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

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

G.P.-S. 03/14 DHA 1590



APPLICATION FOR ASYLUM

	STAM POE)	IP	

Home Affairs REPUBLIC O	F SO	UTH	I AF	RICA	١			(Se	ctior	า 21	of t	he F	Refu	gees	s Ac	t, 19	998)										STA POE				
FOR OFFICIAL USE (AT RRC))																														
Return Date of the Form		Υ	Υ	Υ	Υ		М	M		D	D										•										
UNHCR Reference Number																															
Section 23 Permit No.																															
		MINE	311 6	emen				IEEU			HARI		IBB	Heen	airie			e i e i e		eiee	IEMILE	IEVID				ii ii ii ii			E I HIDI		
This form should be completed in the form is to be completed in b								Rece	eption	Offi	ce or	any	other	plac	e de	signa	ated b	y the	Direc	tor-G	ener	ral in	term	s of	the A	ct.					
Interview preference (only appl	icable	to w	vome	en an	d mii	nors)	:		Fem	nale F	RSDO)			Ма	le RS	DO				Any	RSD	Ю								
A1. PERSONAL DETAILS OF A	\PPLI	CAN'	T (AS	SYLU	M SE	EKE	R)																								
Surname (family name):																															
Forenames in full (first name):																										,	25881	۷X	45 M	ħ/i	
(middle name)):			Π											Γ	I			Т								ID	ENT CUN	ΙΤΥ		
Date of Birth:		Y	Υ	Y	Υ		М	М		D	D																	НОТ		•	
Gender:			Ма	le				Fen	nale			(Ple	ease	tick ii	n the	appr	opria	e bo	r)												
Are you disabled?			Yes	5		No	If	yes,	expla	ain th	e for	m of o	disab	oility:										-							
Country of birth:																															
Province of Country of Birth:																															
City of Birth:																															
Current nationality:																															
Previous Nationality(ies) (if applicable)																															
Ethnic Group:																								<u> </u>		<u> </u>	L	L_	<u></u>	<u></u>	
Home Language:																															
Other Languages:	(a)																														
	(b)																														
Level of fluency in English:																															
Speak:			G₀	od				Fair	,				Pod	or			(Ple	ase	ick in	the a	appro	pria	te bo	x)							
Read:			Go	od				Fair	r				Pod	or																	
Write:			Go	od				Faii	r				Pod	or																	
Religion:																															
Marital Status:			Sin	ngle				Ма	rried				Div	orceo	Ė			Wid	ow/W	idow	er				(Pleas	se tic	k in t	he ap	эргор	riate	box)
			Oth	her, p	lease	spec	cify:																								
Type of Marriage:			Civ	/il Ma	rriage	e		Rel	igious	s Ma	riage)			Cu	stom	ary/In	diger	ous L	aw M	Marria	age				(*	Attaci	ካ Pro	of of	Marı	riage)
Number of Wives:]			Nur	nber	of Ch	nildre	n:]															

