

Documents Checklist for MEDICAL TREATMENT VISA

申请医疗签证所需材料清单

Submission Date/申请日期: _____

Name of Applicant/申请人姓名: _____

Passport Number/护照号码: _____

***Your visa application will be processed and decided by South African Embassy / Consulate General.**

VAC staffs do not play any part in or influence the outcome of your visa application.

南非大使馆/总领事馆对您的签证申请作出决定。签证申请中心员工不参与或影响您的签证申请结果。

*Please note the application will not be acceptable if there are any missing documents as per the checklist. 若申请资料不符合使馆规定, 则中心不予受理。 *If you wish to submit the original documents without photocopies, the original documents will not be returned to you. 若只递交原件, 未递交复印件, 使馆不退还原件。				Yes/No 有/没有	
Passport or Travel Document 护照或旅行证件 -passport valid for no less than 30 days after the expiry of your intended visit ,and 2 copies of the first pages of the passport (on A4 paper) 有效期超过访问后 30 天以上的护照及 2 份护照首页复印件 (A4) 纸 -at least two blank visa pages (one to endorse visa and one for entry stamps) 护照上至少有两页空白页(一页贴签证, 一页盖入境章)					
Completed Form (DHA-1738) : Please note that the form has to be filled out ONLY in English with black ink pen 填写完整的 DHA-1738 表格: 请用黑色墨水笔用英文完整填写					
A full medical certificate 体检证明 (国际旅行健康检查证明书, 出入境检验检疫局出具)					
Two color passport size photographs with white background (Please refer to the photo specifications on the website: www.southafricavac-cn.com) 两张彩色白底护照照片 (请参考网站 www.southafricavac-cn.com 上关于护照照片的规格)					
Police clearance certificates in respect of applicants 18 years and older, in respect of all countries where person resided one year or longer since having attained the age of 18 年满 18 岁的申请人要提供 18 岁以后在所有居住满一年以上的国家的无犯罪证明					
The prescribed visa fee CNY 220/ Service fee CNY 260 签证费用人民币 220 元/ 服务费人民币 260 元					
Documents required/所需材料 Please ensure that all documents should be properly translated in English if there are any documents provided only in Chinese. 请确保所有的中文材料都翻译成英文。		Original 原件	Copy 复印件	Remarks 备注	For official use ONLY 官方使用
1	An applicant for a medical treatment visa shall submit- 申请医疗签证需提供: (a) a letter from his or her registered medical practitioner or medical institution within the Republic confirming- 南非执业医师或医疗机构确认函: (i) that space is available at the medical institution; 医疗机构有空床位 (ii) the estimated costs of the treatment; 治疗所需大约的费用 (iii) whether or not the disease or ailment is treatable or curable; 疾病或疾患是否可以治疗或治愈 (iv) the treatment schedule; 治疗方案				

	(v) the period of intended treatment in the Republic; 在南非治疗所需时间 (b) the details of, and confirmation by, the person or institution responsible for the medical expenses and hospital fees: Provided that in a case where the applicant's medical scheme or employer is not liable for expenses incurred, proof of financial means to cover the medical costs shall be submitted; 负责医疗和住院费用的人或机构的详细信息及保证函, 并提供, 一旦医疗保险或雇主无法支付费用时, 可提供支付的财力证明。 (c) the particulars of persons accompanying the applicant; 申请人陪伴者的详细信息。 (d) valid return air flight tickets, where applicable; 有效的往返机票, 适用情况下。 (e) proof of sufficient financial means or provision for the costs indirectly related to the treatment. 足够支付治疗费用的财力证明或存款。				
2	A medical treatment visa may be issued for a maximum period of six months at a time. 医疗签证一次最长签发6个月				
Please Note: In addition to the above requirements, supplementary documentation might be requested by the South Africa Embassy / Consulate 请注意: 除以上基本材料外, 南非大使馆/领事馆有权要求申请人补交其他相关材料					

☐ The applicant has confirmed that s/he has read the guidance above and no other documents to submit and wishes to go ahead with the application. Applicant ensures that the information provided by him/her is true and correct. 申请者确认已经阅读以上申请指南, 确定不再递交其它材料。申请者确认以上提供的信息真实无误。

☐ This is to certify the applicant has been advised that failure to submit all necessary documents may result in the application taking more than normal cases or being refused. However, he/she has chosen to proceed with the application. 确认已经告知申请人, 如果没有递交所有必需材料, 可能会导致申请时间长于正常受理时间或被拒签。但是, 他/她坚持选择继续签证申请。

Insufficient Documents List: 缺失资料:

Name of Applicants: _____

申请人姓名:

Signature: _____

签名:

Name of VAC Staff: _____

签证中心员工姓名:

Signature: _____

签名:

***Representatives/Travel Agency (If applicable) 代理/旅行社 (如需要)**

Name of Representatives 代理人签名: _____

Contact Number 联系电话: _____ **Email Address 邮箱地址:** _____