

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

NB: A SEPARATE APPLICATION FORM MUST BE COMPLETED IN RESPECT OF EACH ACCOMPANYING FAMILY MEMBER.

PERSONAL PARTICULARS

Surname:											
First names (in full):											
Maiden name:											
Previous surname(s):											
	Υ	Υ	Υ	Υ	М	М	D	D			
Date of birth:									Country of birth:		
Gender (write in full)											
Nationality:				If acquired by naturalization, state original nationality:							
Where and when was present nationality obtained:											
Passport/Travel Document Number:				Issuing authority:							
					Date of expiry:						
Tuna of decomposity											
Type of document:											
Diplomatic/Official/Ordinary Passport/Travel											
document/other (specify)											

Period resident at this address: Country of permanent residence: Home telephone No.: Cellphone No.: E-mail address: Name of Employer, University, Organization: Telephone No.: Fax No.: If self-employed, state name, address, telephone no. and nature of business: Name of business: Address: Telephone No.: Fax No.: Fax No.: Marital status: Never married Married Widowed Separated Divorced First name(s) of spouse: Maiden name: Date and place of marriage: Date of birth of spouse: Nationality:	Permanent resid	ermanent residential address in country of normal residence:												
Country of permanent residence: Home telephone No::														
Home telephone No.:	Period resident a	t this addre	ss:			•••••								
Cellphone No.: E-mail address: Occupation or profession: Name of Employer, University, Organization: Address: Telephone No.: Fax No.: If self-employed, state name, address, telephone no. and nature of business: Name of business: Address: Telephone No.: Fax No.: Marital status: Never married Married Married Widowed Separated Divorced First name(s) of spouse: Maiden name: Date and place of marriage: Y Y Y Y M M M D D Nationality:	Country of perma	anent reside	nce:				Tel	epho	ne nu	ımbe	er: ()			
Period resident in that country:							Но	me te	eleph	one l	No.:			
Period resident in that country:							Cel	lpho	ne No	.:				
Occupation or profession: Name of Employer, University, Organization: Address: Telephone No.: Fax No.: Address: Address: Telephone No.: Fax No.: Telephone No.: Fax No.: Telephone							E-n	nail a	ddres	s:				
Name of Employer, University, Organization: Address: Telephone No: If self-employed, state name, address, telephone no. and nature of business: Name of business: Address: Telephone No: Fax No: Telephone No: Fax No: Married Widowed Separated Divorced First name(s) of spouse: Maiden name: Date and place of marriage: Y Y Y Y M M M D D Nationality:	Period resident i	n that count	ry:											
Name of Employer, University, Organization: Address: Telephone No: If self-employed, state name, address, telephone no. and nature of business: Name of business: Address: Telephone No: Fax No: Telephone No: Fax No: Married Widowed Separated Divorced First name(s) of spouse: Maiden name: Date and place of marriage: Y Y Y Y M M M D D Nationality:														
Address:	Occupation or pr	ofession:												
Telephone No.:	Name of Employ	er, Universit	y, Or	ganiz	zatior	n:								
Telephone No.:	Address:	Address:								•				
If self-employed, state name, address, telephone no. and nature of business: Name of business: Address: Telephone No.: Marital status: Never married Married Married Widowed Separated Divorced First name(s) of spouse: Maiden name: Date and place of marriage: Y Y Y Y M M D D Nationality:														
Name of business: Address: Telephone No.: Marital status: Never married Married Widowed Separated Divorced First name(s) of spouse: Maiden name: Date and place of marriage: Y Y Y Y M M D D Nationality:	Telephone No.: Fax No.:								•					
Address:	If self-employed, state name, address, telephone no. and nature of business:													
Telephone No.:	Name of business:													
Telephone No.:	Address:													
Marital status:														
Marital status:														
Maiden name: Date and place of marriage: Y Y Y Y M M D D Nationality:	Marital status:			Mai	rried		W	/idow	ved		Separated	Divorce	ed	
Date and place of marriage: Y Y Y M M D D	First name(s) of s	spouse:												
Y Y Y M M D D Nationality:	Maiden name:													
Nationality:	Date and place o	f marriage:												
			Υ	Υ	Υ	Υ	М	M	D	D	Nationality			
	Date of birth of s	pouse:									inationality:			

VISIT TO SOUTH AFRICA

Expected date of arrival in the Repu	blic: YY MM	DD				
Place of arrival:	Purpose of visit:					
Duration of stay (months, weeks or	days)					
1	cal) in the Republic, including the full na	ame(s) of your host or				
Name of Host or Hotel:						
Telephone of Host or Hotel:						
Names of Organizations or persons your will be contacting during your stay in the Republic:						
Name	Address	Relationship				
Identity document number or perm	anent residence permit number of Sout	th African host, where				
applicable:						

Indicate by means of an X whichever is applicable		
Have you at any time applied for a permit to settle permanently in the Republic?	Yes	No
Have you ever been restricted or refused entry into the Republic?	Yes	No
Have you ever been deported from or ordered to leave the Republic?	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 decease or any mental or physical deficiency?	Yes	No
Have you ever been judicially declared incompetent?	Yes	No

Are you a member of, or adherent advocating the practice of social violen you been a member of an organizate terrorism to pursue its ends?	ice or racial hatred or are	you or have	Yes		No	
In the case of an official visit, submission	on of a <i>Note Verbale</i> .					
In the case of a diplomatic placed in the To be completed only be passengers in						
Destination after leaving the Republic:						
 I understand that if I depart from would be declared an undesiral admission into the Republic for a 	ble person and that I			-		
Signature of applicant		 Date				
	FOR OFFICIAL LIST					
Approved /not approved by	FOR OFFICIAL USE Type of visa:	Reasons for	decision	า:		
On						