



**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 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)<br>..... (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

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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

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**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

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**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 | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Have you ever been restricted or refused entry into South Africa?  | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Have you ever been deported from or ordered to leave South Africa?   | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Have you ever been convicted of any crime in any country?  | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Is a criminal action pending against you in any country?   | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Are you an unrehabilitated insolvent?  | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Are you suffering from tuberculosis or any other infectious or contagious disease or any mental or physical deficiency?  | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| Have you ever been judicially declared incompetent?  | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |
| 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 utilising crime or terrorism to pursue its ends? | yes | <input type="checkbox"/> | no | <input type="checkbox"/> |

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

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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 sections 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.

**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 .....

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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 ONLY**

Approved/not approved by .....on.....

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Type of visa .....

.....

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Reasons for decision .....

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