										_																	_	_		
Residential Address/es																											1	_	4	
during the last five years:																											L	\perp		
Town / City:																											Ι			
Country:																												Ι		
Current Residential Address																										T		T	T	П
in RSA																									Г	T	1	T	T	
Province in RSA:									l					<u> </u>												T	T	T	Ī	Ī
Telephone No in RSA:											Cod	le																		
Cell No in RSA:																														
E-mail Address:																														
Alternative Contact No in RSA:																														
Surname of Contact Person:																														
Name of Contact Person:																											\prod			
Residential Address of Contact																									Γ	T				
Person:																														
Relationship to Applicant:																											Ī			
E-mail Address:																														
(Applicant is advised by RRO to info of such change of address)						,		3					. (,,	_															
																							-			f App				
							BESSES		EN EUS	36488S	Sa:EC	IHEE	(BES) A		Di Mani	WEEEE	HE 1818	este es	ez i e a	384136		E18 8148814	-							
A2. DETAILS OF IDENTITY AND TRA						ELIS	i Right			1611185	9 44 BE	ieie e	1 11 0181		Bina i		避損		122 i 12 i		e e e e e e		-							
A2. DETAILS OF IDENTITY AND TRA	AVEL	DO	CUMI	ENTS	3						34: EG	******	1				達 (自 語	BST SE	ı	3 EU 1 3 E		SE RUSI			E835					
A2. DETAILS OF IDENTITY AND TRA	AVEL	DO	CUMI	ENTS	3						Site Pin	364EE	1	sausaus s (Atta			(金)		No	######################################					E835					
A2. DETAILS OF IDENTITY AND TRA	AVEL	DO	CUMI ocum	ENTS	om y	our c	ounti	ry of o	origir	1?			Yes	s (Atta	ach p	roof)			ı						E835					
A2. DETAILS OF IDENTITY AND TRA A2.1 IDENTITY DOCUMENT Are you in possession of one or more	AVEL	DO	CUMI ocum	ENTS	om y	our c	ounti	ry of o	origir	1?			Yes	s (Atta	ach p	roof)			ı	361138					E835					
A2. DETAILS OF IDENTITY AND TRA A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity	AVEL	DO	CUMI ocum	ENTS	om y	our c	ounti	ry of o	origir	1?			Yes	(Atta	ach p ersor	roof)	articu		ı			FD 8151			E835					
A2. DETAILS OF IDENTITY AND TRA A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity Details of identity document	AVEL	DO	CUMI ocum	ENTS	om y	our c	ounti	ry of o	origir	1?			Yes	(Atta	ach p ersor	roof) nal pa	articu		ı		1000	en nysta			E835					
A2. DETAILS OF IDENTITY AND TRA A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity Details of identity document Identity Document number:	ident	DOC	cumi	ent fr	om y	our c	ounti	ry of o	origir er fo	n? or ver			Yes	(Atta	ach p ersor	roof) nal pa	articu		ı			en e			E835					
A2. DETAILS OF IDENTITY AND TRA A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity Details of identity document Identity Document number: Date of issue:	ident	DOC	cumi	ent fr	om y	our c	ounti	ry of o	origir er fo	n? or ver			Yes	(Atta	ach p ersor	roof) nal pa	articu		ı	= #UE3#	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				E835					
A2. DETAILS OF IDENTITY AND TRA A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity Details of identity document Identity Document number: Date of issue: Issuing Authority:	ident	men	cumi	ent fr	om y	our c	ounti	ry of o	origir	pr ver			Yes	(Atta	ach p ersor	roof) nal pa	articu		ı			etuse id			E835					
A2. DETAILS OF IDENTITY AND TRA A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity Details of identity document Identity Document number: Date of issue: Issuing Authority: Date of expiry:	AVEL identident	men	y	ent fr	om y	our c	ountrion M	Office	D D	pr ver			Yes	(Atta	ach p ersor	roof) nal pa	articu	ilars	No	= 200 15					se ti					
A2. DETAILS OF IDENTITY AND TRA A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity Details of identity document Identity Document number: Date of issue: Issuing Authority: Date of expiry:	AVEL ident docu	Men Y	Y Y	ent fr	om y dmin	M M	ountrion M M Yes	Office	D D	D D D		tion c	Yes	(Attaur pe	Place	of is	sue:	(Ple	No No	======				Pleas	se ti					
A2. DETAILS OF IDENTITY AND TRA A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity Details of identity document Identity Document number: Date of issue: Issuing Authority: Date of expiry: A2.2 TRAVEL DOCUMENT Are you in possession of a passport /	AVEL ident docu	Men Y	Y Y	ent fr	om y dmin	M M	ountrion M M Yes	Office	D D	D D D		tion c	Yes	(Attaur pe	Place	of is	sue:	(Ple	No No	======				Pleas	se ti					
A2. DETAILS OF IDENTITY AND TRA A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity Details of identity document Identity Document number: Date of issue: Issuing Authority: Date of expiry: A2.2 TRAVEL DOCUMENT Are you in possession of a passport / If yes, please present your passport	AVEL ident docu	Men Y	Y Y	ent fr	om y dmin	M M	ountrion M M Yes	Office	D D	D D D		tion c	Yes	(Attaur pe	Place	of is	sue:	(Ple	No No	======				Pleas	se ti					
A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity Details of identity document Identity Document number: Date of issue: Issuing Authority: Date of expiry: A2.2 TRAVEL DOCUMENT Are you in possession of a passport / If yes, please present your passport Details of passport / travel document	AVEL ident docu	Men Y	Y Y	ent fr	om y dmin	M M	ountrion M M Yes	Office	D D	D D D		tion c	Yes	(Attaur pe	Place	of is	sue:	(Ple	No No	======				Pleas	se ti					
A2. DETAILS OF IDENTITY AND TRA A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity Details of identity document Identity Document number: Date of issue: Issuing Authority: Date of expiry: A2.2 TRAVEL DOCUMENT Are you in possession of a passport / If yes, please present your passpor Details of passport / travel docume Travel Document number:	AVEL ident docu	POO	Y Y	ent fr	om y dmin	M M	ountition M M Yes	Office	D D aach p	D D D Orroof)		tion c	Yes	(Attaur pe	Place	of is	sue:	(Ple	No No	======				Pleas	se ti					
A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity Details of identity document Identity Document number: Date of issue: Issuing Authority: Date of expiry: A2.2 TRAVEL DOCUMENT Are you in possession of a passport / If yes, please present your passpor Details of passport / travel docume Travel Document number: Date of issue:	AVEL ident docu	POO	Y Y	ent fr	om y dmin	M M	ountition M M Yes	Office	D D aach p	D D D Orroof)		tion c	Yes	(Attaur pe	Place	of is	sue:	(Ple	No No	======				Pleas	se ti					
A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity Details of identity document Identity Document number: Date of issue: Issuing Authority: Date of expiry: A2.2 TRAVEL DOCUMENT Are you in possession of a passport / If yes, please present your passport Details of passport / travel document Travel Document number: Date of issue: Issuing Authority:	AVEL ident docu Y Y travel Y Y Y	y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y	ent fr	om y dmin	M M M M M	ountrion M M M M M M M M M	Office Of	D D D D D D D D	D D D D D D D		tion o	Yes	(Attaur pe	Place	of is	sue:	(Ple	No No	======				Pleas	se ti					
A2. DETAILS OF IDENTITY AND TRA A2.1 IDENTITY DOCUMENT Are you in possession of one or more If yes, please present your identity Details of identity document Identity Document number: Date of issue: Issuing Authority: Date of expiry: A2.2 TRAVEL DOCUMENT Are you in possession of a passport / If yes, please present your passport Details of passport / travel docume Travel Document number: Date of issue: Issuing Authority: Date of expiry:	AVEL ident docu Y Y travel Y Y Y	y Y Y Y Y Y Y	Y Y Y Y Y Y Y Y Y	ent fr	om y dmin	M M M M M	ountrion M M Yes	Office Of	D D D D D D D D	D D D D D D D		tion o	Yes	(Attaur pe	Place	of is	sue:	(Ple	No No	======				Pleas	se ti					

