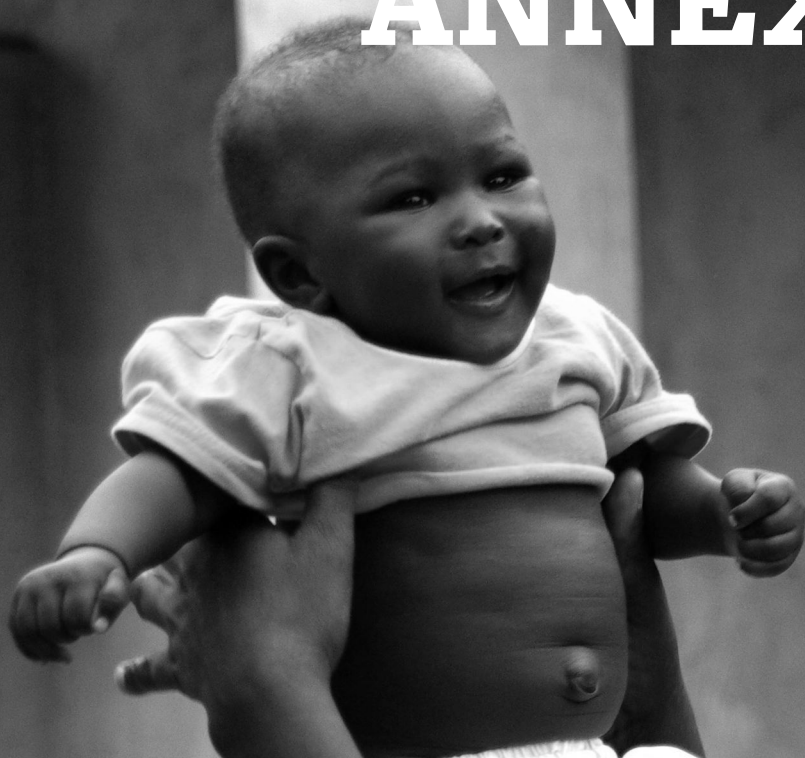


# **Practitioners' Refugee Law Resource Manual 2023**

## **ANNEXURES**



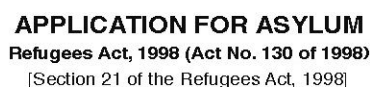


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DATE STAMP  
(AT POE)

FOR OFFICIAL USE (AT RRO)																				
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Y	Y	Y	Y																	
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This form should be completed in full and submitted at any Refugee Reception Office or any other place designated by the Director-General in terms of the Act. The form is to be completed in black ink with BLOCK LETTERS.

#### A1. PERSONAL DETAILS OF APPLICANT (ASYLUM SEEKER)

Surname (family name):	<div></div>																								<b>35mm x 45mm IDENTITY DOCUMENT PHOTO</b>																								
Forenames in full (first name):	<div></div>																																																
(middle name):	<div></div>																																																
Date of Birth:	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>																																									
Gender	<input type="checkbox"/> Male				<input type="checkbox"/> Female				(Please tick in the appropriate box)																																								
Are you disabled?	<input type="checkbox"/> Yes				<input type="checkbox"/> No				If yes, explain the form of disability: <div></div>																																								
Country of birth:	<div></div>																																																
Province of Country of Birth:	<div></div>																																																
City of Birth:	<div></div>																																																
Current nationality:	<div></div>																																																
Previous Nationality(ies) (if applicable)	<div></div>																																																
Ethnic Group:	<div></div>																																																
Home Language:	<div></div>																																																
Other Languages:	(a)	<div></div>																																															
	(b)	<div></div>																																															
Level of fluency in English:																																																	
Speak:	<input type="checkbox"/> Good				<input type="checkbox"/> Fair				<input type="checkbox"/> Poor				(Please tick in the appropriate box)																																				
Read:	<input type="checkbox"/> Good				<input type="checkbox"/> Fair				<input type="checkbox"/> Poor																																								
Write:	<input type="checkbox"/> Good				<input type="checkbox"/> Fair				<input type="checkbox"/> Poor																																								
Religion:	<div></div>																																																
Marital Status:	<input type="checkbox"/> Single				<input type="checkbox"/> Married				<input type="checkbox"/> Divorced				<input type="checkbox"/> Widow/Widower				(Please tick in the appropriate box)																																
	<input type="checkbox"/> Other, please specify <div></div>																																																
Type of Marriage:	<input type="checkbox"/> Civil Marriage				<input type="checkbox"/> Religious Marriage				<input type="checkbox"/> Customary/Indigenous Law Marriage				(Attach Proof of Marriage)																																				
Number of Wives:	<div></div>																								Number of Children:	<div></div>																							

