VISIT TO SOUTH AFRICA

25. Expected date of arrival ..... 26. Port of arrival .....

27. Purpose of visit .....

28. Duration of stay (months, weeks or days) .....

29. Proposed residential address (not P.O. Box number) in RSA, including the full names of your host or hotel:

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30. Names of organisations/persons you will be contacting during your stay in the RSA:

Name	*Address*	*Relationship*

31. Identity document number/immigration permit number of South African host .....

Indicate by means of an X whichever is applicable:

32. Have you at any time applied for a permit to settle permanently in South Africa?	YES ☐	NO ☐
33. Have you ever been restricted or refused entry into South Africa?	YES ☐	NO ☐
34. Have you ever been deported from or ordered to leave South Africa?	YES ☐	NO ☐
35. Have you ever been convicted of any crime in any country?	YES ☐	NO ☐
36. Is a criminal or civil enquiry pending against you or any of your dependents in any country?	YES ☐	NO ☐
37. Are you suffering from tuberculosis or any other infectious or contagious diseases or any mental or physical deficiency?	YES ☐	NO ☐

38. Give particulars if reply to one or more of questions 32 to 37 is in the affirmative .....

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TO BE COMPLETED IF OBJECT OF VISIT IS MEDICAL TREATMENT

39. A doctor's certificate confirming the necessity for treatment in the RSA, the nature of ailments and the dates of appointments with a South African doctor must be submitted.

(a) Name, address and telephone number of doctor/hospital/clinic you will visit in the RSA .....

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(b) Who is responsible for the medical expenses and hospital fees? Submit proof if paid by yourself/your medical scheme/employer

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TO BE COMPLETED ONLY BY PASSENGERS IN TRANSIT TO A FOREIGN COUNTRY

40. Destination after leaving the RSA .....

41. Mode of travel to destination .....

42. Intended date and port of departure from the RSA to that destination .....

43. Do you hold a visa/permit for temporary or permanent residence in the country of your destination? (Proof must be submitted)

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I SOLEMNLY DECLARE THAT THE ABOVE PARTICULARS GIVEN 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 EMPLOYMENT OR STUDY OR RESIDENCE IN SOUTH AFRICA.

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Date ***Signature of applicant***