A2.3 PREVIOUS VISITS TO RSA																													
Have you visited the Republic of Sout	h Africa p	reviou	ısly?					Yes				No				(Ple	ase	tick i	n the	арр	ropria	ate b	ox)						
If yes, when and for how long?		Date	e of fir	rst en	ntry: Y	Υ	Υ	Υ		М	М		D	D			for			Mo	onths			\prod	\prod		Ye	ars	
Which permit did you use to enter the	RSA?																				\prod		\prod	Ι	I	\Box	\mathbb{L}		
What was the purpose of your stay?																													-
Have you ever overstayed or been or	dered to I	eave /	depo	rted?									Yes				No				(P	lease	ick ۽	in the	э ар	propr	iate b	ox)	
What are the reasons for overstaying	or deport	ation?																											_
																													-
If yes, why did you return to RSA?																													-
					MATRIC A MENTAL ATLANTA			- rature a	-	Name and Address of the Address of t															e-10131	CORRECTOR			-
A3. EDUCATION AND EMPLOYMEN			2003201111		MENNES E MERCIN FRANCE	1648110151		1003100	10 PH 554		er andrin er i	FI E IF 3 ES	45 F 100 FAIS (nigo z wa e		reaus:	100-100-1100-1	e see	ica mente i	B FO F35	135385	ES ROMANION DEL	MUSSE	AFT WATE	essas.	anie ini	2201026	ion parties d'abbes	E
A3.1 EDUCATION	II DEIAI	LO																											
Highest qualification obtained:	No	o Scho	ool [Primary			Hig	h Sch	nool			Gr.	12 (N	/latric	/Std	10)		Dip	olom	a] Do	egree	· [0	ther,	specif	y
Specify qualification:		\Box																			I	I	\Box	I	I		Ι		
Proof of qualifications?	Ye)S		[No				(Ple	ase	tick ii	n the	appr	opria	te bo	x)													
If yes, please attach certificate.																													
A3.2 EMPLOYMENT (Note: If self-e	mployed	, state	nam	e of I	busines	s and	regi	istrati	on n	umb	er)	****	att menn	rotto:	##1# 	ENTE	10010	22 5552	10110000	2025			*******	SW (MAX	25521	STEER STEE	12 13 2 3	*********	=
Profession (occupation):																					I		I		I]
Experience in profession:] (nui	mber	of ye	ars)																								
Previous employment:																					\mathbf{L}		\perp		I	\perp			
Address of provious		1																			$oxed{\bot}$	ightharpoonup	Ţ	ightharpoonup	I	ightharpoons	ightharpoonup]
Address of previous employer:	-	+-	\vdash		-	┢		+			-	-	_	-	-				╁	-	+	+	+	+	+	+	+	-	$\frac{1}{1}$
Contact number of		+	屵			十	<u></u>	<u> </u>	I	L I	<u> </u>		 T	<u> </u>	 T	 			<u> </u>	<u> </u>	十	\pm	十	$\frac{\perp}{1}$	十	+	<u> </u>	+-	ر ٦
previous employer:	\vdash	ᆠ	Ш					 T.,	L	L	<u> </u>	L_ 	L		_	L	L			L Tu	<u></u>	<u></u>	<u></u>		<u>+</u>	<u></u>	ᆫ	1	ل ٦
Duration of employment:		yea	ırs		from		Y	Y	Υ	Υ	J	М	М	J	D	D	' [0	LY	Y	Y	Y	١	М		М		D	L
Reasons for leaving employment:																													-
																													_
																									_				_
Attach testimonials / Salary slips a	nd any d	ocum	entati	ion p	roving p	revio	ous e	emplo	yme	nt.																			
A3.3 SKILLS	100000000000000000000000000000000000000	*************	==1212			-	3 50 510			25485		22222	::::::::::::::::::::::::::::::::::::::		 :		12212	A1 221:	1011111111		225325		2002541			222212		P2 107 43 ; 102 5	=
Please indicate where applicable	Co	ompute	er skil	Is		Fin	ancia	al skill	s			Eng	ginee	ring s	skills							(Plea	ase t	ick in	the	appro	priat	e box)	
	M	edical	skills			Tec	hnic	al skil	ls			Ма	them	atica	/Scie	nce	skills												
	0	ther sk	ills		Ple	ease s	speci	ify																					

