



City of Windhoek

Department of Economic Development and Community Services

PO Box 59, Independence Avenue, Windhoek, Namibia
Fax: (+264) 61 290 2331 • Tel: (+264) 61 290 2496 / 2603 / 3625 / 3678

APPLICATION FOR CERTIFICATE OF FITNESS

CF 04

LOST, STOLEN or DUPLICATE APPLICATION (PINK)

TRADE NAME:			
ERF NO & SUBURB:		STREET:	
COMPLEX NAME & UNIT NUMBER:			
CELL:		TEL:	
E-MAIL:			
POSTAL ADDRESS:			
OWNER / MANAGER / REPRESENTATIVE'S NAME:			
ID / PASSPORT NO:		NATIONALITY:	

INDICATE THE NATURE OF BUSINESS

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REASON FOR A DUPLICATE:

APPLICANT'S SIGNATURE: _____

DATE: _____

NOTE SHOULD BE TAKEN THAT THIS APPLICATION IS SUBJECT TO THE FOLLOWING CONDITIONS:

The client must submit: an authentic Namibian identification document; valid proof of permanent residence or a valid working permit valid for more than 3 months from the day of registration (for Non-Namibians). In case of the Manager/Representative (Client to provide ID/valid passport and a representation letter as per resolution.

Please note that the processing of applications for Certificate of Fitness is subject to the submission of this application form and all the required documents to the Business Registration Desk in the Customer Care Centre. Please note that NO applications will be processed without the submission of ALL the required documents.

FOR OFFICIAL USE ONLY

URBAN POLICY

Consent issued ☐ Yes ☐ No Expiry Date: _____ Town Planning Certificate issued: ☐ Yes ☐ No

NAME _____ SIGNATURE: _____ DATE: _____

ECONOMIC DEVELOPMENT DIVISION (Applicable as Traders)

☐ Approved ☐ Not Approved

NAME _____ SIGNATURE: _____ DATE: _____

MANAGER: HEALTH AND ENVIRONMENTAL SERVICES

☐ Approved ☐ Not Approved

COMMENTS: _____

NAME _____ SIGNATURE: _____ DATE: _____



CHECKLIST FOR CERTIFICATE OF FITNESS ANNEXURE A (CF 04)

Duplicate (Pink)

The checklist for Certificate of Fitness should be completed, signed and dated for every application for Certificate of Fitness. Kindly note that no application will be processed without the below listed documents.

Business Name: _____

Erf No & Suburb: _____

Street: _____

Type of Business: _____

Contact details:

Cell: _____

Tel: _____

Email Address: _____

Applicant's Signature: _____

Date: _____

REQUIRED DOCUMENTS

**OFFICER: INFORMATION &
BUSINESS REGISTRATION:**
Please Tick✓/NA

1	Business owner's Identification/Valid Passport In case of the Manager/Representative, to provide ID/valid passport and a representation letter as per resolution)	
2	Proof of payment for a duplicate.	

OFFICE USE

NB: No application should be processed without all the required documents.

Acknowledge receipt of all supporting documents:

Application received by: _____

Signature: _____

Date: _____