## Annexure A

Residential Address/es during the last five years	
Town / City	
Country	
Current Residential Address in RSA	
Province in RSA:	
Telephone No in RSA:	Code
Cell No in RSA:	
E-mail Address:	
Alternative Contact No in RSA:	
Surname of Contact Person:	
Name of Contact Person:	
Residential Address of Contact Person:	
Relationship to Applicant:	
E-mail Address:	

(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. DETAILS OF IDENTITY AND TRAVEL DOCUMENTS

#### A2.1 IDENTITY DOCUMENT

Are you in possession of one or more identity document from your country of origin? ☐ Yes (Attach proof) ☐ No (Please tick in the appropriate box)

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

##### Details of identity document

Identity Document number:		Place of issue:	
Date of issue:	Y Y Y Y M M D D		
Issuing Authority:			
Date of expiry:	Y Y Y Y M M D D		

#### A2.2 PASSPORT / TRAVEL DOCUMENT

Are you in possession of a passport / travel document? ☐ Yes (Attach proof) ☐ No (Please tick in the appropriate box)

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

##### Details of passport / travel document

Travel Document number:		Place of issue:	
Date of issue:	Y Y Y Y M M D D		
Issuing Authority:			
Date of expiry:	Y Y Y Y M M D D		

If you are not in possession of a passport or travel document, state why, and describe how you travelled to RSA without a passport:


#### A2.3 PREVIOUS VISITS TO RSA

Have you visited the Republic of South Africa previously? ☐ Yes ☐ No (Please tick in the appropriate box)

If yes, when and for how long? Date of first entry: Y Y Y Y M M D D for Months Years

Which permit did you use to enter the RSA?

What was the purpose of your stay? \_\_\_\_\_

Have you ever overstayed or been ordered to leave / deported? ☐ Yes ☐ No *(Please tick in the appropriate box)*

What were the reasons for overstaying or deportation? \_\_\_\_\_

If yes, why did you return to RSA? \_\_\_\_\_

### A3. EDUCATION AND EMPLOYMENT DETAILS

#### A3.1 EDUCATION

Highest qualification obtained: ☐ No School ☐ Primary ☐ High School ☐ Gr 12 (matric/Std 10) ☐ Diploma ☐ Degree ☐ Other, specify

Specify qualification:

Proof of qualifications? ☐ Yes ☐ No *(Please tick in the appropriate box)*

If yes, please attach copy of certificate

#### A3.2 EMPLOYMENT – Previous Occupation (Note: If self-employed, state name of business and registration number)

Profession (occupation):

Experience in profession: 



*(number of years)*

Previous employment:

Address of previous employer:

Contact number of previous employer:

Duration of employment: 



 years from 































 to

Reasons for leaving employment: \_\_\_\_\_

Attach testimonials / salary slips and any documentation proving previous employment (if available).

#### A3.2.1 CURRENT EMPLOYMENT IN RSA

Are you currently employed in RSA? ☐ Yes ☐ No *(Please tick in the appropriate box)*

If Yes, provide details \_\_\_\_\_

#### A3.3 SKILLS

Please indicate where applicable ☐ Computer skills ☐ Financial skills ☐ Engineering skills *(Please tick in the appropriate box)*

☐ Medical skills ☐ Technical skills ☐ Mathematical/Science skills

☐ Other skills Please specify \_\_\_\_\_

### A4. CRIMINAL RECORDS

Were you ever arrested? ☐ Yes ☐ No *(Please tick in the appropriate box)*

If yes, please answer the following questions:

Where were you arrested?