A4. CRIMINAL RECORDS																																
Were you ever arrested?		Yes	5				No				(Pleas	e tici	k in th	е арј	prop	riate	e bo	x)														
If yes, please answer the following	ques	tions	s:																													
Where were you arrested?															Ι					Τ												
Why were you arrested?																																
When were you arrested?	Υ	Υ	Υ	Υ		М	М		D [D																						
Were you arrested individually or as	part o	a gr	oup?																													
Who arrested you?																				Τ												
Did you receive assistance from law	yers o	orga	anisat	ions	during	or at	ter yo	our ar	rest?					Г	7,	Yes			Γ	٦	10		(Ple	ase	tick	in th	ie aļ	ppro	pria	te bo	x)	
Please provide details:																				_												
Do you have any previous criminal c	onvict	ons?			[Yes				No		(F	Pleas	e tic	k in	the	аррі	opri	ate	box)										
If yes, specify the date:	Y	Y	Y	Y] [м	М	Γ	D I	D																						
Nature of crime/offence committed:																																
Have you served a prison term or pa	id a fii	ne or	арре	aled	your c	onvio	tion?] Y	es				No)			(Ple	ase	tick	in th	ne aj	ppro	pria	te bo	x)	
Have you served a prison term or partition of the service of the s	id a fii	ne or	appe	aled	your c	onvio	tion?] Y	'es				N	0			(Ple	ease	tick	in th	ne aj	ppro	pria	te bo	x)	
	id a fii	ne or	appe	aled	your o	onvio	tion?] v	es				No) 		Mariana.	(Ple	ease	tick	in th	ne aj	ppro	pria	te bo	x)	
	id a fii	ne or	appe	aled	your c	onvio	tion?			******] Y	es				N	o			(Ple	ease	tick	in th	ne ap	ppro	pria	te bo	x)	
	id a fii	ne or	appe	aled	your o	onvio	etion?								es				No				(Ple	ease	tick	in th	ne aj	ppro	opria	te bo	x)	
	id a fii	ne or	appe	aled	your o	onvic	etion?								es				No				(Ple	ease	tick	in th	ne ap	ppro	opria	te bo	x)	
If yes, provide details:																																
If yes, provide details:									E#E###							u u sale	2180	I GARLES			## ## ##											
If yes, provide details:									EFFUSA		in place of the last of the la		PRI ELES ME				213 8															
If yes, provide details: A5. MILITARY SERVICE A5.1 Statutory Forces	i Pirusii	22/8/1								12812		1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	PRINCE IN			25318	塞 (量例															
If yes, provide details:	r coun	22/8/1									Yes	11; 21				115365	~语句	(PI	ease	e tic	k in	the	аррі		ate L	oox)						100 T
A5. MILITARY SERVICE A5.1 Statutory Forces Is military service compulsory in you	r coun	22/8/1								Y	Yes	_		N	lo		· D	(PI	ease	e tic	k in	the	аррі	opria	ate L	000x)						D
A5. MILITARY SERVICE A5.1 Statutory Forces Is military service compulsory in you If yes, were you ever called up for di	r coun	22/8/1			1		S S S S S S S S S S S S S S S S S S S				Yes Yes	_		N	lo			(PI	ease	e tici	k in	the the	appi	opria	ate L	000x)			216181			•
A5. MILITARY SERVICE A5.1 Statutory Forces Is military service compulsory in you If yes, were you ever called up for do What was the duration of service?	r coun	22/8/1			1		S S S S S S S S S S S S S S S S S S S				Yes Yes	_		N	lo	25360		(PI	ease	e tici	k in	the the	appi	opria	ate L	000x)			216181			•
A5. MILITARY SERVICE A5.1 Statutory Forces Is military service compulsory in you If yes, were you ever called up for di What was the duration of service? In what arm of the military did you se	r coun	22/8/1			1		S S S S S S S S S S S S S S S S S S S				Yes Yes	_		N	lo			(PI	ease	e tici	k in	the the	appi	opria	ate L	000x)			216181			•
A5. MILITARY SERVICE A5.1 Statutory Forces Is military service compulsory in you If yes, were you ever called up for do What was the duration of service? In what arm of the military did you se	r country?	ttry of	origin	n?	year		S S S S S S S S S S S S S S S S S S S				Yes Yes	_		N	lo			(PI	ease	e tici	k in	the the	appi	opria	ate L	000x)			216181			•
A5. MILITARY SERVICE A5.1 Statutory Forces Is military service compulsory in you If yes, were you ever called up for di What was the duration of service? In what arm of the military did you se Rank: (Please attach proof if any)	r country?	ttry of	origin	n?	year		S S S S S S S S S S S S S S S S S S S				Yes Yes	_		N	lo			(PI	ease	e tici	k in	the the	appi	opria	ate L	000x)			216181			•
A5. MILITARY SERVICE A5.1 Statutory Forces Is military service compulsory in you If yes, were you ever called up for di What was the duration of service? In what arm of the military did you se Rank: (Please attach proof if any)	r country?	ttry of	origin	n?	year		S S S S S S S S S S S S S S S S S S S				Yes Yes	_		N	lo			(PI	ease	e tici	k in	the the	appi	opria	ate L	000x)			216181			•

