

**NAB BURSARY  
APPLICATION FORM  
FOR/HRA/28**

**NAMIBIAN AGRONOMIC BOARD**

Contact details:  
Telephone: +264 61 379 500  
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Email: [pro@nab.com.na](mailto:pro@nab.com.na)  
Website: [www.nab.com](http://www.nab.com)

Physical address:  
Agricultural Boards' Building  
30 David Hosea Meroro Road  
Windhoek Namibia

Postal address:  
PO Box 5096  
Ausspannplatz  
Windhoek  
Namibia



Effective date:	<b>01 February 2026</b>	Compiled by: Manager: HR & Admin	Approved by: GM: Human Capital	Revision no.	<b>00</b>
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**Section A: Personal Information**

Name:.....

Surname:.....

Date of Birth:.....

Place of Birth:.....

ID/Passport Number:.....

Gender: Male/Female

Disabled: Yes/No

Marginalised Group: Yes/No

Postal Address:.....

Residential Address:.....

Mobile Phone:.....

Email : .....

**Section B: Educational Background**

Highest Educational Level:.....

Institution:.....

Field of study:.....

Academic Year Completed:.....

Currently studying: Yes/No

Institution currently enrolled:.....

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Field of study:.....

Academic Year:.....

Occupation of Parents/Guardian:.....

**Section C: Bursary Details**

Bursary Applied for:.....

Proposed University:.....

Duration of Study:.....

Motivation for applying for this Bursary:

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.....

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**Section D: References**

1. Name of Referee:.....

Position/Title:.....

Contact Information:.....

2. Name of Referee:.....

Position/Title:.....

Contact Information:.....

**Section E: Declaration**

I hereby declare that the information provided in this application is true and correct to the best of my knowledge. I understand that providing false information may result in disqualification from consideration.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Checklist, please mark with X if documents are attached.

Detailed CV	
Fully completed NAB Bursary application form	
Letter of Motivation	
Proof of registration	
Certified copies of the latest tertiary & secondary results	
Certified copies of academic records and identification documents.	
Certified copy of ID	

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**FOR OFFICE USE ONLY**

**CHECKED BY:..... DATE:.....**

**REMARKS:.....**