(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.

Surname: First names (in full): Maiden name: Previous surname(s): Date of birth: Gender (write in full) 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 (specify)	Issuing authority:				
Permanent residential address in country of normal residence					
Period resident at this address: Country of permanent residence:	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:													
Telephone No.:.													į
Marital status:	Never married	d	Married			Widowed			Separated		Divorced		
First name(s) o	f spouse	1.	~~~						*******			The state of the s	
Maiden name					,								
Date and place marriage	of												
	Υ	Υ	Υ	Y	М	IV	D	D	Ţ				
Date of birth of spouse:									ı	Nationality			•••
VISIT TO SOUT	H AFRIC	CA				-					min nicht (1880)		(do)
Expected date of arrival in the Republic: YY MM													
Place of arrival: Purpose of visit:													
Duration of stay	y (month	ıs, w	/eeks	s or da	ays) .			* * * * * * * * * * * * *					
Number of entr	ies requ	ired	:										
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:					
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?			No	**************	
Are you a member of, or adherent to an association or organisation	Yes		No	***************************************	
	1		'		

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:						
In the case of an official visit, submission of a <i>Note Verbale</i> .						
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						

(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 fo	r a period of at least	*					
Circulation of any Board							
Signature of applicant	Date						
FOR OFFICIAL USE							
FOR OFFICIAL USE							
Approved/not approved by	Type of visa:	Reasons for decision:					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						