(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	М	M	D	D	
Date of birth:									Country of birth:
Gender <i>(write in full)</i>								1	
Nationality: If acquired by naturalisation, state original nationality:									
Where and when was present nationality obtained:									

	Passport/Travel Document Number:	Issuing authority:				
-       Type of document:         Diplomatic/Official/Ordinary Passport/Travel       -         -       -         Permanent residential address in country of normal residence       -         Period resident at this address:       -         Country of permanent residence:       Telephone number: ()          Cellphone No.:          Cellphone No.:         Period resident in that country:       E-mail address:          Occupation or profession:         Name of Employer, University Organisation:       Address:		Date of expiry:				
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:	Diplomatic/Official/Ordinary Passport/Travel					
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:						
Country of permanent residence:       Telephone number: ()         Home telephone No.:       Cellphone No.:         Cellphone No.:       E-mail address:         Period resident in that country:       Cellphone No.:         Occupation or profession:       Name of Employer, University Organisation:         Address:       Address:	Permanent residential address in country of n	ormal residence				
Country of permanent residence:       Telephone number: ()         Home telephone No.:       Cellphone No.:         Cellphone No.:       E-mail address:         Period resident in that country:       Cocupation or profession:         Name of Employer, University Organisation:       Address:						
Country of permanent residence:       Telephone number: ()         Home telephone No.:       Cellphone No.:         Cellphone No.:       E-mail address:         Period resident in that country:       Cocupation or profession:         Name of Employer, University Organisation:       Address:						
Home telephone No.:         Cellphone No.:         E-mail address:         Period resident in that country:         Occupation or profession:         Name of Employer, University Organisation:         Address:	Period resident at this address:					
Cellphone No.:E-mail address:E-mail address:	Country of permanent residence:	Telephone number: ()				
E-mail address:   Period resident in that country:   Occupation or profession:   Name of Employer, University Organisation:   Address:		Home telephone No.:				
E-mail address: Period resident in that country: Occupation or profession: Name of Employer, University Organisation: Address:		Cellphone No.:				
Occupation or profession: Name of Employer, University Organisation: Address:		E-mail address:				
Occupation or profession: Name of Employer, University Organisation: Address:						
Name of Employer, University Organisation:	Period resident in that country:					
Address:	Occupation or profession:					
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If self-employed, state name, address, telephone no. and nature of business:											
Name of business:											
Address:											
Telephone No.:.					•••••		••••	Fax	No.:		
Marital status:	Nev mar		d		Marr	ried		Widov	ved	Separated	Divorced
First name(s) of spouse:											
Maiden name	Maiden name										
Date and place of marriage											
	Ň	Y	Y	Y	Y	М	Μ	D	D		
Date of birth of spouse:										Nationality	

### **VISIT TO SOUTH AFRICA**

Expected date of arrival in the Republic: YY MM MM
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:

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Names of Organisations or persons you will be contacting during your stay in the Republic:					
Name	Address	Relationship			

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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			
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:					
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:					
Made of travel to destinction.					
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)					

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