

(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

A2.1 IDENTITY DOCUMENT

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

[illegible]

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

Travel Document number:	<input type="text"/>	Place of issue:	<input type="text"/>
Date of issue:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issuing Authority:	<input type="text"/>		
Date of expiry:	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

A5.2 Non-statutory Forces

Were you a member of a non-statutory military organisation?

☐ Yes☐ No

(Please tick in the appropriate box)

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, when was your membership terminated?

Y Y Y Y

M M

D D

A6. MEMBERSHIP – ORGANISATION (POLITICAL, RELIGIOUS, ETHNIC OR SOCIAL)

Are you / were you a member of any organisation in your country of origin?

☐ Yes☐ No

(Please tick in the appropriate box)

Name of the Organisation:

Purpose of the organisation:

Position occupied in the Organisation:

Main activity of the organisation:

Period of membership:

☐ ☐ months☐ ☐ years

Are you still a member of the organisation?

☐ Yes☐ No.

If no, when was your membership terminated?

Y Y Y Y

M M

D D

A7. ROUTE TAKEN TO REACH THE REPUBLIC OF SOUTH AFRICA

Did you enter RSA through a Port of Entry?

☐ Yes☐ No

(Please tick in the appropriate box)

If no, how and where did you enter the Republic?

State reasons why you did not use the Port of Entry:

State any form of assistance obtained to enter the country:

Were you travelling alone?

☐ Yes☐ No

(Please tick in the appropriate box)

If no, provide name of person(s) you travelled with:

Where did you meet the persons you were travelling with?

How did you meet?:

How many people did you enter the RSA with?

☐ ☐

Surname	Forenames	Date of Birth	Relationship with you	Reason for Entry
1				
2				
3				
4				
5				

[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 2: Entry

Country 2: Entry	
Country 2: Exit	

Country 3: Entry

Country 3: Exit

Country 4: Entry

Country 4: Exit

Country 5: Entry

Country 5: Exit

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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:

☐ Yes ☐ No.

If no, state reason: _____

☐ Yes ☐ No

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:

APPLICATION FOR ASYLUM

B1. PARTICULARS OF FAMILY (SPOUSE AND DEPENDANTS) IN RSA**B.1.1. PARTICULARS OF SPOUSE**

Surname (Family)

First name

Middle name

Date of birth Y Y Y Y M M D D

Identity No.

Travel Doc No.

Gender ☐ Male ☐ Female (Please tick in the appropriate box)

Relationship with applicant

Status in RSA ☐ Asylum Seeker ☐ Refugee Permit ☐ Immigration Permit

Date of marriage Y Y Y Y M M D D (Please provide marriage certificate)

Type of marriage ☐ Civil Marriage ☐ Religious Marriage ☐ Customary/Indigenous

Occupation

Residential address

Code

Tel/Cell Number

B.1.2. PARTICULARS OF DEPENDANT OR RELATIVE IN RSA

Surname (Family)

First name

Middle name

Date of birth Y Y Y Y M M D D

Identity No.

Travel Doc No.

Gender ☐ Male ☐ Female (Please tick in the appropriate box)

Relationship with applicant

Status in RSA ☐ Asylum Seeker ☐ Refugee Permit ☐ Immigration Permit

Date of marriage Y Y Y Y M M D D

Type of marriage ☐ Civil Marriage ☐ Religious Marriage ☐ Customary/Indigenous

Occupation

Residential address

Code

Tel/Cell Number

B.1.3. PARTICULARS OF DEPENDANT OR RELATIVE IN RSA

Surname (Family)

First name

Middle name

Date of birth Y Y Y Y M M D D

Identity No.

Travel Doc No.

Gender ☐ Male ☐ Female (Please tick in the appropriate box)

Relationship with applicant

Occupation

Residential address

Code

Tel/Cell Number

B.1.4. PARTICULARS OF DEPENDANT OR RELATIVE IN RSA

Surname (Family)

First name

Middle name

Date of birth Y Y Y Y M M D D

Identity No.

Travel Doc No.

Gender ☐ Male ☐ Female (Please tick in the appropriate box)

Relationship with applicant

Occupation

Residential address

Code

Tel/Cell Number

B.1.5. PARTICULARS OF DEPENDANT OR RELATIVE IN RSA

Surname (Family)

First name

Middle name

Date of birth Y Y Y Y M M D D

Identity No.

Travel Doc No.

Gender ☐ Male ☐ Female (Please tick in the appropriate box)

Relationship with applicant

Occupation

Residential address

Code

Tel/Cell Number

B.1.6. PARTICULARS OF DEPENDANT OR RELATIVE IN RSA

Surname (Family)

First name

Middle name

Date of birth Y Y Y Y M M D D

Identity No.

Travel Doc No.

Gender ☐ Male ☐ 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 ☐ Male ☐ 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 ☐ Male ☐ 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 ☐ Male ☐ 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 ☐ Male ☐ 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 ☐ Male ☐ 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 ☐ Male ☐ Female (Please tick in the appropriate box)

Relationship with applicant

Occupation

Residential address

Code

Tel/Cell Number

[illegible]

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]

[illegible]

E. DECLARATION BY APPLICANT

I, declare that the information provided in this form is to the best 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.

	Applicant's thumb print if unable to sign
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.....
 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:																					

<div style="border: 1px dashed black; width: 150px; height: 100px; margin: 0 auto;"></div> <p>STAMP</p>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p>Commissioner of Oaths</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p>Full names</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p>Business Address</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>
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