

REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HOME AFFAIRS

APPLICATION FOR TEMPORARY RESIDENCE IN SOUTH AFRICA

CATEGORY OF PERMIT BEING APPLI	ED FOR:							
(i) Workseeker's permit								
(ii) Work permit: Temporary employment			PHOTOGRA	PH	PHOTOGRAPH	GRAPH		
(iii) Work permit: Self-employment/Own bus	siness							
(iv) Work permit: Arts and Entertainment inc	dustry							
(v) Study permit								
NUMBER OF PERSONS COVERED BY THIS APPLICATION: Adults Children Total								
IMPORTANT:								
(i) Please note that form BI-159; A must be to BI-159; F) relevant to the category be this appliaction.								
(ii) Please complete this form in BLOCKLETTERS and tick the appropriate squares, marking any sections which do not apply "n/a", ensuring that all the questions are fully responded to. Your application will be considered on the basis of the information furnished on this form and on the documentary evidence provided. If additional space is required to answer any questions, pleas provide the extra details on a separate signed sheet and attach with your supporting documents to the space provided at the end of this form (item 12).								
(iii) Applicants who are found to have provide authorization to remain in South Africa was commensurate with their purpose of entire transfer of the commensurate with their purpose.	vithdrawn, as w	ill any appli	cants who enter the F	Republic pri	or to holding	ons refused o	r their	
(iv) To facilitate the endorsement of your pa should be advised of the outcome the								
FOR OFFICIAL USE ONLY								
Office of origin:	BLOK:			Mission f	ile no.:			
Date received:	Date forwarde	ed to Head	d to Head Office:		Regional file no.:			
Submission checked by/on:	Date received	d at Head O	at Head Office:		Head Office file no.:			
Passport seen/returned by/on:	Processed by	v/on:		Remarks				
Fee: Currency and amount	Authorized by	//on:						
Fee received by/on:	Decision carr	ied over by/	on/per:					
Receipt no.:	Receipt no.: BI. 1098 Facsimile Other							

1. PERSONAL DETAIL	LS
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1.1	Title: Mr Mrs Ms Other (specify)					
1.2	Surname/Family name:	1.3 Given names				
1.4	Maiden name:	1.5 Stage name:				
1.6	Previous/alternative name(s)/aliases, including details:					
1.7	Date of birth: Year Month	Day				
1.8	Place of birth: Town/City	Country				
1.9	Marital status: Never married Divorced	Widowed De Facto and details				
	Married Separated	Engaged				
1.10	If separated state:					
	Whether divorce proceedings have been instituted and when final	decree is expected				
1.11	If divorced provide:					
	Date of divorce and details of any maintenance and/or custody again	reements/orders for which certified copies of substantiating legal				
	documentation must be attached					
1.12	If married to a South African citizen, a certified copy of the marri	iage certificate must be attached.				
1.13	If engaged:					
	Proposed date of marriage / /	Nationality of fiancé(e)				
	Whereabouts/residential status					
	If to a South African citizen:					
	Name	. ID No				
2.	CITIZENSHIP DETAILS					
2.1	Present country of citizenship:					
2.2	If acquired other than by birth, date and conditions under which ac	quired				
2.3	Do you hold any other citizenship? No Yes					
	If so, of which country, plus details					
3.	PASSPORT DETAILS					
3.1	Passport number:	3.2 Country of issue:				
3.3	Date of issue / /	3.4 Valid until / /				
3.5	If you have any other identity document required by your government	ent, provide details:				
	Type of document: Number:	Expiry date: / /				

4. ADDRESSES

4.1	Residential address			4.2	Postal addre	ess:		
	Postal code				Postal code.			
4.3	Country of usual residence if	other than country	of origin or above	addres	SS:			
4.4	Telephone numbers: Work (a	area code)		Home (a	rea code	·····)	
4.5	Other addresses where you	ı have lived durin	g the last ten year	s outs	side your hon	ne coun	try:	
Addr	ess				Period	Rea	son(s)	
						•		
4.6	Do you hold the right of re-	entry into your co	ountry of origin an	d/or c	ountry of res	idence i	f this differs?	
	Yes No							
	If no, specify							
4.7	Have you ever applied fro a	sylum, or refuge	e status in SA or a	ny otł	ner country?			
	Yes No							
	If no, specify							
								1
4.8	Contact person:							
	Relationship: Friend	Business	Associate		Relative	Othe	er	
	Name and address:							
	Telephone numbers: Work	(area code)		Но	ome (are	ea code)	
								1
4.9	Details regarding relatives	and/or friends in	South Africa:					
	Name		Address				Relationship	ID No.:

