	Amount of documents before Day submission
	Arrangement of documents before Pre -submission
	Form filled in block letter and black ink
1	
	2 identical passport size (45x45) mm photographs on white background showing the
2	complete face.
	For Lagos and Port Harcourt Applicant: A valid passport (validity of at least 30 days after the intended stay).
3	A valid passport (validity of at least 6months as at application date) Abuja VAC only.
	2 Coloured copies of bio-data page and 1 copy of all visas in the passport
4	
5	Typed Self Introduction letter
5	Latter of introduction from employer Typed
6	Letter of introduction from employer-Typed
	Proof of accommodation from Host /Confirmation from hotel directly
7	· ·
	Coloured copy of Yellow fever card/Vaccination card for children below 10years
8	
	Birth certificate and consent letter(s) for minors
9	
10	Flight reservation
	3 months bank statement – original, stamped & signed by bank authority(Lagos and Port
	Harcourt)
11	6 months bank statement – original, stamped & signed by bank authority (Abuja Office)
	All payments are accepted in CASH ONLY
12	
	Note: For group/family applications; each applicant is required to have these
	documents

Please Note:

- This is not a checklist but an arrangement order
- For Checklist, Kindly visit the website for comprehensive requirements as per purpose of trip.



DEPARTMENT: HOME AFFAIRS

REPUBLIC OF SOUTH AFRICA

APPLICATION FOR VISA OR TRANSIT VISA

[Section 7 (1) (g) read with sections 10A and 10B; Regulation 8 (1)]

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

Surname											
First names (in full)											
Maiden name											
Previous surname(s)											
	Υ	Υ	Υ	Υ	М	М	D	D			
Date of birth									Ci	ty of birth	
Country of birth											
Gender	M	1ale			Fem	ale					
Nationality										If acquired	by naturalisation, state original nationality
Where and when	was	pres	sent	natic	nalit	y ob	taine	d			
Passport/Travel [Docu	men	t Nu	mbe	r						Issuing authority
Type of document	t: Dip	olom	atic/	Offic	ial/C	Ordin	ary I	Pass	spor	t/Travel	Date of expiry
Document/other	(Spe	cify)									
Permanent reside	ential	add	ress								

									7	Telephon	e number() (0	code)	
Period resident at	this a	addre	SS		<u></u>					<u></u>		(number)	
Country of perma	nent r	eside	ence						F	Period re	sident in tha	t count	try	
											···		<u> </u>	
Occupation or pro														
Name, address ar that you attend or						∍r, 	univers	ity, org	anıs	sation, ei	c. to which y	/ou are	attacnea, o	r
If self-employed, s	state i	name	, add	dres	s, teleph	on	e no. a	nd natu	ıre (of busine	ss			
	<u></u>				<u></u>	··· <u>·</u>	<u></u> -		<u>.</u>		·····	<u></u>	······ <u>····</u>	···· <u>···</u>
Marital status	_	ever rried			Married	d		Wido	wed	l k	Separated		Divorced	
First name(s) of s	pouse	е												
Maiden name														
	Y	Υ	Υ	Υ	M M	<u> </u>	D D							
Date of birth								Nation	nalit	y <u></u>				<u></u>
NB: SEPARATE I													AGE OF 10	5
Particulars of child											<u> </u>			
Surnar	ne				First	na	ıme(s)		D	ate of bir	th	Place	e of birth	
(1)														
(2)				ļ										
(3)				ļ										
(4)	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	·····					<u></u>		<u></u>
VISIT TO SOUTH	l AFF	≀ICA									•			
Expected date of	arriva	al in tl	he F	}epu	blic Y			M			D			
Place of arrival														
Purpose of visit														
Duration of stay (•		eeks	s or (days)									
Number of entrie	s requ	uired												
Single Multiple		_												
Two		-												

Troposed residential address	(physical) in the Republic, including the full name(s) of yo	ui 1105t 0f 1	
Names of organizations or r	persons you will be contacting during your stay in the	Popublic	
		-	
Name	Address	Relationship	р
		<u></u>	
dentity document number or p	permanent residence permit number of South African hos	 :	
	·		
Indicate by means of an X w	vhichever is applicable		
Have you at any time applied	for a permit to settle permanently in South Africa?	yes	no
Have you ever been restricted	I or refused entry into South Africa?	yes	no
Have you ever been deported	yes	no	
Have you ever been convicted	yes	no	
Is a criminal action pending ag		yes	no
Are you an unrehabilitated ins		yes	no
Are you suffering from tubercu	llosis or any other infectious or contagious disease or an	1 -	no
mental or physical deficiency?		\dashv	
Have you ever been judicially	declared incompetent? Therent to an association or organisation advocating the	yes	no
practice of social violence or r	racial hatred or are you or have you been a member of a lising crime or terrorism to pursue its ends?		no
Give particulars if reply to one	or more of the questions above is in the affirmative:		
To be completed by applicat	nts applying for visitor's permits exceeding three mo	nths:	
	pendant minor child of the holder of a permit issued in ter on of a marriage certificate or an unabridged birth certific		ons 11,
Proof of academic sabbatical,	if applicable.		
Proof of non-remunerative vol	untary or charitable activities to be undertaken, if applicat	ole.	
Proof of research to be under	taken, if applicable.		
Proof of funds available for su	bsistence during period of visit.		
	nts applying for diplomatic, official or courtesy visas:		
In the case of an official visit,			
In the case of a diplomatic pla	cing in the Republic, proof of such placing.		

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 destination? (Proof
must be submitted)
To be completed by persons wishing to work in the Republic Yes No
I SOLEMNLY DECLARE THAT THE ABOVE PARTICULARS PROVIDED 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 CHANGING THE PURPOSE OF MY VISIT WHILST IN THE REPUBLIC.
Signature of applicant Date
Signature of applicant Date
Signature of applicant Date FOR OFFICIAL USE ONLY
FOR OFFICIAL USE ONLY Approved/not approved by
FOR OFFICIAL USE ONLY
FOR OFFICIAL USE ONLY Approved/not approved by
FOR OFFICIAL USE ONLY Approved/not approved by
FOR OFFICIAL USE ONLY Approved/not approved by
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