



**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<br>.....<br>.....<br>..... |               |  |               |                |                  |
| If self-employed, state name, address, telephone no. and nature of business<br>.....<br>.....<br>.....  |               |  |               |                |                  |
| Marital status  | Never married |  | Married       |                | Widowed          |
| First name(s) of spouse   |               |  |               |                |                  |
| Maiden name   |               |  |               |                |                  |
|   | Y             | Y  | Y             | Y              | M M D D          |
| Date of birth   |               |  |               |                | Nationality..... |
| <b>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</b>                     |               |  |               |                |                  |
| 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 utilising 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:

.....

.....

.....

**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.

**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 ONLY**

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

Type of visa .....

Reasons for decision .....