Country

Town/City



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

Were you involved in any armed forces: Y / N ☐ Yes ☐ No. (Please tick in the appropriate box)

If Yes, provide details

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

Are you / were you a member of any organisation in your country of origin (home country)? ☐ 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. ENTRY INTO 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 RSA?

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

State details of assistance obtained to enter the Republic:

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 person(s) you were travelling with?

How did you meet?:

**Details of Family or Friends Travelling With You**

How many people did you enter RSA with?

Surname	Forenames	Date of Birth	Relationship with you	Nationality	Contact maintained / Not upon entering RSA
1					
2					
3					
4					
5					

Which Port of Entry did you enter RSA through:





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

Surname (Family)																				
Maiden name																				
First name																				
Middle name																				
Date of birth	Y	Y	Y	Y	M	M	D	D												
Identity No.																				
Travel Doc No.																				
Sex																				
Relationship with applicant																				
Status in RSA	<input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee Permit <input type="checkbox"/> Immigration Permit																			
Date of marriage	Y	Y	Y	Y	M	M	D	D	(Please provide marriage certificate)											
Type of marriage	<input type="checkbox"/> Civil Marriage <input type="checkbox"/> Religious Marriage <input type="checkbox"/> Customary/Indigenous																			
Occupation																				
Residential address																				
Tel/Cell Number																				

**B.1.2. PARTICULARS OF SPOUSE OR DEPENDANT**

Surname (Family)																				
Maiden name																				
First name																				
Middle name																				
Date of birth	Y	Y	Y	Y	M	M	D	D												
Identity No.																				
Travel Doc No.																				
Sex																				
Relationship with applicant																				
Status in RSA	<input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Refugee Permit <input type="checkbox"/> Immigration Permit																			
Date of marriage	Y	Y	Y	Y	M	M	D	D	(Please provide marriage certificate)											
Type of marriage	<input type="checkbox"/> Civil Marriage <input type="checkbox"/> Religious Marriage <input type="checkbox"/> Customary/Indigenous																			
Occupation																				
Residential address																				
Tel/Cell Number																				

**B.1.3. PARTICULARS OF SPOUSE OR DEPENDANT**

Surname (Family)																				
Maiden name																				
First name																				
Middle name																				
Date of birth	Y	Y	Y	Y	M	M	D	D												
Identity No.																				
Travel Doc No.																				
Sex																				
Relationship with applicant																				
Occupation																				
Residential address																				
Tel/Cell Number																				

**B.1.4. PARTICULARS OF SPOUSE OR DEPENDANT**

Surname (Family)																				
Maiden name																				
First name																				
Middle name																				
Date of birth	Y	Y	Y	Y	M	M	D	D												
Identity No.																				
Travel Doc No.																				
Sex																				
Relationship with applicant																				
Occupation																				
Residential address																				
Tel/Cell Number																				

**B.1.5. PARTICULARS OF SPOUSE OR DEPENDANT**

Surname (Family)																				
Maiden name																				
First name																				
Middle name																				
Date of birth	Y	Y	Y	Y	M	M	D	D												
Identity No.																				
Travel Doc No.																				
Sex																				
Relationship with applicant																				
Occupation																				
Residential address																				
Tel/Cell Number																				

**B.1.6. PARTICULARS OF SPOUSE OR DEPENDANT**

Surname (Family)																				
Maiden name																				
First name																				
Middle name																				
Date of birth	Y	Y	Y	Y	M	M	D	D												
Identity No.																				
Travel Doc No.																				
Sex																				
Relationship with applicant																				
Occupation																				
Residential address																				
Tel/Cell Number																				

B2. PARTICULARS OF FAMILY (SPOUSE OR DEPENDANTS) OUTSIDE RSA

B.2.1. PARTICULARS OF SPOUSE OR DEPENDANT

Surname (Family)	
Maiden name	
First name	
Middle name	
Date of birth	Y Y Y Y M M D D
Passport No.	
Sex	
Relationship with applicant	
Occupation	
Residential address	
	Code
Tel/Cell Number	

