

CONFIDENTIAL



**Republic of Namibia**  
**Namibia 2011 Population and Housing Census**  
**Emigrants**  
**Form C**

Form Number   
 NB: Copy Form number from Form A  
 Form .....of .....



Section <b>A</b>	Region Code	Constituency Code	U/R	EA Code	DU Number	Household number	Type of population Code		
							4	0	0

Total  Female  Male

	Names	Sex	Age	Education Level	Professional Training/Occupation	Status/Reason	Remittance	Current Residence	Year of Departure
<b>Person Line Number</b>	What are the names of all persons who left this household since 2001 to other countries, and did not spend the census reference night in Namibia?  <i>List the names and surnames of all persons living abroad</i>	What is (NAME)'s sex?  1 Female 2 Male	How old was (NAME) at his/her last birthday?  <i>If less than one year enter 00, if 95 years and above enter 95 Enter 99 for don't know</i>	What is (NAME)'s highest grade/standard or level of Education completed?  <i>Enter codes from codelist 3</i>	What is (NAME)'s professional training/Occupation?  <i>Describe the type of work in the space provided</i>  <i>The coder will enter codes in the boxes provided</i>	What is (NAME)'s status reason for staying abroad?  01 Citizenship 02 Employment 03 Education/Studies 04 Sports 05 Marriage 06 Link up with family 07 Short Term stay(Business or Tourism) 08 Other, specify 99 Don't know	Did (NAME) send any remittance in the last 12 months to any household member? 1. Cash 2. In-kind 3. No 8. Not Applicable 9. Don't know	What is (NAME)'s country of current residence destination?  <i>Enter codes from codelist 1</i>	What is (NAME) year of departure?
EM 1	EM 2	EM 3	EM 4	EM 5	EM 6	EM 7	EM 8	EM 9	EM 10
		<input type="checkbox"/> 1 <input type="checkbox"/> 2					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 9		
		<input type="checkbox"/> 1 <input type="checkbox"/> 2					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 9		
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		<input type="checkbox"/> 1 <input type="checkbox"/> 2					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/> 9		

Type of Population : 400 Emigrants

COMMENT BOX

Person Line Number	Column Number	Specific comments for the responses

FOR OFFICE USE ONLY

FIELD STAFF	
<b>ENUMERATOR</b> Name and Number ..... <input type="text"/> <input type="text"/> <input type="text"/> Date Checked -----/-----/2011 Signature .....	
<b>EDITOR/ CODER</b> Name and Number ..... <input type="text"/> <input type="text"/> <input type="text"/> Date Checked -----/-----/2011 Signature .....	
<b>SUPERVISOR</b> Name and Number ..... <input type="text"/> <input type="text"/> <input type="text"/> Date Checked -----/-----/2011 Signature .....	

SAMPLE