

Form 2

**REPUBLIC OF NAMIBIA**  
**ENVIRONMENTAL MANAGEMENT ACT, 2007**

(Section 39)

APPLICATION FOR ~~AMENDMENT OF CONDITIONS OF~~ ENVIRONMENTAL  
CLEARANCE CERTIFICATE



**A. PARTICULARS OF APPLICANT**

Name of Applicant: ST Silva Private Hospital

Address: P O Box 3342, Ongwediva

Telephone Number: 0814127359

Cell phone Number: 0814127359

Fax Number: N/A

E-mail Address: planning@nghivelwa.com.na

Name of Contact Person: Nghivelwa Planning Consultants

Telephone Number:

Cell phone Number:

0814127359

Fax Number:

E-mail Address:

natangwe@nghivelwa.com.na

**B. PARTICULARS OF CURRENT ENVIRONMENTAL CLEARANCE CERTIFICATE**

1. Name of current holder of Environmental Clearance Certificate:

N/A

2. Date of Issue of current Environmental Clearance Certificate:

N/A

**PART C PROPOSED AMENDMENTS TO THE CONDITIONS IN CURRENT**

1.	Condition(s) on the Current Environmental Clearance Certificate: <i>N/A</i>
2.	Proposed Amendment(s): <i>N/A</i>
3.	Reason for Amendment(s): <i>Reason for ECL is for the permanent closure of a public open space</i>
4.	Describe the environmental changes arising from the proposed amendment(s): <i>The land will be closed for the construction of a private health facility.</i>
5.	Describe how the environment and the community might be affected by the proposed amendment(s): <i>The land is clear and there is little vegetation on site. The community will benefit from state of the art health services to be offered by the facility.</i>
6.	Describe how and to what extent the environmental performance requirements set out in the assessment report previously approved or activity profile previously submitted for this activity may be affected: <i>Please see Scoping report and EMP</i>
7.	Describe any additional measures proposed to eliminate, reduce or control any adverse environmental effect arising from the proposed amendment(s): <i>Please see EMP attached.</i>

**PART D DECLARATION BY APPLICANT**

I hereby certify that the particulars given above are correct and true to the best of my knowledge and belief. I understand the environmental clearance certificate may be suspended, amended or cancelled if any information given above is false, misleading, wrong or incomplete.

<i>L. A. Nshindwaho</i>	<i>Nshindwaho Nshindwaho</i>	<i>Consultant</i>
Signature of Applicant	Full Name in Block Letters	Position
on behalf of <i>St Silva Private Hospital</i>	<i>26/03/2026</i>	Date