

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](mailto:permits@nhc-nam.org)

### DEPARTMENT OF HERITAGE MANAGEMENT: ARCHAEOLOGY UNIT

#### MARINE HERITAGE PERMIT APPLICATION FORM

In terms of the National Heritage Act (Act 27 of 2004)

##### CONDITIONS & INSTRUCTIONS

- 1) *This application is subjected to an application fee*
- 2) *Accreditation from the National Museum of Namibia is required, in case of recovery*
- 3) *When export of marine heritage is required, an export permit must be completed once objects are accessioned at the National Museum of Namibia.*
- 4) *Complete and accurate information will allow processing time of this permit for at least 14 days;*
- 5) *All the necessary supporting documents must be enclosed*
- 6) *This form may be completed in ink or electronically and printed. This form must be dated and have original signature of the applicant*
- 7) *All information provided in this application form are confidential*
- 8) *All accompanying copies of requested documents must certified by Commissioner of Oath.*
- 9) *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:

- RESEARCH       TRAINING (diving activities)
- RECOVERY       RESTORATION       OTHERS (states)

### SECTION A: APPLICANT DETAILS

NAME

TITLE/DESIGNATION

<b>COUNTRY OF ORIGIN</b>	<input type="text"/>
<b>PERSONAL ADDRESS</b>	<input type="text"/>
<b>INSTITUTION /BUSINESS ADDRESS</b>	<input type="text"/>
	<input type="text"/>
<b>CONTACT NO:</b>	<input type="text"/>
<b>EMAIL</b>	<input type="text"/>

*N.B: Attach your recent C.V. and copies of your educational qualifications.*

**SECTION B: INSTITUTIONS DETAILS**

**PROVIDE DETAILS OF YOUR CURRENT INSTITUTION**

<b>NAME</b>	<input type="text"/>
<b>PHYSICAL ADDRESS</b>	<input type="text"/>
	<input type="text"/>
<b>HEAD OF THE INSTITUTION</b>	<input type="text"/>
<b>EMAIL ADDRESS</b>	<input type="text"/>
<b>FAX NUMBER</b>	<input type="text"/>

**PROVIDE DETAILS OF THE INSTITUTION WHERE MATERIALS WILL BE HOUSED (IN OR OUTSIDE NAMIBIA)**

<b>NAME</b>	<input type="text"/>
<b>PHYSICAL ADDRESS</b>	<input type="text"/>
	<input type="text"/>
<b>CONSERVATOR NAME</b>	<input type="text"/>
<b>EMAIL ADDRESS</b>	<input type="text"/>
<b>FAX NUMBER</b>	<input type="text"/>

**PROVIDE DETAILS OF THE HEAD OF INSTITUTION WHERE MATERIALS WILL BE HOUSED (IN OR OUTSIDE NAMIBIA).**

<b>NAME</b>	<input type="text"/>
<b>PHYSICAL ADDRESS</b>	<input type="text"/>
	<input type="text"/>
<b>EMAIL ADDRESS</b>	<input type="text"/>
	<input type="text"/>

**FAX NUMBER**

**SIGNATURE**

**DATE:**

*N.B: The head of the institution where the materials will be housed while outside Namibia should strictly approve this permit through a signature in 3. Additionally, a support letter attesting that the materials will be returned to Namibia upon completion as indicated in Section D of the export permit applications) must be attached.*

**SECTION C: PROJECT INFORMATION**

**PROJECT TITLE:**

**PROJECT DATE: (dd/mm/yyyy format):**

**PROJECT LOCATION:**

**REGION:**

**METHODOLOGIES AND EQUIPMENTS TO BE USED IN THE PROPOSED PROJECT:**

**SECTION D: ENVIRONMENTAL IMPACTS**

**ANSWER THE FOLLOWING QUESTIONS AS ACCURATELY AS POSSIBLE TO ASSIST IN THE CONSIDERATION OF THIS APPLICATION.**

**DESCRIBE ANY DIRECT IMPACTS ON THE ENVIRONMENT THAT WOULD RESULT FROM THIS ACTIVITY:**

**DESCRIBE ANY INDIRECT IMPACTS ON THE ENVIRONMENT THAT WOULD RESULT FROM THIS ACTIVITY:**

**SECTION C: RATIONALE**

**DESCRIBE WHY THIS ACTIVITY NEEDS TO BE CONDUCTED WITHIN THIS MARINE HERITAGE SITE:**

**DESCRIBE HOW THE PROPOSED METHODS ARE APPROPRIATE FOR THIS ACTIVITY:**

DESCRIPTION OF THE PROFESSIONAL SKILLS AND QUALIFICATIONS OF THE PRINCIPAL INVESTIGATOR OR SUPERVISOR OF SURVEY OPERATIONS:

**DECLARATION**  
I certify that this application is accurate and complete. I understand that incomplete applications will not be acted upon until any required additional information is provided. I further understand that applications not received within the timelines outlined in the instructions may not be processed in time for my activity to begin as planned.

**SIGNATURES:**

[Signature line for Applicant]

**APPLICANT**

[Signature line for Date]

**DATE**

[Signature line for Head of Institution]

**HEAD OF YOUR INSTITUTION**

[Signature line for Date]

**DATE**