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NATIONAL HERITAGE COUNCIL OF NAMIBIA
52 Robert Mugabe Avenue • Private Bag 12043, Ausspannplatz • Windhoek, Namibia
Tel: (061) 244 375 • Fax: (061) 246 872E-mail: archeology@nhc-nam.org

ARCHAEOLOGY UNIT

ARCHAEOLOGY, HISTORICAL & 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 certified by 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 RESEARCH PERMIT:

☐ ARCHAEOLOGIAL ☐ HISTORICAL ☐ PALAEONTOLOGICAL

SECTION A: APPLICANT DETAILS

NAME	
TITLE/DESIGNATION	
PERSONAL ADDRESS	
COUNTRY OF ORIGIN	
CONTACT NO:	
EMAIL	

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

SECTION B: INSTITUTIONS DETAILS

NAME
PHYSICAL ADDRESS

DEPARTMENT
HEAD OF THE DEPARTMENT

FAX NUMBER
EMAIL ADDRESS

SIGNATURE OF HEAD OF DEPARTMENT

DATE:

N.B Attach a support letter from your institution.

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

N.B: Attach students recent C.V and certified copies of their qualifications and passports.

SECTION D: RESEARCH PROJECT INFOPRMATION

Please tick or mark X in the appropriate space below:

Archaeological Research		Reconnaissance Survey		Scientific Analyses		Data Collection	
Palaeontological Research		Reconnaissance Survey		Scientific Analyses		Data Collection	
Historical Research		Provenance Research		Historic Objects		Scientific Analyses	
Other (s), please fill							

N.B Please indicate below whether the excavated materials will be exported out of Namibia (in 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 CONTACTS NO.	
SITE NAME	

ATTACH CONSENT FROM LANDWONER

FIELDWORK RESEARCH AND ANALYSES SCHEDULE

INDICATE THE PROPOSED DATES FOR FIELD WORK AND ANALYSES (POST FIELDWORK)

FIELDWORK STARTS	**FIELDWORK ENDS**
ANALYSES STARTS	**ANALYSES 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 area to your application. The proposal summary must provide a clear statement of the aims and objectives of the project, the field and laboratory research methodology, and the potential scientific and public benefits.

DESCRIBES THE ANTICIPATED TYPES OF MATERIALS TO BE COLLECTED

SECTION E: COLLECTION, CONSERVATION & SCIENTIFIC ANALYSES

Applicants must provide the name, institution and contact information of the conservator (NMN or GSN) that has been consulted and retained to provide conservation services of the collections 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 THE MATERIALS ARE CURRENTLY HOUSED NAMIBIA
(In case of already excavated materials)**.**

NAME

PHYSICAL ADDRESS

FAX NUMBER

SIGNATURE

PROVIDE DETAILS OF THE HEAD OF INSTITUTION WHERE MATERIALS WILL BE HOUSED TEMPORARY OUTSIDE NAMIBIA

NAME

PHYSICAL ADDRESS

EMAIL ADDRESS

FAX NUMBER

SIGNATURE

N.B: The head of the institution where the materials will be housed while outside Namibia should strictly approve this permit through a signature above. Additionally, an official letter attesting that the materials will be returned to Namibia upon completion of scientific analyses must be attached.

LIST THE LOCATIONS, IF APPLICABLE, OF OTHER INSTITUTIONS WHERE SPECIALISTS WILL UNDERTAKE ANALYSIS OFSAMPLES OF THE COLLECTIONS

Other Research Institutions

NAME

LABORATORY

PHYSICAL ADDRESS

EMAIL ADDRESS

SIGNATURE

Other Research Institutions

NAME

LABORATORY

PHYSICAL ADDRESS

EMAIL ADDRESS

SIGNATURE

DECLARATION

I agree to comply with the provisions and strictly observe the terms and conditions under which the National Heritage Council may issue the permit.

APPLICANT SIGNATURE

DATE AND INSTITUTION STAMP