



REPUBLIC OF SOUTH AFRICA
 DEPARTMENT OF HOME AFFAIRS
 UMNHYANGO WEZANGAPHAKATHI
 DEPARTEMENT VAN BINNELANDSE SAKE
 DEPHATEMENTE YA MERERO YA TSA SELEGAE

APPLICATION FOR A SOUTH AFRICAN PASSPORT OR TRAVEL DOCUMENT
UKUFAKA ISICELO SEPASIPOTI LASENINGIZIMU AFRIKA NOMA INCWADI YOKUHAMBA AMAZWE
AANSOEK OM 'N SUID-AFRIKAANSE PASPOORT OF REISDOKUMENT
KGPELO YA GO GWETSA PASPOROTO GOBA LENGWALO LA MOSEPEDI

FOR OFFICIAL USE ONLY	
BLOK	<input type="checkbox"/> YES <input type="checkbox"/> NO
Officer's signature.....	
Officer's signature.....	
Temp/Emergency PPT No.	<input type="text"/>
Date of issue.....	
Date of expiry	
Lost passport	<input type="checkbox"/> YES <input type="checkbox"/> NO
Application approved / or	
Passport Officer	Date

Please consult page 3 regarding instructions and information

APPLICATION FOR (mark which is applicable with an X)

Passport	<input type="checkbox"/> 1	Document for Travel Purposes	<input type="checkbox"/> 4	Official Passport	<input type="checkbox"/> 7
Crew Member Certificate	<input type="checkbox"/> 2	Emergency Passport (Certificate)	<input type="checkbox"/> 5	Child Passport/Endorsement	<input type="checkbox"/> 8
Maxi Passport	<input type="checkbox"/> 3	Diplomatic Passport	<input type="checkbox"/> 6	Temporary Passport	<input type="checkbox"/> 9

The document must be forwarded to my address indicated below YES NO

A. PARTICULARS OF APPLICANT

Surname	<input type="text"/>													
Forenames in full	<input type="text"/>													
Previous surname(s)	<input type="text"/>													
Marital Status:	Unmarried	<input type="checkbox"/>	Married	<input type="checkbox"/>	Widower	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Gender: Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Identity number	<input type="text"/>				
Country of birth	<input type="text"/>													
Place of birth	<input type="text"/>													
Postal address	<input type="text"/>					<input type="text"/>					Home Tel. No. and code	<input type="text"/>		
	<input type="text"/>					<input type="text"/>					Work Tel. No. and code	<input type="text"/>		
	<input type="text"/>					<input type="text"/>					Cell No.	<input type="text"/>		
	<input type="text"/>					<input type="text"/>					C o d e			

B. FOR OFFICIAL USE - CERTIFICATION OF PARTICULARS (PLEASE PRINT)

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

Signed.....

TO BE CERTIFIED BY LOCAL POLICE OFFICER

Address.....

SIGNATURE OF APPLICANT	PHOTO OF APPLICANT	LEFT THUMBPRINT OF APPLICANT / OR