B.2.2. PARTICULARS OF SPOUSE OR DEPENDANT

Surname (Family)	
Maiden name	
First name	
Middle name	
Date of birth	Y Y Y Y M M D D
Passport No.	
Sex	
Relationship with applicant	
Occupation	
Residential address	
	Code
Tel/Cell Number	

B.2.3. PARTICULARS OF SPOUSE OR DEPENDANT

Surname (Family)	
Maiden name	
First name	
Middle name	
Date of birth	Y Y Y Y M M D D
Passport No.	
Sex	
Relationship with applicant	
Occupation	
Residential address	
	Code
Tel/Cell Number	

B.2.4. PARTICULARS OF SPOUSE OR DEPENDANT

Surname (Family)	
Maiden name	
First name	
Middle name	
Date of birth	Y Y Y Y M M D D
Passport No.	
Sex	
Relationship with applicant	
Occupation	
Residential address	
	Code
Tel/Cell Number	

B.2.5. PARTICULARS OF SPOUSE OR DEPENDANT

Surname (Family)	
Maiden name	
First name	
Middle name	
Date of birth	Y Y Y Y M M D D
Passport No.	
Sex	
Relationship with applicant	
Occupation	
Residential address	
	Code
Tel/Cell Number	

B.2.6. PARTICULARS OF SPOUSE OR DEPENDANT

Surname (Family)	
Maiden name	
First name	
Middle name	
Date of birth	Y Y Y Y M M D D
Passport No.	
Sex	
Relationship with applicant	
Occupation	
Residential address	
	Code
Tel/Cell Number	

NOTE: 1. If space provided is not sufficient, attach additional information.  
2. Failure to disclose or state dependants who are outside of RSA may lead to such dependant refused recognition in RSA based on your claim





Did you report the incident that occurred to you to the relevant authorities / police / local leader / your organisation or party? ☐ Yes ☐ No  
If No, state reasons. \_\_\_\_\_

If Yes, what did the authorities / police / local leader / your organisation or party to whom you reported the matter do about your report? \_\_\_\_\_

Did you avail yourself of the availability of friends/family who could possibly offer you refuge in any of the countries en route to RSA \_\_\_\_\_

D. WILLINGNESS TO RETURN TO YOUR COUNTRY OF ORIGIN (HOME COUNTRY)

D.1. Do you wish to return to your country of origin (home country) in the future? ☐ Yes ☐ No

If no, please give reasons for your answer provided above and explain why you are unwilling to return to your country of origin.

D.2. Under which conditions would you agree to return to your country of origin or home country in the future / what needs to happen in your country of origin to enable you to return?

D.3. How do you intend to support yourself financially while in RSA?

**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.

Signature of Applicant / Deponent

Place

Applicant's thumb print if  
unable to sign

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.

Commissioner of oaths

**F. DETAILS OF INTERPRETER**

Surname:

Forenames:

Qualifications:

☐ Diploma ☐ Degree ☐ Other, specify: .....

Specify Qualification:

Telephone No:

Cellphone No:

Institute:

Address of Institute:

E-mail Address:

**G. FOR OFFICIAL USE ONLY****G.1. APPLICATION RECEIVED BY:**

Surname:

Forenames in full:

Persal No:

Rank:

Refugee Reception Office:

**Supporting Documents, please tick:**

- ☐ Identity Document  
☐ Marriage Certificate  
☐ Child's unabridged birth certificate  
☐ Section 23 Visa  
☐ Passport / Travel Document  
☐ Educational Qualifications  
☐ Testimonials / Salary Slips  
☐ No document submitted

I, ..... declare that I have received and checked this Form and confirm that it is fully completed.