A5.2 Non-statutory Forces																											
Were you a member of a non-statutory military org	anisatio	n?						Yes				No			(Ple	ase t	ick ir	the	appr	opria	te bo	x)					
Name of the Organisation:																											
Position occupied in the Organisation:																											
Purpose of the organisation:																											
Training received:																											
Countries in which you received training:																											
Military operations you were involved in:																											
Are you still a member of the organisation?		Yes	;		No		If no	o, wh	en wa	as yo	ur m	embe	rship	tern	ninate	d?		Υ	Υ	Υ	Υ	1	М	М		D	D
	16168181	166146	18518				1530021		18686	ince			west:	22105	EGRUES	122 I 120	SENERS		EGN FAGA:		5 (2) (1) (1)	Suffici		52153HR	ammer		erren en
A6. MEMBERSHIP - ORGANISATION (POLITIC	AL, RE	LIGIC	ous,	ETHI	NIC (OR S	OCIA	L)																			
Are you / were you a member of any organisation	in your	coun	try of	origi	n?							Yes				No			(Ple	ease	tick ii	ı the	appro	opriat	e bo	r)	
Name of the Organisation:																											
Purpose of the organisation:	-																										
Position occupied in the Organisation:																											
Main activity of the organisation:																											
Period of membership:			mo	nths					yea	rs																	
Are you still a member of the organisation?		Yes	3] No		If no	o, wh	en wa	as yo	ur m	embe	ership	tern	ninate	ed?		Υ	Υ	Υ	Υ		М	М		D	D
	ienes ini	aewse	en e		ESKUZI I S		EFICE	i mens sus	HNEE	(自動物)	eses es	e i de la c	396 B B B B B B B B B B B B B B B B B B B		I FERRES	136 I B B	863286		ien en	IEIEE	18 CO CO	isiams	Hame	errana E	212026	22 1 GH E	W1888
A7. ROUTE TAKEN TO REACH THE REPUBLIC	OF SC	UTH	AFR	ICA	1			_	1																		
Did you enter RSA through a Port of Entry?				<u> </u>	Yes	•		L	No			(Ple	ase	tick ii	n the	appro	opria	te bo	x)								
If no, how and where did you enter the Republic?																											
State reasons why you did not use the Port of Ent	y:																										

State any form of assistance obtained to enter the	country	/: _																									
Were you travelling alone?				No				(Ple	ease	tick ii	n the	appr	opria	te bo	x)												
If no, provide name of person(s) you travelled with	:			_																							
Where did you meet the persons you were travelli	ng with	?		T		Γ		T	T			Ī										П		$\overline{\Box}$			_
How did you meet?:				1	ı		.	1	<u> </u>	l	.	I	l	l	1	I		J	L	l	<u> </u>	1		نـــــــــــــــــــــــــــــــــــــ			
How many people did you enter the RSA with?]																						
Surname Forename	s										Dat	e of E	3irth		Rel	ations	ship	with	you			Rea	ason	for Er	ntry		
1											-				_							_					
2															-							+					
3											<u> </u>				 							+					
5																						\vdash					

			г - т -	_							г									_		_	_	
Which Port of Entry did you enter RSA	through:							لــــا												\perp			_	
When did you enter the Republic?:			YY	Y	Υ	М	М		D D															
Mode of travel:			Aiı	r			Lan	d			Sea													
When did you leave your country of or	igin?:		YY	TY	Y	М	М		D D	1														
(Please attach Section 23 permit iss	sued to you a	t the Port	of Entry))		-				J														
List the countries transited en route to	the Republic	of South Af	rica and	the du	ration of	vour s	stav.																	
Country	Port of Entry		Mode o		Travel	,00.	nay.	Dura	ition in		T	Immig	gratio	n Sta	atus i	in the	tran	sit	Addre		tran	eit co	untr	
	POR OF LINEY		transpo	ort	Docum	ents L	Jsed	Tran	sit Coun	try	\dashv	count	try					-	Audre		Han	SIL OC	unti	,
2											\dashv							+						
3																		+						
4											\dashv							十						
5		***************************************																1						
			·					L				***********												
State reason for entry and exit in each	country																							
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 a section of the	- h B - k - d -		***************************************			٦٧٠		1	-			(D)							`					
Did you apply for asylum in any of the	above listed o	countries?			L	Yes	3	Į	No			(Plea	ise tic	ck in i	ine a	pprop	oriate	e DOX	,					
If no, give reasons?																								
If yes, please provide details:		_																						
Was your application for asylum grant	ed?	Yes	No	0	(Pleas	e tick i	n the	appro	priate b	ox)														
When did you apply?	YYY	Y	M M	П	D E																			
Type of powelt isound:					$\overline{\Box}$		T		т-	Т	гт			Т		Т	\neg	\neg		Т	Т	Т	Т	
Type of permit issued:				<u> </u>			<u> </u>			<u> </u>	Ш						ᆜ			ㅗ		_		
Permit Number																				$oldsymbol{\perp}$				
Status validity:	YYY	Y	M N	1	D C		to	Y	YY	Y	l	М	М	Γ	D	D								
) L			L										
Please provide reasons for your depa	rture from the	country wn	ere you	applie	d for asy	ium:																		
					-																			
Did you notify the Refugee Commission	oner of your in	tended der	arture?		Г	Yes	s		No	1.														
If no, state reason:					L			١		•														
			· · · · · · · · · · · · · · · · · · ·																					
Are you recognised as a refugee by the	ne UNHCR?				L	Yes	S		No	1							(P	Please	tick i	n the	e app	ropri	ate b	iox)
If yes, specify date:	YYY	Υ	M N	1	D		and	UNH	ICR Field	d office	e in R	SA:												
Are you registered with an Embass	y, a Consulat	e or any o	tner aut	nority	ot your	nome	cour	ntry?																
If yes, please give details:					A-1-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Total divides a subden																	

