

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

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.:	

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

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	No	
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 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	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 *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).....

I _____ (surname and name of applicant) declare that	
<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:



3051 Massachusetts Avenue, NW. Washington DC, 20008. Tel: +1(202)745-6658

DECLARATION FOR VISA APPLICATION

I.....hereby
declare that the information and documentation in support of my visa
application furnished in terms of south African Immigration
Regulation is to the best of my knowledge and belief correct and
authentic. I concur that any false or outstanding information will
result to the rejection of my visa application.

DATE.....

SIGNATURE.....

PLACE..... WASHINGTON DC.....