provide a clear statement of the aims and objectives of the project, the field and laborate research methodology, and the potential scientific and public benefits.	rea ory

DESCRIBES THE ANTICIPATED TYPES OF MATERIALS TO BE COLLECTED			
SECTION E: COLLECTION, CONSERV	VATION & SCIENTIFIC ANALYSES		
Applicants must provide the name, institution and provide conservation services of the collections to	d contact information of the conservator (NMN or GSN) that has been consulted and retained to to be made under the proposed research project in Namibia.		
CONSERVATOR'S NAME			
PHYSICAL ADDRESS			
EMAIL ADDRESS			
FAX NUMBER			
CONSERVATOR'S SIGNATURE			
PROVIDE DETAILS OF INSTITUTION WHERE (In case of already excavated materials).	THE MATERIALS <u>ARE CURRENTLY</u> HOUSED NAMIBIA		
NAME			
PHYSICAL ADDRESS			
FAX NUMBER			

SIGNATURE	
PROVIDE DETAILS OF THE <u>HEAD</u> OF INSTITUTION	N WHERE MATERIALS <u>WILL BE</u> HOUSED TEMPORARY OUTSIDE NAMIBIA
NAME	
PHYSICAL ADDRESS	
EMAIL ADDRESS	
FAX NUMBER	
SIGNATURE	
GIGNATURE	
N.B: The head of the institution where the materia signature above. Additionally, an official letter attest must be attached.	ls will be housed while outside Namibia should strictly approve this permit through a ng that the materials will be returned to Namibia upon completion of scientific analyses
LIST THE LOCATIONS. IF APPLICABLE.	OF <u>OTHER INSTITUTIONS</u> WHERE SPECIALISTS WILL UNDERTAKE
ANALYSIS OF SAMPLES OF THE COLLECTION	DNS
ANALYSIS OF SAMPLES OF THE COLLECTION Other Research Institutions	DNS
ANALYSIS OF SAMPLES OF THE COLLECTION	DNS
Other Research Institutions	DNS
ANALYSIS OFSAMPLES OF THE COLLECTION Other Research Institutions NAME	DNS
ANALYSIS OFSAMPLES OF THE COLLECTION Other Research Institutions NAME LABORATORY	
ANALYSIS OFSAMPLES OF THE COLLECTION Other Research Institutions NAME LABORATORY	
ANALYSIS OFSAMPLES OF THE COLLECTION Other Research Institutions NAME LABORATORY PHYSICAL ADDRESS EMAIL ADDRESS	
ANALYSIS OFSAMPLES OF THE COLLECTION Other Research Institutions NAME LABORATORY PHYSICAL ADDRESS	
ANALYSIS OFSAMPLES OF THE COLLECTION Other Research Institutions NAME LABORATORY PHYSICAL ADDRESS EMAIL ADDRESS	
ANALYSIS OFSAMPLES OF THE COLLECTION Other Research Institutions NAME LABORATORY PHYSICAL ADDRESS EMAIL ADDRESS SIGNATURE	
ANALYSIS OFSAMPLES OF THE COLLECTION Other Research Institutions NAME LABORATORY PHYSICAL ADDRESS EMAIL ADDRESS SIGNATURE	
Other Research Institutions NAME LABORATORY PHYSICAL ADDRESS EMAIL ADDRESS SIGNATURE Other Research Institutions NAME	
ANALYSIS OFSAMPLES OF THE COLLECTION Other Research Institutions NAME LABORATORY PHYSICAL ADDRESS EMAIL ADDRESS SIGNATURE Other Research Institutions	
Other Research Institutions NAME LABORATORY PHYSICAL ADDRESS EMAIL ADDRESS SIGNATURE Other Research Institutions NAME LABORATORY	
Other Research Institutions NAME LABORATORY PHYSICAL ADDRESS EMAIL ADDRESS SIGNATURE Other Research Institutions NAME	

EMAIL ADDRESS		
SIGNATURE		
DECLARATION		
		_
I agree to comply with the provisions and	d strictly observe the terms ar	nd conditions under which the National
Heritage Council may issue the permit.	•	

DATE

APPLICANT SIGNATURE