(DHA-84) Form 11



DEPARTMENT OF HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

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 | Y | М | М | D | D | |
| Date of birth: | | | | | | | | | Country of birth: |
| Gender (write in full) | | | | | | | | | |
| Nationality: If acquired by naturalisation, state original nationality: | | | | | | ralisation, state original | | | |
| Where and when was present nationality obtained: | | | | | | | | | |

| Passport/Travel Document Number: | Issuing authority: |
|---|----------------------|
| | Date of expiry: |
| Type of document: Diplomatic/Official/Ordinary Passport/Travel document/other (specify) | |
| Permanent residential address in country of no | ormal residence |
| | |
| Period resident at this address: | |
| Country of permanent residence: | Telephone number: () |
| | Home telephone No.: |
| | Cellphone No.: |
| | E-mail address: |
| | |
| Period resident in that country: | |
| Occupation or profession: | |
| Address: | |
| | Fax No.: |

| If self-employed | If self-employed, state name, address, telephone no. and nature of business: | | | | | | | | | | | | |
|--------------------------|--|------------|---------------|--------|----------|------|-------|------------|------|-----------------|---------|--------------|------------|
| Name of busines | | | | | | | | | | | | | |
| Telephone No.:. | | | | | | | Fax | No.: | | | | | |
| Marital status: | Never marrie | d | | Marr | ried | | Widow | ved | | Separated | | Divorced | |
| First name(s) of | f spouse |) : | | | | | | | | | | | |
| Maiden name | | 5.0 | | | | | | | | | | | |
| Date and place marriage | of | | | | | | | | | | | | |
| | Y | Υ | Υ | Υ | М | N | D | D | | | | | |
| Date of birth of spouse: | | | | | | | | | N | Nationality | •••• | | |
| VISIT TO SOUTI | H AFRIC | CA | | | | | | | | | | | |
| Expected date of | of arriva | l in t | he R | epubl | ic: Y | Υ. | | | M | М | • • • • | DE |) . |
| Place of arrival: | | | | | | | Purpo | se of vis | sit: | | | | |
| Duration of stay | , | | | or da | ays) | | | | | | | | |
| Number of entri | es requ | ired: | | | | | | | | | | | |
| Two | | _ | | | | | | | | | | | |
| Multiple | | | | | | | | | | | | | |
| Proposed reside | ential ac | ldre | ss (p | hysica | al) in 1 | the | Repub | lic, inclu | din | g the full name | (s) | of your host | t or |
| hotel: | | | | | | | | | | | | | |
| Residential (ph | nysical) <i>i</i> | Add | ress | in the | Repu | ıbli | c: | | | | | | • • • • |
| | | | • • • • • • • | | | •••• | | | | | | | ••• |
| Name of Host of | or Hotel: | | | | | | | | | | | | |
| Telephone of I | Host or I | Hote | l: | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Names of Organisations or persons you will be contacting during your stay in the Republic: | | | | | | | |
|--|---------|--------------|--|--|--|--|--|
| Name | Address | Relationship | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Identity described a company of Courth Africa | an ha | o+ | horo | |
|--|--------|-------|-------|--|
| Identity document number or permanent residence permit number of South Afric | can no | St, W | vnere | |
| applicable: | | | | |
| Indicate by means of an X whichever is applicable | | | | |
| Have you at any time applied for a permit to settle permanently in the | Yes | | No | |
| Republic? | | | | |
| 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 | Yes | | No | |
| disease or any mental or physical deficiency? | | | | |
| Have you ever been judicially declared incompetent? | Yes | | No | |
| Are you a member of, or adherent to an association or organisation | Yes | | No | |
| | | | | |

| 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? |
| Give particulars if reply to any of the questions above is in the affirmative: |
| |
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| |
| In the case of an official visit, submission of a <i>Note Verbale</i> . |
| In the case of a diplomat placed in the Republic, proof of placement. |
| 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 |

| (surname and name of applica | nt) declare that | |
|--|---|--------------------------------|
| the above details provided by understand the meaning thereo | | e and in fact and that I fully |
| I understand that should my power would not be allowed to change | ort of entry visa / transit vis | • • |
| I understand that if I need to e such an application will only b expiry date of my current visa; | e accepted if it is submitte | • |
| I understand that if I depart fr would be declared an undesing admission into the Republic for | om the Republic after the rable person and that I w | ould not qualify for a visa or |
| Signature of applicant | | Date |
| | | |
| | FOR OFFICIAL USE | |
| Approved/not approved by | Type of visa: | Reasons for decision: |
| | | |
| on | | |

DOCUMENTATION TO BE SUBMITTED IN SUPPORT OF A VISA NOT EXCEEDING A PERIOD OF THREE MONTHS

| | Attach | ned |
|--|--------|-----|
| | Yes | No |
| Valid passport which expires in no less than 30 days after expiry of the | | |
| intended date of departure from the Republic | | |
| Proof of sufficient financial means | | |
| Proof of a valid return or onward ticket or purchase of ticket. | | |
| Documentation outlining the purpose and duration of the visit, or a written | | |
| invitation by the host(s) in the Republic, as the case may be. | | |
| Where the applicant is attending an activity or event, a letter from the | | |
| organisation under whose control the activity or event is taking place, | | |
| confirming such attendance and whether or not the foreigner will be | | |
| remunerated, and if remunerated, the amount of the remuneration | | |
| In respect of a dependent child accompanying the applicant to or joining the | | |
| applicant in the Republic— | | |
| (a) proof of consent from one or both parents or legal guardian, as the | | |
| case may be, in the form of a letter or affidavit; | | |
| (b) Where applicable, a copy of a court order granting the applicant parental responsibilities and rights in respect of the child; | | |
| (c) A letter from the person who is to receive the child in the Republic, | | |
| containing his or her residential address in the Republic where the child will be residing; | | |
| (d) A copy of the identity document or valid passport and visa or permanent | | |
| residence permit of the person who is to receive the child in the | | |
| Republic; and | | |
| (e) The contact details of the parents or legal guardian. | | |

