

Application Form

ANNUAL DUTY WAIVER PROGRAMME 2023



BUSINESS AND INTELLECTUAL
PROPERTY AUTHORITY

Protecting Entrepreneurship and Innovation

+264 61 299 4433
www.bipa.na/penaltywaiver

BUSINESS ENTITY
NAME

CC/ COMPANY
REGISTRATION NO.

WHICH REGION(S) DOES THE ENTITY OPERATE IN?

PERSONAL INFORMATION

FULL NAME

ARE YOU A

 MEMBER DIRECTOR SHAREHOLDER

AGENT/ CONSULTANT /
ACCOUNTABLE
INSTITUTION

IDENTIFICATION / PASSPORT NO.
OF APPLICANT

MOBILE NUMBER OF APPLICANT

EMAIL ADDRESS OF APPLICANT

BUSINESS ENTITY INFORMATION

PERIOD
APPLYING FOR
(PLEASE TICK THE
YEARS APPLYING FOR)

 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022

WHAT IS THE FINANCIAL YEAR-END OF THE BUSINESS?

IS YOUR SHARE CAPITAL ABOVE 200 000?
(IF COMPANY)

 YES NO

WHAT IS THE CURRENT ISSUED SHARE CAPITAL?
(IF COMPANY)

IS YOUR BUSINESS OPERATIONAL?

 Y N

DO YOU WISH TO DEREGISTER YOUR BUSINESS AFTER PAYING
YOUR CAPITAL AMOUNT?

 Y N

For Office Use Only

REFERENCE #

CONSULTANT'S SIGNATURE

DATE

CLIENT SIGNATURE

DATE