Signature of Officer

Date:

Y Y Y Y

M M

D D

G.2. PRELIMINARY COMMENTS BY OFFICER

Signature of Officer

Date: 

Y

Y

Y

Y

M

M

D

D

G.3. DECISION BY RSDO

The decision on application for asylum is as follows: Asylum

☐ Granted

☐ Manifestly unfounded

☐ Fraudulent

☐ Rejected as Abusive

☐ Unfounded

Reasons for decision (attach detailed reasons for decision):

Signature of RSDO

Date: 

Y

Y

Y

Y

M

M

D

D

STAMP

Full Names

Business Address

Commissioner of Oaths

Form 4



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

**APPLICATION FOR ASYLUM: PREVIOUSLY DEPENDANT PERSON**  
Refugees Act, 1998 (Act No. 130 of 1998)  
[Section 21B(3) and (4); Regulation 10(1) and (2)]

**NOTE:**

1. Any false statement or information provided on this form shall result in the application being rejected.
2. A person making a false claim with regard to any child may be charged under the provisions of the Children's Act, 2005 (Act No. 38 of 2005) and/or the Prevention and Combating of Trafficking in Persons Act, 2003 (Act No. 7 of 2003).
3. The applicant must provide proof, where possible.
4. Additional paper may be used, if the space provided in this Form is not sufficient.

**A1. DETAILS OF PERSONS ON WHOM APPLICANT WAS PREVIOUSLY DEPENDENT (PRINCIPAL APPLICANT)**

Surname		Date of Birth	
Names		Age	
File Number:			
Refugee ID Number:			
Nationality		Ethnic Group	
Place of Birth		Country of Birth	
Residential Address			
Cell No.			
Email address			

**A2. DECLARATION OF TERMINATION OF DEPENDENCY**

Mark with X, whichever is applicable:

Relationship to person in part A1	Mother	Father	Son	Daughter	Other (specify)

State the reason for termination of dependency (provide proof, where applicable):  
Mark with X, whichever is applicable:

(a) Death of main applicant: \_\_\_\_\_ (attach copy of death certificate)

(b) Became a major: \_\_\_\_\_

(c) Other (specify): \_\_\_\_\_

I, \_\_\_\_\_, with asylum seeker visa number \_\_\_\_\_ or refugee status number, declare that—

(a) I am desirous to apply for asylum in my own right; and

(b) the circumstances that led to the application for asylum by my spouse / parent on whom I was dependent still applies; or

(c) Other, specify \_\_\_\_\_

Date \_\_\_\_\_ Signature: \_\_\_\_\_



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

**APPLICATION FOR ASYLUM: PREVIOUSLY DEPENDANT PERSON**

Refugees Act, 1998 (Act No. 130 of 1998)  
[Section 21B(3) and (4); Regulation 10(1) and (2)]

**A3. APPLICANT'S LANGUAGE PROFICIENCY**

Language			Other languages	
Level of proficiency in English	Excellent			
	Good			
	Fair			

**B1. DETAILS OF APPLICANT**

Surname				
Names				
Date of Birth		Age		
Sex ( <i>write in full</i> )				
Nationality		Previous nationality, if any		
Place of Birth		Country of Birth		
Ethnic Group				
Contact Details	Residential Address			
	Tel No.			
	Cell			
	Email			
Current Marital Status	Single	Married	Divorced	Widow/Widower
Name of spouse of applicant				
Date of birth of spouse		Age of spouse		
Contact details of spouse	Physical Address			
	Tel No.			
	Cell			
	Email			
Marriage certificate produced	Yes / No _____			

**B2. SOJOURN IN RSA**

How long have you been in RSA? \_\_\_\_\_  
Indicate the date of first entry? \_\_\_\_\_

**B3. APPLICANT'S CURRENT DEPENDANTS** (Only applicable to divorcee / widow / widower)

**Note:** The details required in Part 2 are only those who hold asylum seeker visa / refugee status or were born in RSA after the principal Applicant was issued asylum seeker visa or refugee status.

