(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	M	М	D	Ð	
Date of birth:									Country of birth:
Gender (write in full)									

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 n	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:					
Name of Employer, University Organisation: Address:					
Telephone No.: Fax No.:					

If self-employed, state name, address, telephone no. and nature of business:											
	Name of business: Address:										
Marital status:	Never married	d	Married Widowed Separated Divorced							Divorced	
First name(s) of	f spouse):						_			
Maiden name											
Date and place of marriage											
	Υ	Υ	Υ	Υ	М	M	D	D			
Date of birth of spouse:									N	Nationality	
VISIT TO SOUTI	H AFRIC	A									
Expected date of arrival in the Republic: YY MM											
Place of arrival: Purpose of visit:											
Duration of stay (months, weeks or days)											
Number of entries required:											
Single											
Two											
Multiple											
Proposed reside	ential ad	ldre	ss (n	hvsica	al) in t	he	Repub	lic inclu	din	ng the full name(s	s) of your host or
hotel:			()	, 000	,		Порил	,		.9	,, o. youoo. o.
Residential (physical) Address in the Republic:											
•••											
Name of Host or Hotel: Telephone of Host or Hotel:											
Telephone of H	Host or H	Hote	d:						•••		

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, where						
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			
Areuvous as 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 association utilizing crime or			
terrorism to pursue its ends?			
Give particulars if reply to any of the questions above is in the affirmative:			
In the case of an official visit, submission of a <i>Note Verbale</i> .			

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Reasons for decision:

1						
	(surname and name of applicant) declare that					
•	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					

Type of visa:

Approved/not approved by