

DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

APPLICATION FOR VISA OR TRANSIT VISA

[Section 7 (1) (g) read with sections 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 sumame(s) Date of birth City of birth Country of birth..... Gender Male Female If acquired by naturalisation, state original nationality Nationality..... Where and when was present nationality obtained Type of document: Diplomatic/Official/Ordinary Passport/Travel Date of expiry Document/other (Specify) Permanent residential address

Period resident a	t this address			- 32	hone number(mint of Vi	
Country of permanent residence			(++++())(++)((+))++++1				
Occupation or ne	ofosoion	***************************************					
Name, address a that you attend o	nd telephone r which you re	no. of employer, un present	iversity, or	ganisation	n, etc. to which yo	ou are attached, or	
		ddress, telephone r	no. and na	ture of bu	siness		
Marital status	Never married	Married	W/J.FANJA	owed	Separated	Divorced	
First name(s) of	spouse			4			
Maiden name							
Data of high	YYY	Y M M D	D				
Date of birth	FORMS MUS	T DE COMPLETE		nality	DEBOONS OVER	THE 105 05 40	
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		d on your passport	44770.0	The second	27.000	Ar Artic	
Surna (1)	me	First name	First name(s)		of birth	Place of birth	
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(2)						manganan manamanan	
(3)			Harrin				
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VISIT TO SOUT	H AFRICA						
Facetonic		B. C. Villey	(201	14	100		
	arrival in the	Republic Y	М		D		
Place of arrival						**(1881);***(1991);**********************************	
Purpose of visit		***************************************					
Duration of stay Number of entrie	(months, week	ks or days)			***********************		
Single Single	ss required						
172111212							
Multiple							

Proposed residential address (physical		ding the full name(s) of your			
······································	***************************************				
Names of organisations or persons	you will be contactin	g during your stay in the F	Republic	•	
Name	Address		Relationship		
}	**************************************		7 - Santai 11 - Santai 12 - Santai	27.000.000	

Identity document number or permane	ent residence permit nu	mher of South African host			

Indicate by means of an X whichev	M2	⊕)			
Have you at any time applied for a pe		EST TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	yes	no	
Have you ever been restricted or refu	sed entry into South Afr	ica?	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 mental or physical deficiency?	any other infectious or	contagious disease or any	yes	no	
Have you ever been judicially declared			yes	no	
Are you a member of, or adherent of practice of social violence or racial has organisation or association utilising critical process.	ime or terrorism to purs	ue its ends?	yes	no	
Give particulars if reply to one or more	of the questions above	e is in the affirmative:			
4.	***************************************			***************	
To be completed by applicants app	lying for visitor's pern	nits exceeding three month	ıs:		
In the case of a spouse or dependant 14, 15, 17, 19 or 22, submission of a r	minor child of the holde	er of a permit issued in terms	of section	ons 11, 1	
Proof of academic sabbatical, if applic	able.				
Proof of non-remunerative voluntary o	r charitable activities to	be undertaken, if applicable			
Proof of research to be undertaken, if	applicable.	31.			
Proof of funds available for subsistence	e during period of visit.		14		
To be completed by applicants appl		fficial or courtesy visas:			
n the case of an official visit, submiss	ion 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		ON THE THE PERSON NAMED OF
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 must be submitted)		of your destination? (Proof
To be completed by persons wishing to work in the Republic If the answer is yes, please provide details	Yes	No
I SOLEMNLY DECLARE THAT THE ABOVE PARTICULARS PROSUBSTANCE AND IN FACT AND THAT I FULLY UNDERSTAND THE MEDICARE THAT I DO NOT CONTEMPLATE CHANGING THE PURPOS REPUBLIC.	MEANING !	THEREOF I FURTUER
Signature of applicant	:1000000	Date
Signature of applicant	:10000000	the state of the s
Signature of applicant FOR OFFICIAL USE ONLY Approved/not approved by		Date
FOR OFFICIAL USE ONLY Approved/not approved by Type of visa		Date on
FOR OFFICIAL USE ONLY Approved/not approved by Type of visa Reasons for decision		Date on
FOR OFFICIAL USE ONLY Approved/not approved by Type of visa Reasons for decision		On