

No. R. 878

7 November 2014

**DEPARTMENT OF HOME AFFAIRS  
REFUGEES ACT, 1998 (ACT NO. 130 OF 1998)**

**PUBLICATION OF THE DRAFT FIRST AMENDMENT OF THE REFUGEES  
REGULATIONS (FORMS AND PROCEDURE), 2000**

The Department of Home Affairs ("DHA") invites public comments on the draft First Amendment of the Refugees Regulations (Forms and Procedure), 2000.

Written submissions should reach DHA **on or before 3 December 2014**. Submissions should be addressed to the Chief Director: Legal Services and may be forwarded to DHA in any of the following manners:

- (a) delivered by hand to the Department of Home Affairs, 230 Johannes Ramokhoase (Proes) Street, Hallmark Building (c/o J Ramokhoase and Thabo Sehume Street), Pretoria, 0001, for **attention** Adv Moses Malakate;
- (b) mailed to the DHA at Private Bag X114, Pretoria, 0001;
- (c) faxed to 0865 144 267 or 0865 769 025; or
- (d) e-mailed to [Moses.Malakate@dha.gov.za](mailto:Moses.Malakate@dha.gov.za)

Any enquiries should be directed to **Adv Moses Malakate** at (012) 406 4273.



|  |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Residential Address/es during the last five years: |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Town / City:                                       |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Country:   |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Residential Address in RSA                 |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Province in RSA:                                   |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Telephone No in RSA:                               |  |  |  |  |  | Code |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Cell No in RSA:                                    |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E-mail Address:                                    |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Alternative Contact No in RSA:                     |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Surname of Contact Person:                         |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Contact Person:                            |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Residential Address of Contact Person:             |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relationship to Applicant:                         |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| E-mail Address:                                    |  |  |  |  |  |      |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

(Applicant is advised by RRO to inform the Department of any change of Address within ten (10) days of such change of address)

.....  
Signature of Applicant

## A2. DETAILS OF IDENTITY AND TRAVEL DOCUMENTS

### A2.1 IDENTITY DOCUMENT

Are you in possession of one or more identity document from your country of origin? ☐ Yes (Attach proof) ☐ No (Please tick in the appropriate box)

If yes, please present your identity document to the Administration Officer for verification of your personal particulars

#### Details of identity document

|                           |   |   |   |   |   |   |   |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---------------------------|---|---|---|---|---|---|---|---|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Identity Document number: |   |   |   |   |   |   |   |   |  |  | Place of issue: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of issue:            | Y | Y | Y | Y | M | M | D | D |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issuing Authority:        |   |   |   |   |   |   |   |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of expiry:           | Y | Y | Y | Y | M | M | D | D |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### A2.2 TRAVEL DOCUMENT

Are you in possession of a passport / travel document? ☐ Yes (Attach proof) ☐ No (Please tick in the appropriate box)

If yes, please present your passport / travel document to the Administration Officer for verification of your personal particulars

#### Details of passport / travel document

|                         |   |   |   |   |   |   |   |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-------------------------|---|---|---|---|---|---|---|---|--|--|-----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Travel Document number: |   |   |   |   |   |   |   |   |  |  | Place of issue: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of issue:          | Y | Y | Y | Y | M | M | D | D |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issuing Authority:      |   |   |   |   |   |   |   |   |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of expiry:         | Y | Y | Y | Y | M | M | D | D |  |  |                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

If you are not in possession of a passport or travel document, please give reasons:

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Were you ever arrested? ☐ Yes ☐ No *(Please tick in the appropriate box)*

Where were you arrested?

[illegible]

Why were you arrested?

---

When were you arrested?

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

Were you arrested individually or as part of a group?

[illegible]

Who arrested you?

[illegible]

Did you receive assistance from lawyers or organisations during or after your arrest?

☐ Yes ☐ No (Please tick in the appropriate box)

Please provide details:

Do you have any previous criminal convictions?

☐ Yes ☐ No (Please tick in the appropriate box)

If yes, specify the date:

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

**Nature of crime/offence committed:**

Have you served a prison term or paid a fine or appealed your conviction?