Name	Date of birth	Age	Relationship	Place of birth (attach birth certificate)

**For Office use only:** Confirmed if the dependents were listed in the principal applicant's file



Form 4



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

**APPLICATION FOR ASYLUM: PREVIOUSLY DEPENDANT PERSON**  
Refugees Act, 1998 (Act No. 130 of 1998)  
[Section 21B(3) and (4); Regulation 10(1) and (2)]

**B4. APPLICANT'S PARENTS DETAILS**

## B4.1 Mother's details

Name of Mother		Date of birth	
Place of Birth		Age	
Contact Details	Residential address		
	Tel No.		
	Cell		
	Email		

## B4.1 Father's details

Name of Mother		Date of birth	
Place of Birth		Age	
Contact Details	Residential address		
	Tel No.		
	Cell		
	Email		

**B6. IDENTIFICATION AND TRAVEL DOCUMENTS**

Are you in possession of your Identification card from your country of origin?	Yes		<i>If yes, attach copy</i>
	No		
Are you in possession of any passport / refugee travel document?	Yes		<i>If yes, present to official</i>
	No		
Place of issue		Date of issue	
Issuing Authority		Date of expiry	
Do you have any visa issued prior to entry into RSA?	Yes		<i>If yes, indicate where was it applied for below</i>
	No		
Do you have a visa which is currently valid?	Yes		<i>If yes, indicate where was it applied for below</i>
	No		
Were any of the above documents destroyed / disposed of? If yes, provide reason			

**C1. APPLICANT'S HISTORY**

## C1.1 Educational History

Highest qualification obtained	No School	Primary	High School	Gr.12 (Matric)	Diploma	Degree	Other, specify
Specify qualification							
Proof of qualification	Yes		<i>If yes, attach certificate</i>				
	No						
Other skills, specify							



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

**APPLICATION FOR ASYLUM: PREVIOUSLY DEPENDANT PERSON**  
**Refugees Act, 1998 (Act No. 130 of 1998)**  
[Section 21B(3) and (4); Regulation 10(1) and (2)]

**C1.2. Employment History**

Profession (occupation)			
Experience in profession	State number of years		
Previous employment			
Contact details of previous employer	Work address		
	Tel No.		
	Cell		
	Email		
Duration of employment			
Reason for leaving employment			

**C2. APPLICANT'S HISTORY IN THE REPUBLIC**

**C2.1 Educational History**

Highest qualification obtained	No School	Primary	High School	Gr.12 (Matric)	Diploma	Degree	Other, specify
Specify qualification							
Proof of qualification	Yes		If yes, attach certificate				
Other skills, specify							

**C2.2. Employment History**

Profession (occupation)			
Experience in profession	State number of years		
Previous employment			
Contact details of current employer	Work address		
	Tel No.		
	Cell		
	Email		
Duration of employment			

**D. CRIMINAL RECORD**

Do you have any criminal convictions?	Yes		No	
If yes, please state the following details:				
Nature of offence /crime				
Date committed				
Do you have any outstanding warrants issued against you?				
If yes. Please state the nature of crime / offence committed				



Form 4



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

**APPLICATION FOR ASYLUM: PREVIOUSLY DEPENDANT PERSON**  
Refugees Act, 1998 (Act No. 130 of 1998)  
[Section 21B(3) and (4); Regulation 10(1) and (2)]

**E. APPLICANT'S CLAIM**

E1. Describe the reasons for continuous need for asylum / refugee status in the Republic.

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E2. The applicant has been informed that (mark with an X)–

All information provided is confidential	
The claim of the principal applicant indicated in this Form, as well as the decision thereon will also apply to him or her in its entirety	
False or incorrect information may lead to prosecution or discredit the claim	

**F. DECLARATION BY THE APPLICANT**

I, \_\_\_\_\_, have submitted to the fact that the above information is to the best of my knowledge true and correct.

**SIGNATURE** \_\_\_\_\_ **PLACE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**G. INTERPRETER**

Interpretation UCID Number: (If none complete details below)			
Name of Interpreter		Contact Number:	
Qualification:		Institute:	

**H. FOR OFFICE USE ONLY**

Preliminary comments:

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**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PERSAL:** \_\_\_\_\_

**DECISION BY REFUGEE STATUS DETERMINATION OFFICER:**

(Attach detailed reasons)

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**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**PERSAL:** \_\_\_\_\_

**FORM 1 (A)**  
**REPUBLIC OF SOUTH AFRICA**  
**DEPARTMENT: HOME AFFAIRS**

**AFFIDAVIT IN RESPECT OF PARTIES TO  
MARRIAGE CONCLUDED OUTSIDE THE REPUBLIC**  
**Refugees Act, 1998 (Act No. 130 of 1998)**  
[Section 1, [Regulations 2 \(3\)](#)]



**1.**

I \_\_\_\_\_ of \_\_\_\_\_ state herewith under oath in English as follows:  
**(Full names of applicant) (Current address in full)**

**2.**

I was born on the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ in the country of \_\_\_\_\_  
**(Month & year) (Name of town/district) (Country)**

**3.**

I hereby affirm, declare and swear that I married \_\_\_\_\_ who was born on the \_\_\_\_\_ day  
**(Spouse's (maiden) name in full)**  
of \_\_\_\_\_ at \_\_\_\_\_ in the country of \_\_\_\_\_  
**(Month & year) (Name of town/district) (Country)**

**4.**

Our marriage was conducted on the \_\_\_\_\_  
**(Date of Marriage)**

**5.**

Officiating Officer / Priest:  
**(Full Names)**

Witnesses:  
**(Full Names) (Full Names)**  
**(Full Names) (Full Names)**

**6.**

I agree to submit an affidavit confirming the continued existence of my marriage from time to time, in accordance with the provisions of the law in South Africa and undertake to inform the Director-General in writing within 4 (four) months of the termination of our marriage.

**7.**

I further, confirm that I am still married to the person mentioned in paragraph 2 above.

**8.**

I know and understand the contents of this statement  
I have no objection to taking the prescribed oath  
I consider the prescribed oath to be binding on my conscience.  
I swear that the above statement is correct so help me God.

**Signature of Applicant**

**9.**

I hereby certify that the Deponent to this affidavit has acknowledged to me that he has read and that he knows and understands its contents, and was sworn to before me and the Deponent signature was placed thereon in my presence at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**COMMISSIONER OF OATHS**

**NAME:**

**RANK:**

**PLACE:**

**OFFICE STAMP**

**FORM 1 (B)**  
**AFFIDAVIT IN RESPECT OF PARTIES TO PERMANENT**  
**HETEROSEXUAL / HOMOSEXUAL SPOUSAL RELATIONSHIP**

**REPUBLIC OF SOUTH AFRICA**  
**DEPARTMENT: HOME AFFAIRS**  
**Refugees Act, 1998 (Act [No. 130 of 1998](#))**

[Section 1, [Regulations 3 \(4\)](#)]



**1.**

I \_\_\_\_\_ of \_\_\_\_\_ state herewith under oath in English as follows:  
**(Full names of applicant) (Current address in full)**

**2.**

I was born on the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ in the country of \_\_\_\_\_  
**(Month & year) (Name of town/district) (Country)**

**3.**

I hereby affirm, declare and swear that I am in a monogamous heterosexual / homosexual spousal relationship with \_\_\_\_\_ born on the \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_  
**(Full maiden names of partner) (Month & year) (Name of town/district)**  
 in the country \_\_\_\_\_  
**(Country)**

**4.**

To substantiate our relationship I attach a signed notarial agreement and documentation proving cohabitation and the extent to which the related financial responsibilities are shared.

**5.**

We currently reside together at \_\_\_\_\_  
**(Current address in full)**

**6.**

I agree to submit an affidavit confirming the continued existence of our relationship from time to time, in accordance with the provisions of the law in South Africa and undertake to inform the Director-General in writing within 4 (four) months of the termination of our spousal relationship.

**7.**

I know and understand the contents of this statement  
 I have no objection to taking the prescribed oath  
 I consider the prescribed oath to be binding on my conscience.  
 I swear that the above statement is correct so help me God.

**Signature of Applicant**

**8.**

I hereby certify that the Deponent to this affidavit has acknowledged to me that he has read and that he knows and understands its contents, and was sworn to before me and the Deponent signature was placed thereon in my presence at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**COMMISSIONER OF OATHS**

**NAME:**

**RANK:**

**PLACE:**

**OFFICE STAMP**

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## home affairs

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

# ONLINE EXTENSION OF ASYLUM SEEKERS AND REFUGEES VISAS

## 10 FREQUENTLY ASKED QUESTIONS

### 1. What is online extension?

Online extension refers to a process where a holder of an asylum seeker (section 22) or a refugee permit (section 24) makes a request to Home Affairs, via email, to have the validity of his/her visa extended. This online service makes it possible for current holders of asylum seekers and refugee visas to request an extension of their visas without having to physically go in to a Refugee Reception Office.

