

(DHA-1738) Form 8



DEPARTMENT OF HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR VISA TO TEMPORARILY SOJOURN IN THE REPUBLIC
[Section 10(2)(c) to (k); Regulation 9(1)]

CATEGORY OF PERMIT BEING APPLIED FOR			
Visitor's visa		Exchange Visa	
Study Visa (> 3 months)		Business Visa	
Treaty Visa		Work Visa: Critical Skills	
Relative's Visa		Work Visa: General	
Medical Treatment Visa		Work Visa: Intra-company transfer	
Retired Person's Visa			

*Biometric
(Attach Fingerprint Form,
with Photograph)*

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Office of application:	BLOK:	Track & Trace Ref No
Date received:	Date forwarded to Head Office:	
Application quality checked by/on:	Date received at Head Office	Remarks:
Passport seen/returned by/on:	Decision and date:	
Fee: Currency and amount		
Fee received by/on:		
Receipt no:		

2. CITIZENSHIP DETAILS

Present country of citizenship:	
If acquired other than by birth, date and conditions under which acquired:	
Do you hold any other citizenship?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, of which country, plus details.....	

3. PASSPORT DETAILS

Passport number:	Country of issue:
Date of issue:...../...../.....	Expiry date:...../...../.....
If you have any other document required by your government, provide details: Type of document:..... Number:..... Expiry date:...../...../.....	

4. ADDRESSES

Residential address:	Postal address:
Postal code.....	Postal code.....
Country of usual residence if other than country of origin or above address: 	
Telephone No.: Work: (incl. <i>area code</i>) Home: (incl. <i>area code</i>)	

Other addresses where you have lived during the last ten years other than your current address:

Address:	Period:	Country:

Do you hold the right of re-entry into your country of origin and/or country of residence if this differs? Yes No

If no, specify period and present status.....

Have you ever applied for asylum or refugee status in SA or any other country?
 Yes No If yes, specify the country.....

Contact person:

Relationship: Friend	Business Associate	Relative	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name:

Address:

.....

Telephone No.: Work: (incl. area code) Home: (incl. area code)

Details regarding relatives and/or friends in the Republic, if any.

Name	Address	Relationship	Identity No

5. INTENTIONS/PROPOSED DURATION OF STAY IN THE REPUBLIC

Proposed date and place of departure for the Republic:	/ /	
Anticipated date and place of arrival in the Republic:	/ /	
Travelling by: Air	Road	Rail
Sea	Carrier	
What is your intended duration of stay in the Republic:		
Days/weeks/months/or	Years	Intended date of departure / /

Outline your proposed activities whilst in the Republic:

.....

.....

6. MAINTENANCE/DEPORTATION

State what funds you have available for maintenance during your stay in the Republic and whether you have a return ticket or other arrangements made for maintenance and return passage:

Available funds (foreign currency): Type:..... Amount:
South African Rand equivalent: (attach bank statement as proof of funds held).
Valid return or onward ticket no: Expiry date: / /
Other:
.....

7. PARTICULARS OF ANY FAMILY/DEPENDANTS ACCOMPANYING YOU (attach page if space is not enough):

Full names	Date of birth	Relationship	Passport No.	Expiry date	Nationality	Occupation

If your spouse and/or other dependants are not accompanying you, do they intend to enter the country at a later stage?

Yes On (date)

No Details/reason(s):
.....
.....

Have you ever been refused entry into or deported from the Republic: If so, please provide details:

.....

8. SECURITY/HEALTH QUESTIONNAIRE

Have you or any of your dependants accompanying you ever been convicted of any crime in any country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is a criminal/civil case pending against you or any of your dependants accompanying you in any country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any of your dependants suffering from tuberculosis, any other infectious or contagious disease or any mental or physical deficiency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an unrehabilitated insolvent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been judicially declared incompetent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of or adherent to an association or organisation advocating the practice of social violence, or racial hatred?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Furnish full particulars if the reply to any of these questions is in the affirmative:	

9. ANY ADDITIONAL INFORMATION YOU WISH TO BRING TO THE DEPARTMENT'S ATTENTION:

<p>.....</p> <p>.....</p> <p>.....</p>
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10. DECLARATION BY APPLICANT

I acknowledge that I understand the contents and implications of this application and solemnly declare that the above particulars given by me as well as all particulars in the attached supporting documentation are true and correct.

Signature of applicant

Date

<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 _____. 	
<p>_____ Signature of applicant</p>	<p>_____ Date</p>

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Approved/not approved by on	Type of visa:	Reasons for decision: