

**DEPARTMENT OF HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA**

**APPLICATION FOR RENEWAL OF EXISTING
PERMIT**

[Section 10(7); Regulation 7(9)(c)]

For official use only	Mission file no:	BLOK:
Office of origin	Regional file no:	
Date received:	Date forwarded to Permitting Office:	
Submission checked by..... on	Date received at Permitting Office:	Remarks:
Passport seen and returned by on	Recommended by on	
Fee (currency and amount):	Approved by on	

Fee received by on	Decision conveyed by on per 			
Receipt No:	Letter	Facsimile	Other	
Reason(s) for decision: 				

IMPORTANT:

- The representatives of employers or heads of educational institutions shall complete this Form in support of applications for continued employment or study in the Republic.
- The required documents as specified in the application shall accompany the application.
- If the initial employment contract has lapsed a new contract and all documentation required from the employer under a first work permit application must be submitted.
- The Department may request you to re-submit any of the documentation or certification on which the issuance of your original permit was based.

PARTICULARS OF APPLICANT:

Surname/Family name:		First name(s):	Date of birth:
Residential address in the Republic:			
Home telephone no: (code) (number)		

PASSPORT DETAILS:

Passport number:	Issuing country:
Date of issue:	Valid until:
<p>If you have any other identity document issued by your government, provide details:</p> <p>Type of document: Number:</p> <p>Expiry date:</p>	

DETAILS OF ORIGINAL PERMIT, AS ISSUED TO YOU PRIOR TO OR ON ARRIVAL IN SOUTH AFRICA:

Date of entry:	Permit No:	Type of permit:
Place of entry:	Date of expiry:	
Purpose of entry:		

DETAILS OF ANY SUBSEQUENT PERMIT ISSUED TO YOU, OR THE MOST RECENT RENEWAL THEREOF:

Date of permit:	Issued at:
Date of issue/renewal:	Date of expiry:

A permit is required until (date) for purposes of (state reason(s) for request).

DECLARATION BY APPLICANT

I acknowledge that I understand the contents of this application and solemnly declare that the above particulars provided by me are true and correct.

.....

Signature of applicant

Signed at (place) this
..... day of 20...

DECLARATION BY AUTHORISED REPRESENTATIVE OF EMPLOYER OR
HEAD OF EDUCATIONAL INSTITUTION:

I.....
(first name(s) and surname), (ID number)
in my capacity as
for and on behalf of the company, organisation or institution known as
.....
..... located at
telephone number: (code and
number), fax number:..... (code and number),
hereby solemnly declare that:

To be completed by the head of the relevant institution in respect of an application
for a subsequent study permit for a scholar or a student

The learner is in grade or the student is
in the year of his or her studies for a
..... *degree /diploma/certificate.

Proof of medical cover is attached. Yes No

.....

Signature of the representative of the employer or head of Institution

Signed at on

this..... day of 20...

*** Delete whichever is not applicable**

