

(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 <i>(in full)</i> : | | | | | | | | | | |
| Maiden name: | | | | | | | | | | |
| Previous surname(s): | | | | | | | | | | |
| Date of birth: | Y | Y | Y | Y | M | M | D | D | Country of birth: | |
| Gender <i>(write in full)</i> | | | | | | | | | | |
| Nationality: | | | | | | If acquired by naturalisation, state original nationality: | | | | |
| Where and when was present nationality obtained: | | | | | | | | | | |

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|--|---|
| Passport/Travel Document Number: _____ — Type of document: Diplomatic/Official/Ordinary Passport/Travel document/other (<i>specify</i>) _____ — | Issuing authority: _____ Date of expiry: _____ |
| Permanent residential address in country of normal residence _____ _____ | |
| Period resident at this address: | |
| Country of permanent residence: Period resident in that country: | Telephone number: (.....) Home telephone No.: Cellphone No.: E-mail address: |
| Occupation or profession: | |
| Name of Employer, University Organisation: Address: Telephone No.: Fax No.: | |

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|--|---------------|---|---------|---|---------|---|-----------|---|--------------------------|--|--|
| 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 | | Widowed | | Separated | | Divorced | | |
| First name(s) of spouse: | | | | | | | | | | | |
| Maiden name | | | | | | | | | | | |
| Date and place of marriage | | | | | | | | | | | |
| | Y | Y | Y | Y | M | M | D | D | | | |
| Date of birth of spouse: | | | | | | | | | Nationality..... | | |

VISIT TO SOUTH AFRICA

| | |
|--|--|
| Expected date of arrival in the Republic: YY MM DD. | |
| Place of arrival: Purpose of visit: | |
| Duration of stay (months, weeks or days) | |
| Number of entries required: | |
| Single | |
| Two | |
| Multiple | |
| Proposed residential address (physical) in the Republic, including the full name(s) of your host or hotel: | |
| Residential (physical) Address in the Republic: | |
| | |
| | |
| Name of Host or Hotel: | |
| Telephone of Host or Hotel: | |

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

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|---|-----|--------------------------|-----------------------------|
| Identity document number or permanent residence permit number of South African host, where applicable: | | | |
| <i>Indicate by means of an X whichever is applicable</i> | | | |
| Have you at any time applied for a permit to settle permanently in the Republic? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been restricted or refused entry into the Republic? | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been deported from or ordered to leave the Republic? | 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 | Yes | <input type="checkbox"/> | No <input type="checkbox"/> |

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 *Note Verbale*.

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 destination? (Proof must be submitted).....

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|---|----------------------|
| <p>I _____ (surname and name of applicant) declare that</p> <ul style="list-style-type: none"> • the above details provided by me are true in substance and in fact and that I fully understand the meaning thereof; • I understand that should my port of entry visa / transit visa / visitor's visa be approved, I would not be allowed to change my purpose of visit whilst in the Republic; • I understand that if I need to extend my stay in the Republic for whatever reason, that such an application will only be accepted if it is submitted at least 30 days prior to the expiry date of my current visa; and • I understand that if I depart from the Republic after the expiry date of my visa, that I would be declared an undesirable person and that I would not qualify for a visa or admission into the Republic for a period of at least _____. | |
| _____ Signature of applicant | _____ Date |

| FOR OFFICIAL USE | | |
|---|---------------------------------|---|
| Approved/not approved by on | Type of visa: | Reasons for decision: |