B1. PARTICULAR					DUSE	E AN	D DE	PEN	DAN	TS) I	N RS	A				;	D. C. DARTICH		٥													
B.1.1. PARTICUL Surname (Family)	ARS	OF S	SPOL	JSE											Γ	1	B.1.2. PARTICUL Surname (Family)	ARS	OF E	DEPE	NDA	NTC	HH	ELA	IIVE	IN R	SA			\neg	\neg	\neg
															<u> </u>	╬						닉						닉	\dashv	+	+	퓜
First name Middle name																╁	First name Middle name									-			\vdash	\dashv	\dashv	_
Date of birth	Υ	Υ	Υ	Υ		М	М		D	D					L	1	Date of birth	Υ	Υ	Υ	Y	ᅱ	м	М		D	D			1		
Identity No.																	Identity No.															
Travel Doc No.																	Travel Doc No.					ᅱ							\exists	ᆿ		
Gender		Male	<u> </u>		Fem	l Iale		l	e tick	in th	e ann	ronri	ato f	((0v)		-	Gender		Male	لـــا		Fem	اداد		السا	tick	in th	 a anr	propri	ate h	or)	
Relationship with	annlid		1		1 011	luic	, 	lous	, tion	,,, ,,,		,,ορ,,	a.c .	,0,,	Γ	٦	Relationship with	annli	J	1				,	l l	, lion					<i>-</i>	\neg
Status in RSA			um S	L Seeke	er		Ref	Jgee			lmm	igrati	on P	ermit	<u> </u>	; لـ	Status in RSA	арріі	1	l um S	eeke	 r			ıgee			Imm	igrati	on P	 ermit	
Date of marriage	Υ	Y	Υ	Υ		М	Per	mit 	D	D	(Ple	ase p	rovio	ie		:	Date of marriage	Y	Y	Y	Υ	·	М	Perr	nit 	D	D		3			
Type of marriage				riage	l		<u> </u>	J gious				riage	Cus	toma	ry/		Type of marriage		<u></u>	Mari					l I gious					Cust	tomar	ry/
Occupation				Й] 	- 					inai	geno	us	٦	Occupation												П	inaig	genou	
Residential						<u> </u>		l								1	Residential												\Box	目	寸	ᅱ
address																1	address													\exists	\exists	\dashv
Code																-	Code															
Tel/Cell Number]	Tel/Cell Number															
D 4 0 DADTION										C 4	ACR CUR	115111111111111111111111111111111111111	10 FM F#	111531114	F (100 CEC) S			400									201000	s man a s	205500	Hane		******
B.1.3. PARTICUL Surname (Family)	Ano	OF	JEPE	INDA	INI	JAA	ELA	IIVE	IN R	SA 				<u> </u>	Ι	٦.	B.1.4. PARTICUL Surname (Family)	AHS	OF I	DEPE	NUA	INI	JR R	ELA	IIVE	IIN H	SA				П	
First name						<u> </u>										╣:	First name												\Box	一	\dashv	=
Middle name						-										╣	Middle name												Н		\sqcap	
Date of birth	Υ	Υ	Υ	Υ		М	М	Ì	D	D						-	Date of birth	Υ	Υ	Υ	Υ		М	М		D	D					
Identity No.																	Identity No.															
Travel Doc No.														ĺ			Travel Doc No.															
Gender		Mal	9		Fen	nale	(F	Pleas	e tick	in th	е арр	oropr	iate b	oox)			Gender		Male	е		Fem	ale	(F	Please	e tick	in th	е арг	oropri	ate b	ox)	
Relationship with	appli	cant][Relationship with	appli	cant													
Occupation																	Occupation															
Residential																٦	Residential															
address][address															
Code																_	Code															
Tel/Cell Number																	Tel/Cell Number													Ш	Ш	
B.1.5. PARTICUL											303 CY3	154:251			5 1 10 500 1	==4	B.1.6. PARTICUL											I Magaza SA	*******	e s manue	######################################	100 5 200 5700
Sumame (Family)					Ī	Π	Π	Π		Γ						٦	Surname (Family)														П	
First name							Ī		Ī	<u> </u>					Ī	Ī:	First name														\Box	
Middle name];	Middle name															
Date of birth	Υ	Υ	Υ	Υ		М	М		D	D							Date of birth	Υ	Υ	Υ	Υ		М	М		D	D					
Identity No.																	Identity No.														J	
Travel Doc No.																	Travel Doc No.															
Gender		Mal	е		Fen	nale	(1	Pleas	e tick	in th	е ар	oropr	iate l	ox)		i	Gender		Mal	е		Fem	nale	(F	Pleas	e tick	in th	е арр	oropri	ate b	ox)	
Relationship with	appli	cant]	Relationship with	appli	icant													
Occupation]	Occupation															
Residential]	Residential															
address	<u>_</u>	L		<u> </u>	<u> </u>		_			<u> </u>	<u> </u>				<u> </u>	إ	address	<u></u>					<u> </u>					<u> </u>		Ш	Ш	
Code		<u> </u>	<u> </u>		<u> </u>									,		_;	Code		<u> </u>	<u> </u>	<u> </u>											
Tel/Cell Number								<u> </u>							<u> </u>	إل	Tel/Cell Number									L					Ш	

