

Republic of Namibia



## **OFFICE OF THE AUDITOR-GENERAL**

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9000

## Internship application from

Personal Information	
Name	
Surname	
ID/ Passport Number	
Postal Address	
Residential Address	
Mobile number	
Email Address	
Particulars of next of kin	
Name	
Surname	
Postal Address	
Residential Address	
Mobile number	
Email Address	
Tertiary Information	
Field of study/Highest qualification	
Educational Institution	
Duration of course	
Year of study	
Student number	
Internship Information	
Area of Internship Application	
Type of internship	
Internship period required	
How did you learn about the	
internship program?	

I declare that the above mentioned information is true and correct and I have not withheld any information required.

Signature

Date