

DEPARTMENT OF HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR VISA OR TRANSIT VISA
[Section 7(1)(g) read with section 10A and 10B; Regulation 8(1)]

Failure to complete this application form in full may result in the visa being delayed or refused.
Please use block letters and black ink only.

PERSONAL PARTICULARS

| | | | | | | | | | | | |
|---|------|---|--------|---|---|---|---|--|----------------------|--|--|
| Surname: | | | | | | | | | | | |
| First names (in full): | | | | | | | | | | | |
| Maiden name: | | | | | | | | | | | |
| Previous surname(s): | | | | | | | | | | | |
| | Y | Y | Y | Y | M | M | D | D | | | |
| Date of birth: | | | | | | | | | City of birth: | | |
| Country of birth: | | | | | | | | | | | |
| Gender: | Male | | Female | | | | | | | | |
| Nationality: | | | | | | | | If acquired by naturalisation, state original nationality: | | | |
| Where and when was present nationality obtained: | | | | | | | | | | | |
| Passport/Travel Document Number: | | | | | | | | Issuing authority: | | | |
| Type of document: Diplomatic/Official/Ordinary Passport/Travel Document/other (specify) | | | | | | | | Date of expiry: | | | |

Permanent residential address:

.....
.....
.....

Period resident at this address:

Telephone number: (.....) (code)

..... (number)

Country of permanent residence:

Period resident in that country:

.....

Occupation or profession:

Name, address and telephone no. of employer, university, organisation, etc. to which you are attached, or that you attend or which you represent:

.....
.....
.....

If self-employed, state name, address, telephone no. and nature of business:

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.....
.....

Marital status:

Never married

Married

Widowed

Separated

Divorced

First name(s) of spouse:

Maiden name:

Y Y Y Y M M D D

Date of birth:

Nationality.....

NB: SEPARATE FORMS MUST BE COMPLETED IN RESPECT OF PERSONS OVER THE AGE OF 16 AND CHILDREN UNDER THE AGE OF 16 TRAVELLING ON THEIR OWN PASSPORTS.

Particulars of children endorsed on your passport accompanying you:

| Surname | First name(s) | Date of birth | Place of birth |
|---------|---------------|---------------|----------------|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |

VISIT TO SOUTH AFRICA

Expected date of arrival in the Republic: Y M D

Place of arrival:.....

Purpose of visit:

Duration of stay (months, weeks or days)

Number of entries required:

| | |
|----------|--|
| Single | |
| Multiple | |
| Two | |

Proposed residential address (physical) in the Republic, including the full name(s) of your host or hotel:

.....

.....

.....

Names of organisations or persons you will be contacting during your stay in the Republic:

| Name | Address | Relationship |
|------|---------|--------------|
| | | |
| | | |
| | | |

Identity document number or permanent residence permit number of South African host:

Indicate by means of an X whichever is applicable

| | | | | |
|--|-----|--|----|--|
| Have you at any time applied for a permit to settle permanently in South Africa? | yes | | no | |
|--|-----|--|----|--|

| | | | | |
|--|-----|--|----|--|
| Have you ever been restricted or refused entry into South Africa? | yes | | no | |
| Have you ever been deported from or ordered to leave South Africa? | yes | | no | |
| Have you ever been convicted of any crime in any country? | yes | | no | |
| Is a criminal action pending against you in any country? | yes | | no | |
| Are you an unrehabilitated insolvent? | yes | | no | |
| Are you suffering from tuberculosis or any other infectious or contagious disease or any mental or physical deficiency? | yes | | no | |
| Have you ever been judicially declared incompetent? | yes | | no | |
| Are you a member of, or adherent to an association or organisation advocating the practice of social violence or racial hatred or are you or have you been a member of an organisation or association utilizing crime or terrorism to pursue its ends? | yes | | no | |

Give particulars if reply to one or more of the questions above is in the affirmative:
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.....
.....

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| To be completed by applicants applying for visitor's permits exceeding three months: |
| In the case of a spouse or dependant minor child of the holder of a permit issued in terms of section 11, 13, 14, 15, 17, 19 or 22, submission of a marriage certificate or an unabridged birth certificate. |
| Proof of academic sabbatical, if applicable. |
| Proof of non-remunerative voluntary or charitable activities to be undertaken, if applicable. |
| Proof of research to be undertaken, if applicable. |
| Proof of funds available for subsistence during period of visit. |

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| To be completed by applicants applying for diplomatic, official or courtesy visas: |
| In the case of an official visit, submission of a note verbale. |
| In the case of a diplomatic placing in the Republic, proof of such placing. |
| To be completed only by passengers in transit to another country: |

Destination after leaving the Republic:

Mode of travel to destination:

Intended date and port of departure from the Republic to that destination:

Do you hold a visa or permit for temporary or permanent residence in the country of your destination? (Proof must be submitted).....

To be completed by persons wishing to work in the Republic: Yes No

If the answer is yes, please provide details:

I SOLEMNLY DECLARE THAT THE ABOVE PARTICULARS PROVIDED BY ME ARE TRUE IN SUBSTANCE AND IN FACT AND THAT I FULLY UNDERSTAND THE MEANING THEREOF. I FURTHER DECLARE THAT I DO NOT CONTEMPLATE CHANGING THE PURPOSE OF MY VISIT WHILST IN THE REPUBLIC.

.....

Signature of applicant

.....

Date

FOR OFFICIAL USE

Approved/not approved by
on

Type of visa:

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.....

Reasons for decision:

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