PAGE 7 OF 12

B2. PARTICULAR	RS O	F FA	MILY	(SPC	ousi	E AN	D DE	PEN	DAN	TS)	OUTS	SIDE	RSA																		
B.2.1. PARTICUL	ARS	OF [DEPE	NDA	NT (OR S	POU	SE C	UTS	IDE	RSA			,		B.2.2. PARTICUL	ARS	OF I	DEPE	NDA	NT C	UTS	IDE	RSA				,			
Sumame (Family)																Surname (Family)															
First name																First name															
Middle name																Middle name															
Date of birth	Υ	Υ	Υ	Υ		М	М		D	D						Date of birth	Υ	Υ	Υ	Υ		М	M		D	D					
Passport No.																Passport No.															
Gender		Male	Э		Fem	nale	(F	Pleas	e tick	in th	е арр	oropri	iate l	box)		Gender		Male	е		Fem	ale	(F	Please	e tick	in th	е ар;	oropri	ate b	ox)	
Relationship with	appli	cant														Relationship with	appli	cant													
Occupation																Occupation															
Residential																Residential														T	
address																address															
Code																Code															
Tel/Cell Number																Tel/Cell Number													П	T	
000 120 to 100 t	129:10:2		****	******	2102153	22122		32212			essa ness	*********	38 FEE FEE		F BROWN F	 							ene Fores		1 511 P31	******	12000	*****		5235255	
B.2.3. PARTICUL	ARS	OF	DEPE	ENDA	NT (OUTS	SIDE	RSA	_	_	т —		_			B.2.4. PARTICUL	ARS	OF	DEPE	NDA	NT (OUTS	SIDE	RSA							_
Surname (Family)	_		<u> </u>		<u></u>	<u></u>		<u> </u>		<u> </u>	<u> </u>		_			Surname (Family)	_										_	Ш	_	4	닉
First name								ļ	ļ		-		_	-		First name	_	_	_					_			_		Щ	_	_
Middle name	<u>_</u>				<u></u>			<u> </u>			<u> </u>		<u> </u>	<u> </u>	<u> </u>	Middle name	<u>_</u>						<u></u>	1							
Date of birth	Y	Υ	Υ	Υ		М	М		D	D						Date of birth	Y	Y	Υ	Υ		М	М		D	D					
Passport No.								<u></u>								Passport No.															
Gender		Mal	е		Fen	nale	(I	Pleas	e tick	in th	пе арј	propr	iate	box)		Gender		Mal	е		Fem	ale	(F	Pleas	e tick	in th	e apţ	oropri	ate b	ox)	
Relationship with	appli	cant														Relationship with	appli	icant													
Occupation																Occupation															
Residential																Residential															
address																address															
Code		Γ														Code															
Tel/Cell Number						Ī								Π		Tel/Cell Number														Т	
	2011:181	5 F 100 ST00 ST	******		mana	1010 1 10 14	n Foreign		100 5150 2	54 8545 5	111111111111111111111111111111111111111	n statutes i	I M SEL FI	seus suc	F 5 00 CE CE												1886	ana pami	e i men e		E STATE
B.2.5. PARTICUL	ARS	OF	DEPI	ENDA	ANT	OUTS	SIDE	RSA	T	ī	т	T	г	_	1	B.2.6. PARTICUL	ARS	OF	DEPE	ND/	NT	DUTS	SIDE	RSA	·		_				_
Sumame (Family)	L	<u></u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u>_</u>	<u> </u>		Sumame (Family)	느	<u> </u>						<u> </u>	<u></u>	<u> </u>	<u>_</u>	닏	닏	_	닉
First name		_	_	-		_	-	-		_	╄	-	_	-		First name	_	┞-						_	_	_	_	-	$\vdash \vdash$	-	_
Middle name	_		<u></u>	<u> </u>	<u></u>	_	<u> </u>	<u> </u>	_	<u></u>	<u> </u>	<u> </u>	<u> </u>			Middle name	L	<u> </u>	<u></u>	<u></u>	L		<u> </u>	1	_		Ļ	<u> </u>	Ш		
Date of birth	Υ	Y	Y	Y		М	М	<u> </u>	D	D	_			,		Date of birth	Y	ΙΥ	Y	Υ		М	М	<u> </u>	D	D	<u> </u>				
Passport No.							<u> </u>									Passport No.		<u> </u>			<u> </u>						L_				
Gender		Mal	е		Fen	nale	(4	Pleas	e ticl	in ti	he ap	propr	iate	box)		Gender	L	Mal	е		Fem	nale	(F	Pleas	e tick	in th	е ар	propri	iate b	ox)	
Relationship with	appli	cant														Relationship with	appl	icant									L				
Occupation																Occupation															
Residential																Residential address															
address																auuress															
Code																Code															
Tel/Cell Number																Tel/Cell Number															

