

THE REPUBLIC OF NAMIBIA

MINISTRY OF MINES AND ENERGY

DIAMOND ACT, 1999 (ACT 13 of 1999)

APPLICATION FOR REGISTRATION OF AUTHORISED REPRESENTATIVE

(In terms of Section 43 (i))

(a)	First Name(s):	(b)	Surname:	
(c)	Identity Number/ Passport No. (attach certified copy)	(d)	Nationality (attach proof)	
(e)	Postal Address:			
(f)	Residential Address:		1	
(g)	Telephone No; (Work) ; (Home)	(h)	Fax No:	(i) E-mail:
(j)	If permanently resident in Namibia, state Permanent Residence Permit No.and attach certified copy:	(k)	Tax No. (attach proof)	
(l)	Work permit No. (attach copy)	(m)	Expiry date of Work	permit
artio	culars of applicant (if juristic person)			
(a)	Name:	(b)	Namibian Registration No.:	
(c)	Telephone No.	(d)	Fax No.	
(e)	Busines Address:			
(f)	Postal Address:			
(g)	Tax No. 3.8 Name of (attach proof) Chief Execut	tive		
tate	whether applicant is a:			
	"Cutter" "Dealer" "Tool-maker" "Res	searcher"	"Producer"	"Holder of exclusive prospecting
"}	Holder of non-exclusive prospecting license" "Holder of Per	mit referred to	in Section 27(b)"	"Holder of Permit referred to in Section 27(c)"
artic	<mark>cu</mark> lars of natural person to be registered as author <mark>ised r</mark>	r <mark>epres</mark> entativ	е	
(a)	First Name(s):	(b)	Surname:	
	Identity Number/ Passport No. (attach certified copy)	(d)	Nationality (attach proof)	
(c)	Postal Address:			
(c) (e)				
wes	Residential Address:			
(e)	Residential Address: Telephone No: (Work): (Home)	(h)	Fax No:	(i) E-mail:
(e) f)	Section Control Management	(h)	Fax No: Tax No. (attach proof)	(i) E-mail:

(o) State below particulars of knowledge/experience of diamonds	3:		
(p) State whether person to be registered as an authorised representative-			
(i) has ever been declared insolvent:	YES	NO	If Yes, provide details on separate sheet of paper.
(ii) has ever been convicted of a criminal offence, in or outside the Republic	YES	NO	If Yes, provide details on separate sheet of paper.
of Namibia:: (iii) has ever been arrested for or charged with, or acquitted of any criminal offence,	YES		A
in or outside the Republic of Namibia:. (iv) has any investigation in connection with any criminal offence pending against		NO	If Yes, provide details on separate sheet of paper.
him/her:	YES	NO	If Yes, provide details on separate sheet of paper.
Names of existing authorised representatives (if any):			
Names of existing authorised representatives (if any): Name of authorised representatives to be replaced (if any):			
Name of authorised representatives to be replaced (if any): * I, (applicant)			(full names) hereby declare that the
Name of authorised representatives to be replaced (if any): *I, (applicant) contents of this application are to the best of my knowledge and belief	true an	d correct	(full names) hereby declare that the in all respects after due inquiry and I declare the I declare the inquiry and I decla
Name of authorised representatives to be replaced (if any): *I, (applicant) contents of this application are to the best of my knowledge and belief	true an	d correct	(full names) hereby declare that the in all respects after due inquiry and I declare the inquiry
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Name of authorised representatives to be replaced (if any): * I, (applicant) contents of this application are to the best of my knowledge and belief am aware of the provisions of section 71(g) of the Act. Signature			in all respects after due inquiry and I declare to
Name of authorised representatives to be replaced (if any): * I, (applicant) contents of this application are to the best of my knowledge and belief am aware of the provisions of section 71(g) of the Act.			in all respects after due inquiry and I declare to
Name of authorised representatives to be replaced (if any): * I, (applicant) contents of this application are to the best of my knowledge and belief am aware of the provisions of section 71(g) of the Act. Signature (* Owner in case of one-man business, duly authorised person on behalf of the contents of this application in so far as they relate to me, are to the	f company	y or close c	Date Orporation, all partners in case of partnership) (full names) hereby declare that whedge and belief true and correct in all respect
Name of authorised representatives to be replaced (if any): * I, (applicant) contents of this application are to the best of my knowledge and belief am aware of the provisions of section 71(g) of the Act. Signature	f company	y or close c	Date Orporation, all partners in case of partnership) (full names) hereby declare that whedge and belief true and correct in all respect