☐ Yes ☐ No (Please tick in the appropriate box)

If yes, provide details:

### A5.1 Statutory Forces

Is military service compulsory in your country of origin?

☐ Yes ☐ No (Please tick in the appropriate box)

If yes, were you ever called up for duty?

☐ Yes ☐ No (Please tick in the appropriate box)

What was the duration of service?

|  |  |
|--|--|
|  |  |
|--|--|

 years from 
 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

|   |   |
|---|---|
| M | M |
|---|---|

|   |   |
|---|---|
| D | D |
|---|---|

 to 
 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

|   |   |
|---|---|
| M | M |
|---|---|

|   |   |
|---|---|
| D | D |
|---|---|

In what arm of the military did you serve?:

[illegible]

Bank:

[illegible]

**(Please attach proof if any)**

If you were called up and did not serve, please state reasons:

ve, please state reasons:



[illegible]

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

☐ Air      ☐ Land      ☐ Sea

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| Y | Y | Y | Y | M | M | D | D |
|---|---|---|---|---|---|---|---|

List the countries transited en route to the Republic of South Africa and the duration of your stay:

| Country | Port of Entry Used | Mode of transport | Travel Documents Used | Duration in Transit Country | Immigration Status in the transit country | Address in transit country |
|---------|--------------------|-------------------|-----------------------|-----------------------------|---|----------------------------|
| 1       |                    |                   |                       |                             |   |                            |
| 2       |                    |                   |                       |                             |   |                            |
| 3       |                    |                   |                       |                             |   |                            |
| 4       |                    |                   |                       |                             |   |                            |
| 5       |                    |                   |                       |                             |   |                            |

|                  |  |
|------------------|--|
| Country 1: Entry |  |
| Country 1: Exit  |  |

|                  |
|------------------|
| Country 2: Entry |
| Country 2: Exit  |

|                  |
|------------------|
| Country 3: Entry |
| Country 3: Exit  |

|                  |
|------------------|
| Country 4: Entry |
| Country 4: Exit  |

|                  |
|------------------|
| Country 5: Entry |
| Country 5: Exit  |

Did you apply for asylum in any of the above listed countries? ☐ Yes ☐ No *(Please tick in the appropriate box)*

If no, give reasons? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was your application for asylum granted? ☐ Yes ☐ No (Please tick in the appropriate box)

When did you apply? 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

|   |   |
|---|---|
| M | M |
|---|---|

|   |   |
|---|---|
| D | D |
|---|---|

[illegible][illegible]

Status validity: 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

|   |   |
|---|---|
| M | M |
|---|---|

|   |   |
|---|---|
| D | D |
|---|---|

 to 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

|   |   |
|---|---|
| M | M |
|---|---|

|   |   |
|---|---|
| D | D |
|---|---|

Please provide reasons for your departure from the country where you applied for asylum: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you notify the Refugee Commissioner of your intended departure? ☐ Yes ☐ No.

If no, state reason:

Are you recognised as a refugee by the UNHCR? ☐ Yes ☐ No *(Please tick in the appropriate box)*

If yes, specify date: 

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
|---|---|---|---|

|   |   |
|---|---|
| M | M |
|---|---|

|   |   |
|---|---|
| D | D |
|---|---|

 and UNHCR Field office in RSA:

**Are you registered with an Embassy, a Consulate or any other authority of your home country?**

If yes, please give details:

### B.1.1. PARTICULARS OF SPOUSE

[illegible]

|                             |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |
|-----------------------------|--------------------------|------|--------------------------|--------|--------------------------------------|---|---|---|--|--|--|--|--|--|--|--|
| Surname (Family)            |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |
| First name                  |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Middle name                 |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Date of birth               | Y                        | Y    | Y                        | Y      | M                                    | M | D | D |  |  |  |  |  |  |  |  |
| Identity No.                |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Travel Doc No.              |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Gender                      | <input type="checkbox"/> | Male | <input type="checkbox"/> | Female | (Please tick in the appropriate box) |   |   |   |  |  |  |  |  |  |  |  |
| Relationship with applicant |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Occupation                  |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Residential address         |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Code                        |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Tel./Cell Number            |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |

[illegible][illegible][illegible]

|                             |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------|--------------------------|------|--------------------------|--------|--------------------------------------|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Surname (Family)            |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First name                  |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Middle name                 |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of birth               | Y                        | Y    | Y                        | Y      | M                                    | M | D | D |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Identity No.                |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Travel Doc No.              |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Gender                      | <input type="checkbox"/> | Male | <input type="checkbox"/> | Female | (Please tick in the appropriate box) |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Relationship with applicant |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Occupation                  |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Residential address         |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Code                        |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tel/Cell Number             |                          |      |                          |        |                                      |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



**B2. PARTICULARS OF FAMILY (SPOUSE AND DEPENDANTS) OUTSIDE RSA****B.2.1. PARTICULARS OF DEPENDANT OR SPOUSE OUTSIDE RSA**

|                             |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
|-----------------------------|-------------------------------|---|---------------------------------|---|--------------------------------------|---|---|---|--|--|--|--|--|--|--|--|
| Surname (Family)            |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| First name                  |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Middle name                 |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Date of birth               | Y                             | Y | Y                               | Y | M                                    | M | D | D |  |  |  |  |  |  |  |  |
| Passport No.                |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Gender                      | <input type="checkbox"/> Male |   | <input type="checkbox"/> Female |   | (Please tick in the appropriate box) |   |   |   |  |  |  |  |  |  |  |  |
| Relationship with applicant |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Occupation                  |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Residential address         |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Code                        |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Tel/Cell Number             |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |

**B.2.2. PARTICULARS OF DEPENDANT OUTSIDE RSA**

|                             |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
|-----------------------------|-------------------------------|---|---------------------------------|---|--------------------------------------|---|---|---|--|--|--|--|--|--|--|--|
| Surname (Family)            |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| First name                  |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Middle name                 |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Date of birth               | Y                             | Y | Y                               | Y | M                                    | M | D | D |  |  |  |  |  |  |  |  |
| Passport No.                |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Gender                      | <input type="checkbox"/> Male |   | <input type="checkbox"/> Female |   | (Please tick in the appropriate box) |   |   |   |  |  |  |  |  |  |  |  |
| Relationship with applicant |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Occupation                  |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Residential address         |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Code                        |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Tel/Cell Number             |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |

**B.2.3. PARTICULARS OF DEPENDANT OUTSIDE RSA**

|                             |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
|-----------------------------|-------------------------------|---|---------------------------------|---|--------------------------------------|---|---|---|--|--|--|--|--|--|--|--|
| Surname (Family)            |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| First name                  |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Middle name                 |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Date of birth               | Y                             | Y | Y                               | Y | M                                    | M | D | D |  |  |  |  |  |  |  |  |
| Passport No.                |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Gender                      | <input type="checkbox"/> Male |   | <input type="checkbox"/> Female |   | (Please tick in the appropriate box) |   |   |   |  |  |  |  |  |  |  |  |
| Relationship with applicant |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Occupation                  |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Residential address         |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Code                        |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Tel/Cell Number             |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |

**B.2.4. PARTICULARS OF DEPENDANT OUTSIDE RSA**

|                             |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
|-----------------------------|-------------------------------|---|---------------------------------|---|--------------------------------------|---|---|---|--|--|--|--|--|--|--|--|
| Surname (Family)            |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| First name                  |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Middle name                 |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Date of birth               | Y                             | Y | Y                               | Y | M                                    | M | D | D |  |  |  |  |  |  |  |  |
| Passport No.                |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Gender                      | <input type="checkbox"/> Male |   | <input type="checkbox"/> Female |   | (Please tick in the appropriate box) |   |   |   |  |  |  |  |  |  |  |  |
| Relationship with applicant |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Occupation                  |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Residential address         |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Code                        |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Tel/Cell Number             |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |

**B.2.5. PARTICULARS OF DEPENDANT OUTSIDE RSA**

|                             |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
|-----------------------------|-------------------------------|---|---------------------------------|---|--------------------------------------|---|---|---|--|--|--|--|--|--|--|--|
| Surname (Family)            |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| First name                  |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Middle name                 |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Date of birth               | Y                             | Y | Y                               | Y | M                                    | M | D | D |  |  |  |  |  |  |  |  |
| Passport No.                |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Gender                      | <input type="checkbox"/> Male |   | <input type="checkbox"/> Female |   | (Please tick in the appropriate box) |   |   |   |  |  |  |  |  |  |  |  |
| Relationship with applicant |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Occupation                  |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Residential address         |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Code                        |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Tel/Cell Number             |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |

**B.2.6. PARTICULARS OF DEPENDANT OUTSIDE RSA**

|                             |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
|-----------------------------|-------------------------------|---|---------------------------------|---|--------------------------------------|---|---|---|--|--|--|--|--|--|--|--|
| Surname (Family)            |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| First name                  |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Middle name                 |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Date of birth               | Y                             | Y | Y                               | Y | M                                    | M | D | D |  |  |  |  |  |  |  |  |
| Passport No.                |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Gender                      | <input type="checkbox"/> Male |   | <input type="checkbox"/> Female |   | (Please tick in the appropriate box) |   |   |   |  |  |  |  |  |  |  |  |
| Relationship with applicant |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Occupation                  |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Residential address         |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Code                        |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |
| Tel/Cell Number             |                               |   |                                 |   |                                      |   |   |   |  |  |  |  |  |  |  |  |

### B3. FINANCIAL STATUS OF APPLICANT

Name of Banking Institution  
outside RSA:

[illegible]

Type of account

[illegible]

Account Number

[illegible]

Name of the country where account is held:

[illegible]

Amount of money (cash/bank transfer) brought into RSA

[illegible]

Name of Banking Institution in RSA:

[illegible]

Account Number

[illegible]

Do you have any financial sponsor in RSA?

☐ Yes      ☐ No      ☐ Elsewhere

If yes, please give details:

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If elsewhere, please give details:

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**C. APPLICANT'S CLAIM** (Section 21 of the Refugees Act, 1998)

**To be completed in full and signed before a Commissioner of Oaths. This form must be completed in BLACK INK and in BLOCK LETTERS.**

Note: The applicant must provide proof, where applicable or possible. Additional paper may be used, if the space provided in this Form is not sufficient.

**C.1. Describe the reasons for leaving your country of origin or home country and the events that took place prior to your departure.**

[illegible]

**C.2. What role did you play in addressing challenges faced by you in your country of origin or home country?**

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings visible.

D.1. Do you wish to return to your country of origin or home country in future? ☐ Yes ☐ No

If no, please give reasons and indicate what would happen to you should you return to your country of origin.

[illegible]

**D.2. Under which conditions would you agree to return to your country of origin or home country in the future?**

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**D.3. How do you intend to support yourself financially while in RSA?**

[illegible]

**E. DECLARATION BY APPLICANT**

I, .....  
 of my knowledge true, correct and binding and I was informed that:  
 (a) all the information provided in this form is confidential;  
 (b) all facts stated in this form will be used to reach a decision;  
 (c) identity must be confirmed in other ways if proof of identification is not provided; and  
 (d) false or incorrect information provided may lead to this application being unsuccessful.

declare that the information provided in this form is to the best

|  |  |
|--|--|
|  | Applicant's thumb<br>print if unable to sign |
|--|--|

Signature of Applicant / Deponent

Signed and sworn to me at ..... on this ..... day of ..... 20 ....., the deponent having acknowledged that he or she knows that and understands the contents of this Affidavit, that the contents are true and correct, that he or she has no objection to take the prescribed oath / affirmation and the prescribed oath / affirmation is binding on his or her conscience.

**F. DETAILS OF INTERPRETER**

|                        |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
|------------------------|---|--|--|--|--|--|--|--|--|--|---------------|--|--|--|--|--|--|--|--|--|--|
| Surname:               |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Forenames:             |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Qualifications:        | <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Other, specify: _____ |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Specify Qualification: |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Telephone No:          |   |  |  |  |  |  |  |  |  |  | Cellphone No: |  |  |  |  |  |  |  |  |  |  |
| Institute:             |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| Address of Institute:  |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |
| E-mail Address:        |   |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |  |  |  |  |  |

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