B3. FINANCIAL STATUS OF APPLIC	CANT																													
Name of Banking Institution outside RSA:																														
Type of account																														
Account Number																														
Name of the country where account is held:																														
Amount of money (cash/bank transfer) brought into RSA																														
Name of Banking Institution in RSA:																														
Account Number																														
Do you have any financial sponsor in RSA?		Yes	;			No				Els	ewhe	ere																		
If yes, please give details:																														
If alcombare, places give details:																														
If elsewhere, please give details:	***************************************																													
						***********																							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
C ADDI CANTE CLAM (Section 21												aide								HEUNI								211111		
C. APPLICANT'S CLAIM (Section 21																														
To be completed i	n full	and	sign	ed be	efore	a Co	omm	issio	ner e	of Oa	iths.	This	forn	n mu	st be	com	plete	ed in	BLA	CKI	NK a	nd ir	BLO	ЭСК	LET	TER	S. 			
Note: The applicant must provide pro																							ient.							
C.1. Describe the reasons for leaving	ng yo	ur ec	ountr	ry or c	origi	n or	nome	e cor	intry	and	tne	even	its tn	at to	ок рі	ace p	orior	to yo	ur a	epar	ure.									
•																														
			***************************************												-															

																										,				
				·····																										
															BT & BRIDE															
																		36688	165213	HERRES	819281		32382		on e sa en	21314	Paters			
C.2. What role did you play in addr	essin	g cn	allen	iges t	aceo	т ву у	you ı	n yo	ır cc	ountr	y or	orıgı	n or	nom	e cou	intry	?													
COMMISSION CONTRACTOR											***************************************																			

· · · · · · · · · · · · · · · · · · ·
D. INTENTION TO RETURN TO YOUR COUNTRY OF ORIGIN
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.
· · · · · · · · · · · · · · · · · · ·
<u> </u>
D.2. Under which conditions would you agree to return to your country of origin or home country in the future?
D.3. How do you intend to support yourself financially while in RSA?
The state of the s

E. DECLARATION BY APPLICANT																										
I, of my knowledge true, correct and bi (a) all the information provided in this (b) all facts stated in this form will be (c) identity must be confirmed in othe (d) false or incorrect information prov	inding and s form is d used to r er ways it	d I was confide reach a proof	s inform ential; a decisi of ident	ed that ion; tificatio	t: n ls not	provid	ded: a	and		*********					de	clare	that	the in	nform	ation	prov	ided i	in thi	s forn	n is to	the bes
																										Applicant's thumb print if unable to sign
Signature of Applicant / Deponent																										
Signed and sworn to me atunderstands the contents of this Affic affirmation is binding on his or her co	davit, that	the co																								s that an
F. DETAILS OF INTERPRETER	ISEATTICS	(VE)	eren er	iedicie:	61813 (23 1	HIELE	9AB	MEI	(M E58 I	HPF18	31011		BEH	ier i i e	mi		611 11		io io	iee	16419	en e	16216		HERN	सिडिंग वर्गामा
Surname:												\perp														
Forenames:											\Box															
Qualifications:		Diplon	na		Degree			Othe	ır, spe	ecify:	_															
Specify Qualification:																										
Telephone No:															Cellp	hone	No:									
Institute											I															
Address of Institute:					Ŧ	F			\perp	1	-	1														
			$\dot{-}$		-	=					_		_	_												$\overline{}$

G. FOR OFFICIAL USE ONLY	
G.1. APPLICATION RECEIVED BY	Supporting Documents, please tick:
Sumame:	Identity Document
Forenames in full:	Marriage Certificate
	Child's unabridged birth certificate
B W	
Persal No:	Section 23 Permit
Rank:	Passport / Travel Document
Refugee Reception Office:	Educational Qualifications
	Other, specify
	declare that I have received and checked the document that it is fully completed.
	Date: Y Y Y Y M M D D
Signature of Officer	
G.2 PRELIMINARY COMMENTS B	
Signature of Officer	Date: Y Y Y Y M M D D
G3.DECISION BY RSDO	
The decision on application for asyle	lum is as follows: Asylum Granted
	Rejected as Manifestly unfounded Abusive
	Unfounded Fraudulent
Reasons for decision:	
	Date: Y Y Y Y M M D D
Signature of RSDO	
_	

	Commissioner of Oaths
	Commissioner of Claths Full names
STAMP	
	Business Address