

DIPLOMATIC IMMUNITIES AND PRIVILEGES (DIAP) CIRCULAR NO 5 0F 2025

The Department of International Relations and Cooperation of the Republic of South Africa presents its compliments to Diplomatic Missions and International Organisations accredited to the Republic of South Africa and as the honour to request Foreign Missions to participate in the 2025 Annual Staff Audit of all staff employed by Diplomatic and Consular Missions, and International Organisations, i.e. both Diplomatic Agents, Consular Officers and Locally Recruited Personnel (LRP).

In terms of Section 9 of Act 37 of 2001, point 2 (2) – "the Minister must cause a complete list of all persons on the register to be published on the Department of International Relations and Cooperation (DIRCO) website, and must cause the list to be updated frequently as may be necessary, and made publicly available". Furthermore in terms of point 2 (3) – "if any question arises as to whether or not any person enjoys any immunity or privilege under this Act or the Conventions, a Certificate under the hand or issued under the authority of the Director-General stating any fact to that question, is *prima facie* evidence of that fact". To ensure the accuracy of the immunity list all diplomatic Missions and International Organisations are required to complete the attached Annexures:

Annexure A – Please submit in response to Diplomatic Immunities and Privileges Circular No.3 of 2025 dated 13 February 2025.

Annexure B - Diplomatic Agents and Consular Officers

Annexure C – Diplomatic Agents and Consular Officers (Spouse/ Partner. Children, Parents, Domestic Worker)

Annexure D - Honorary Consular Officers

Annexure E must be completed in respect of LRP, i.e. support staff, and is required as some Foreign Missions have incorrectly accredited LRP as diplomatic agents or consular officers, and the information is also required by SARS. In terms of the Income Tax Act 58 of 1962 all South African nationals and persons with permanent residence status in South Africa are liable to pay income tax. SARS has indicated that it prefers that Foreign Missions voluntarily register LRP for employee tax purposes, thereby deducting the tax from employees and paying over to SARS monthly.

Missions are reminded that DIAP is the custodian of all Foreign Missions data. Any amendments must be communicated to DIAP. The Department confirms that the information is restricted to statutory corroboration purposes by the South African Government.

The above to be submitted electronically to septemberm@dirco.gov.za, and copy to ngobeniy@dirco.gov.za (Asia and Middle East, Americas, International Organisations) and the originals delivered to the Main Reception marked for the attention of Mr M September, Deputy Director by no later than 9 May 2025. Electronic copies of the Annexures can be accessed using https://dirco.gov.za/circular-notes-verbales/. No handwritten forms will be accepted.

The Department of International Relations and Cooperation of the Republic of South Africa avails itself of the opportunity to renew to Diplomatic Missions and International Organisations accredited to the Republic of South Africa the assurances of its highest consideration.



Diplomatic Missions and International
Organisations accredited to the Republic of South Africa
PRETORIA



Branch State Protocol and Consular Services Directorate: Diplomatic Immunities and Privileges Annexure B

Country:				
Mission:		Annexur	e B - Diplomatic Age	nts and Consular
(i.e. Embassy, High Commission etc.)			Officers	
City:			Personal Detail F	orm
(Pretoria, Johannesburg, Cape Town et	c.)			
Personal Detail		1-11633-		
Title	Mr / Mrs / Ms / Dr / Pro	f. etc.		
Diplomatic Designation		,,		
Surname	As it appears in the passport			
Full Name(s)	As it appears in the passport			
Citizenship (including dual)		,		
Date of Birth				
Marital Status				
Number of Dependents Accomp	anying the Diplomat			
Residency Details				
SA ID number (if South African Citizen)				
Passport No (if not South African Citizen)			Expiry date of passport:	
Passport Type	i.e. Diplomatic / Official	/ Service / Private		
Are you a South African Perman		Yes 🗌 No		
If you were issued with a substitu	ution Temporary Resid	dence Visa (TF	RV), please complete the fo	ollowing:
TRV Number				
Expiry Date of TRV				
Contact Details				
Phone Number (Office)				
Cell Number				
Email Address				
Residential Address (optional)				
Disclosure Statement	1978			
I declare that, to the best of my k	nowledge, the informa	ation I have su	oplied in this form is correc	t and complete.
Initial and Surname:	Sig	nature:		
Date:				
Verification by Mission				
Signature of Head of Mission	0	fficial Seal of	Mission	



Branch State Protocol and Consular Services Directorate: Diplomatic Immunities and Privileges Annexure C

Country:		Annexure C - Diplomatic Agents and Consular		
Mission:		Officers		
(i.e. Embassy, High Commission)		(Dependents i.e. Spouse/Partner; Children;		
City:		Parents, Domestic Worker)		
(Pretoria, Johannesburg, Cape Town etc.)		Personal Detail Form		
	ete a separate f	orm for each accredited dependent)		
Name of Accredited Diplomat				
Relationship to the Diplomat				
Surname	As it appears in the passport			
Full Name(s)	As it appears in the passport			
Date of Birth	The Appear of the passiport			
Passport Number				
Employment / Study Details				
Employed in RSA	☐ Yes ☐ N	0		
Employer				
Studying in RSA	☐ Yes ☐ No			
Institution				
Domestic Worker Details		31. : [- [- [- [- [- [- [- [- [- [
Surname				
Full Name(s)				
Date of Birth				
South African ID Number (if South African)				
Permanent Residence Holder				
Permanent Residence Permit Num	nber			
Passport Number (if not South African)				
Type of Visa				
Visa Control Number				
Disclosure Statement				
I declare that, to the best of my knowledge, the information I have supplied in this form is correct and complete.				
Initial and Surname:	S	gnature:		
Date:				
Verification by Mission				
Signature of Head of Mission		Official Seal of Mission		



Branch State Protocol and Consular Services Directorate: Diplomatic Immunities and Privileges Annexure D Honorary Consular Agents

Country:		
Mission: (i.e. Honorary Consulate General, Honorary Consulate; Honorary Vice Consulate) City:		Annexure D - Honorary Consular Officers Personal Detail Form
(Pretoria, Johannesburg, Cape Town etc.	.)	
Personal Details		
Title	Mr / Mrs / Ms / Dr / Prof,	etc.
Diplomatic Designation		
Surname		
Full Name(s)		
Date of Appointment		
Area of Jurisdiction		
Residency Details	Table 1	
SA ID number (if South African Citizen) Passport No (if not South African Citizen)		Expiry date of passport:
Are you a South African Permane	ent Resident?	s No
Permanent Residence Permit Nu	mber	-
Contact Details		
Phone Number (Office)		
Cell Number		
Email Address		
Business Address of the Honorary Consulate		
Disclosure Statement		
I declare that, to the best of my kr	nowledge, the informa	tion I have supplied in this form is correct and complete.
Initial and Surname:	Signate	ure:
Date:		
Verification by Mission		
Signature of Head of Mission		Official Seal of Mission



Branch State Protocol and Consular Services Directorate: Diplomatic Immunities and Privileges Annexure E Locally Recruited Personnel

Country:				
Mission:		Annexure E - Locally Recruited Personnel		
(Embassy, High Commission, Consulate-General etc.)		Personal Detail Form		
City:		1 010011at Dotain 1 01111		
(Pretoria, Johannesburg, Cape Town etc	p.)			
Personal Detail				
Title	Mr / Mrs / Ms / etc.			
Position				
Surname				
Full Name(s)				
Citizenship (including dual)				
Date of Birth				
Marital Status				
Passport and Residency Detai	Is			
SA ID number (if South African Citizen)				
Passport No (if not South African Citizen)		Expiry date of passport:		
Type of Passport	Diplomatic / Official / Se	ervice / Private		
Are you a South African Perman		□Yes □ No		
If you do not hold South African	Permanent Residency	y / Citizenship, please complete the following:		
Type of Visa				
Expiry Date of Visa				
Contact Details				
Phone Number (Office)				
Cell Number (optional)				
Email Address (optional)				
Residential Address (optional)				
Disclosure Statement				
I declare that to the best of my kr	nowledge the informat	tion I have supplied in this form is correct and complete.		
Initial and Surname:	Signatu	ire:		
Date:				
Verification by Mission				
Signature of Head of Mission		Official Seal of Mission		