| | | Attacl | ned |
|--------------------------------|---|--------|-----|
| | | Yes | No |
| (a) A ir (i (i | ect of medical treatment for a period not exceeding three months— a letter from the applicant's registered medical practitioner or medical astitution within the Republic, confirming— b) that space is available at the medical institution; b) the estimated costs of the treatment; b) whether or not the disease or ailment is curable; | | |
| (b) D e a ir (c) T (d) A (e) P | tv) treatment schedule; and v) the period of intended treatment in the Republic. Details of the person or institution responsible for the medical expenses and hospital fees: Provided that in the case where the applicant's medical scheme or employer is not liable for expenses incurred, proof of financial means to cover the medical costs. The particulars of the persons accompanying the applicant a valid return air flight ticket, where applicable Proof of sufficient financial means or provision for the costs indirectly related to the treatment. | | |
| | ect of studies for a period not exceeding three months— undertaking by the Registrar or Principal of the learning institution provide proof of registration of the learning institution as | | |
| (ii) | contemplated in the relevant legislation, within 60 days of registration; in the event of failure to register by the closing date, provide the Director-General with a notification of failure to register within 7 days of the closing days of registration; | | |
| (iii) | , | | |
| (iv) | | | |

| | Attach | ned |
|---|--------|-----|
| | Yes | No |
| In respect of short-term work to be undertaken in the Republic, a letter from | | |
| the employer stipulating— | | |
| (a) the purpose or necessity of the work | | |
| (b) the nature of the work; | | |
| (c) qualification and skills required for the work; | | |
| (d) the duration of the work; | | |
| (e) the place of work | | |
| (f) duration of the visit; | | |
| (g) proof of remuneration or stipend that the foreigner will receive from the | | |
| employer; and | | |
| (h) identity and contact details of the prospective employer or relevant | | |
| contact person from the host institution. | | |

DOCUMENTATION TO BE SUBMITTED IN SUPPORT OF A VISITOR'S VISA APPLICATION FOR A PERIOD EXCEEDING THREE MONTHS

| | Attacl | hed |
|---|--------|-----|
| | Yes | No |
| Valid passport which expires in no less than 30 days after expiry of the | | |
| intended date of departure from the Republic | | |
| A yellow fever vaccination certificate, where applicable. | | |
| A medical report. | | |
| A radiological report. | | |
| Marriage certificate or in the case of a foreign spousal relationship, proof of | | |
| official recognition thereof issued by the authorities of the country concerned, | | |
| if available. | | |
| The affidavit where a spousal relationship to a South African citizen or | | |
| resident is applicable, as well as documentation proving cohabitation and the | | |
| extent to which the related financial responsibilities are shared by the parties | | |
| and setting out the particulars of children in the spousal relationship. | | |
| Divorce decree, where applicable. | | |
| Court order granting full or specific parental responsibilities and rights, where | | |
| applicable. | | |
| Death certificate, in respect of late spouse, where applicable. | | |
| Written consent from both parents and court order granting full parental | | |
| responsibilities and rights parent, where applicable. | | |

| | Attac | hed |
|---|-------|-----|
| | Yes | No |
| Proof of legal adoption where applicable. | | |
| Legal separation order, where applicable. | | |
| Police clearance certificates in respect of applicants 18 years and older, in respect of all countries where person resided one year or longer since having attained the age of 18. | | |
| A yellow fever vaccination certificate, where applicable. | | |
| Proof of academic sabbatical, where applicable. | | |
| Proof of voluntary or charitable activities to be undertaken, where applicable | | |
| Proof of research to be undertaken, where applicable | | |
| In respect of an application by a person who is the spouse or dependent child of the holder of a visa issued in terms of section 11, 13, 14, 15, 17, 18, 19, 20 or 22 of the Act, a certified copy of such holder's visa and a written undertaking of financial responsibility for the applicant. | | |
| In respect a teacher at an international school, a contract of employment signed by the employer and the applicant and a written undertaking of financial responsibility for the applicant. | | , |
| In respect of a person involved in the production of a film or advertisement in the Republic, documentation confirming such production and the duration thereof. | | |
| In respect of a foreign journalist seconded to the Republic by a foreign news agency, documentation confirming such secondment and the duration thereof. In respect of a visiting professor or lecturer, an invitation from the host in the | | |
| Republic. In respect of artists who wish to write, paint or sculpt, documentation confirming the activity to be undertaken and the duration thereof. | | |
| In respect of a person involved in the entertainment industry who would be travelling through the Republic to perform, confirmation thereof by the host in the Republic | | |
| In respect of a tour leader or host of a tour, a contract of employment signed by the employer and the applicant and a written undertaking of financial responsibility for the applicant. | | |