REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HOME AFFAIRS

APPLICATION FOR A SOUTH AFRICAN PASSPORT OR TRAVEL DOCUMENT

FOR OFFICIAL USE ONLY					
Prescribed checks d application approved					
Passport Officer		Date			
Fees payable:					2000200
Christian Company					
,		onnum			
Passport Officer		Date			
Passport Officer Temp/Emergency PPT No.		ac) pagaaaa			
		Date			

		Passport Officer Date					
		Fees payable:					
Please consult page 3 regarding instructions and							
APPLICATION FOR (mark which is applicable with	h an X)						
Tourist Passport: Person 16 and above							
Crew Member Certificate		Passport Officer Date					
Maxi Passport		Temp/Emergency					
Document for Travel Purposes Emergency Passport (Certificate)		PPT No.					
Diplomatic Passport		Date of issue					
Official Passport		Date W ISSUS.					
Tourist Passport: Person under 16		Date of expiry					
Temporary Passport		ACCORDED TO 1.00					
The document must be forwarded to my addre	ss indicated below MES NO						
A. PARTICULARS OF APPLICANT							
Surname							
Forenames in full							
Previous surname(s)							
Marital Status: Unmarried Married	Widower Widow	Divorced Gender: Male Female					
Date of birth	Identity number						
Country of birth							
Place of birth							
Battle		Tal Na F					
Postal address	L L L L L L and c	e Tel. No.					
	N 11 A1 A1 A1 A1 A2 A1 A1	Tel. No.					
	and c						
	Code	NO.					
B. FOR OFFICIAL USE - CERTIFICATION	OF PARTICULARS (PLEASE PRIN	(T)					
I, (surname and forenames in full)							
designation (rank) hereby certify that—							
(a) the applicant appeared before me and produced the following means of identity							
(b) the accompanying photos are a true image of the applicant and have been endorsed by me as prescribed; and							
(c) the thumbprint below has been taken by me and belongs to the applicant. (delete if not applicable —thumbprint required only if applicant is							
16 years and older)							
Date Y Y Y W M D D	Signed						
	Officer of the Department of Home A	ffairs / Person authorised by the Department of Home Affairs					
Address							
SIGNATURE OF APPLICANT	PHOTO OF APPLICANT	LEFT THUMBPRINT OF APPLICANT / OR					
	-						

* (Signature of the applicant except where a father, mother or guardian signs on behalf of his/her minor child under the age of 16 years.)