



Home Affairs Reference No. \_\_\_\_\_

South African Consulate General  
 50 N La Cienega Boulevard  
 Suite 300  
 BEVERLY HILLS CA 90211

REPUBLIC OF SOUTH AFRICA

**VISA APPLICATION**

Failure to complete this application form in full may result in the visa being delayed or refused.  
 Please use block letters and black ink only.

**PERSONAL PARTICULARS**

1. Surname

2. First names (in full)

3. Maiden name

4. Date of birth  Y Y Y Y M M D D

5. City of birth.....

7. Sex  Male  Female

6. Country of birth.....

8. Nationality..... 9. If acquired by naturalisation state original nationality and where and when present nationality was obtained.....

10. Details of passport (a) Number..... (b) Issuing authority.....  
 (c) Date of expiry..... (d) Type of document.....

11. Present address.....

12. Period resident at this address..... 13. Telephone number.....

14. Country of permanent residence..... 15. Period resident in that country.....

16. Occupation/Profession.....

17. Name and address of employer, university, organisation etc. to which you are attached, attend or which you represent:  
 .....

18. If self-employed, state name and nature of business:  
 .....

19. If you contribute professionally or otherwise to publications, radio, television or films, give details:  
 .....

20. Marital status  Never married  Married  Widow/er  Separated  Divorced

21. Full names of husband/wife (whether he/she accompanies you or not)

22. Maiden name of wife

23. Birth date of spouse  Y Y Y Y M M D D

24. His/her nationality.....

**NB.—SEPARATE FORMS MUST BE COMPLETED IN RESPECT OF PERSONS OVER THE AGE OF 16 AND CHILDREN UNDER THE AGE OF 16 TRAVELLING ON THEIR OWN PASSPORTS.**

25. Particulars of children accompanying you and endorsed on your passport

Surname	First names	Date of birth	Place of birth
(1) .....	.....	.....	.....
(2) .....	.....	.....	.....
(3) .....	.....	.....	.....
(4) .....	.....	.....	.....

VISIT TO SOUTH AFRICA

26. Expected date of arrival ..... 27. Port of arrival .....

28. Purpose of visit .....

29. Duration of stay (months, weeks or days) .....

30. State the amount of funds available for visit to RSA .....

31. Proposed residential address (no PO Box number) in RSA, including the full names of your host or hotel .....

32. Names of organisations/persons you will be contacting during your stay in the RSA

Name	Address	Nature of business or relationship
.....	.....	.....
.....	.....	.....
.....	.....	.....

33. Date of last visit to the RSA ..... 34. Reference number on previous visa .....

35. Visa obtained at .....

**Indicate by means of an X whichever is applicable**

36. Have you at any time applied for a permit to settle permanently in South Africa? YES  NO

37. Have you ever been restricted or refused entry into South Africa? YES  NO

38. Have you ever been deported from or ordered to leave South Africa? YES  NO

39. Have you ever been convicted of any crime in any country? YES  NO

40. Is a criminal or civil enquiry pending against you or any of your dependents in any country? YES  NO

41. Are you suffering from tuberculosis or any other infectious or contagious diseases or any mental or physical deficiency? YES  NO

42. Give particulars if reply to one or more of questions 36 to 41 is in the affirmative .....

TO BE COMPLETED IF OBJECT OF VISIT IS MEDICAL TREATMENT

43. A doctor's certificate confirming the necessity for treatment in the RSA, the nature of ailments and the dates of appointments with a South African doctor must be submitted

(a) Name, address and telephone number of doctor/hospital/clinic you will visit in the RSA .....

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(b) Who is responsible for the medical expenses and hospital fees? Submit proof if paid by yourself/your medical scheme/employer .....

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TO BE COMPLETED ONLY BY PASSENGERS IN TRANSIT TO A FOREIGN COUNTRY

44. Destination after leaving the RSA .....

45. Mode of travel to destination .....

46. Intended date and port of departure from the RSA to that destination .....

47. Do you hold a visa/permit for temporary or permanent residence in the country of your destination? (Proof must be submitted) .....

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I SOLEMNLY DECLARE THAT THE ABOVE PARTICULARS GIVEN BY ME ARE TRUE IN SUBSTANCE AND IN FACT AND THAT I FULLY UNDERSTAND THE MEANING THEREOF. I FURTHER DECLARE THAT I DO NOT CONTEMPLATE EMPLOYMENT OR STUDY OR RESIDENCE IN SOUTH AFRICA.

.....  
Date

.....  
Signature of applicant