5.	INTENTIONS/PROPOSED	DURATION (OF STAY IN THE RSA	·
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5.1	proposed date and place of departure for SA: / /
5.2	Anticipated date and place of arrival in SA: / /
5.3	Travelling by: Air Road Rail Sea Carrier
5.4	If you intend staying in SA temporarily only, state your proposed dureation of stay:
	days/weeks/months Intended date of departure / /
5.5	Do you intend setting in South Africa on a permanent basis? 5.6 If so, have you submitted an application for an immigration
	No Yes permit? No Yes
5.7	If yes and the outcome is still awaited, application submitted on / /
	to foreign/domestic office at under reference no.
5.8	Outline your proposed activities whilst in the RSA
6.	MAINTENANCE/REPATRIATION
	State what funds you have available for maintenance during your stay in South Africa and whether you have purchased a return ticket/other arrangements made for maintenance and return passage:
	tionogonio, an angelionio maao io maintonanoo ana rotam paosago.
6.1	Available funds (foreign currency): Type
6.2	Valid return or onward ticket no.: Expiry date / /
6.3	Cash deposit in the amount of
	on / / Receipt no
6.4	Non-negotiable bank guarantee (sufficient to cover repatriation costs if necessary) in the amount of
	with(name of registered banking institution) situated at
	, 5 3
6.5	Other:

7. PARTICULARS OF ANY FAMILY/DEPENDEANTS ACCOMPANYING YOU

7.1	Full names	Date of birth	Relationship	Passport number	Expiry date	e Nationality	Occupation
		I		L	l	L	
7.2		ne above hold eith		ua 🗀 Vaa 🗀	1		
7.2.1	Number	ican identity docu	iment?	No Yes	Holder		
	- Vallison						
7.2.2	. an immigra	tion/temporary res	sidence permit?	No Yes	s Holder		
	Office of iss	ue	Туре		Date o	f expiry /	/
7.3	If your spouse and	l/or other dependar	nts are not accomp	panying you, do they	intend to enter	the country?	
	Yes	on (date)	/ /				
	No L	Details/reason(s)					
8.	PREVIOUS APPL						
8.1	Have you or any o control, obtained p	ther person include permits on arrival?	ed in this application	on previously applied	for any type of	South African visa, or if e	xempt from visa
	No	Yes					
8.2	Give details of ea						
	Name	Category of perm	it Date and papplica		anted or fused?	Period authorized	Reference number
						from to	
						from to	
						from to	
						from to	
						from to	
8.3	Details of any pri	or restrictions/rep	patriations/deport	tations from South	Africa:		

9.	SECURI	TY/HFAI	TH CL	_EARAN(CFS

Have you or any of your dependants ever been convicted of any crime in any country?	No \square	Vas [\neg
		<u>L</u>	
Is a criminal/civil inquiry pending against you or any of your dependants in any country?	No	Yes	
Are you or any of your dependants suffering from tuberculosis, any other infections or contagious disease or any mental or physical deficiency?	No 🗌	Yes	
Furnish full particulars if the reply to any of these questions is in the affirmative:			
ANY ADDITIONAL POINTS YOU WISH TO DRING TO THE DEPARTMENTS ATTENTION			
ANY ADDITIONAL POINTS YOU WISH TO BRING TO THE DEPARTMENT'S ATTENTION			
DECLARATION			
DECLARATION I acknowledge that I understand the contents and implications of this application and solemnly declare that the above particulars given by me are true and correct.			
I acknowledge that I understand the contents and implications of this application and			Date
	contagious disease or any mental or physical deficiency?	Is a criminal/civil inquiry pending against you or any of your dependants in any country? Are you or any of your dependants suffering from tuberculosis, any other infections or contagious disease or any mental or physical deficiency? Furnish full particulars if the reply to any of these questions is in the affirmative:	Is a criminal/civil inquiry pending against you or any of your dependants in any country? Are you or any of your dependants suffering from tuberculosis, any other infections or contagious disease or any mental or physical deficiency? Furnish full particulars if the reply to any of these questions is in the affirmative:

12. SUPPORTING DOCUMENTS

N.B.: 12.1 Please provide a list bleow of all the documents attached:

12.2 <u>Attachments should be affixed here:</u> (please staple or pin securely)