### 2. Who can make a request for online extension?

The process for online extension of asylum seeker and refugee visas is only available for visa holders that had a valid visa during the lockdown. All person whose visas expired before the lockdown will not be able to extend their visas through the online platform.

### 3. How do I request that my asylum seeker and refugee visa be extended online?

You will send an email to an email address for the refugee center where you last renewed/applied for your visas. You will then receive a response that outlines the process to follow as well as a template and list of documents that are required. Once all the documents are received with a signed template, DHA will then process this request and will provide a response via email to the client.

#### 4. What documents do I need to request online extension?

To request for online extension for an asylum seeker and refugee visa a client will need to submit the following documents:

**- A signed\* template that has**

- (1) visa number
  - (2) full names and surname
  - (3) full contact details - email address, cell numbers, physical address
- \*the signature on the template must be the same as the one on the existing or expired visa*

**- Proof of physical address (utility bill or an affidavit confirming address)**

**- A copy of the current visa.** If the visa is lost, the client must submit an affidavit confirming that the visa is lost and indicate the previous visa reference number.

**Note:** The template must be completed for each applicant. Please ensure that the information submitted on the template is correct. The writing on the template must be very clear, free of errors and must be legible. If the writing is not clear or legible it will be sent back to complete again.

#### 5. Where do I send this request?

Request for extensions must be sent to the refugee reception office where the last extension was done.

Refugee Reception office	Asylum Seeker (section 22 ) visas	Refugee (section 24) visas
<b>Desmond Tutu</b> Refugee Reception Centre	dtrrc.extension22 @dha.gov.za	dtrrc.extension24 @dha.gov.za
<b>Cape Town</b> Refugee Reception Centre	ctrrc.extension22 @dha.gov.za	ctrrc.extension24 @dha.gov.za
<b>Durban</b> Refugee Reception Centre	durbanrrc.extension22 @dha.gov.za	durbanrrc.extension24 @dha.gov.za
<b>Musina</b> Refugee Reception Centre	musinarrc.extension22 @dha.gov.za	musinarrc.extension24 @dha.gov.za
<b>Gqeberha (Port Elizabeth)</b> Refugee Reception Centre	perrc.extension22 @dha.gov.za	perrc.extension24 @dha.gov.za



**6. Can my spouse and dependents request extensions of their visas using one form?**

In cases where a family has a joint file, each family member must submit their request for extension separately. This means that if there is more than one family member, each family member must submit their own request filing in a new template. Please note that you may use the same email address. Minors will have their requests signed by the principal applicant.

The signature on that request template must be the same as the one on the existing/ expired visa.

**7. What possible outcomes will I get from my request?**

There are three possible outcomes for a request for online extension of an asylum seeker and refugee permit:

**1. A PDF visa** - if the request has been filled-in correctly and complies with all the requirements, the Department will evaluate the request and if successful will email a valid visa that the client can print and use as a new and valid asylum seeker and refugee permit. The visa will be encrypted.

**2. Letter requesting additional information** - if the request is incomplete, an email will be sent back to the requester asking for additional information to be sent to the department via email. The request will not be processed until all information and documents are submitted.

**3. Letter requesting you to appear in person at a RRO** - if the request cannot be processed online and requires that the requester to appear in person at a RRO, a letter stating this will be sent. This letter will provide such person with the office name, date and time of their appointment.

**8. How can the validity of my visa be confirmed?**

A person or organisation that wants to verify the validity of a visa that was issued online may email the Department. The email addresses for verifications are outlined at the bottom of the visa.

Requests for verifications can be sent via email to:

REFUGEE CENTRE	VERIFICATION EMAIL ADDRESSES
<b>Desmond Tutu</b> Refugee Reception Centre	asmverifications@dha.gov.za
<b>Cape Town</b> Refugee Reception Centre	verification.ctrro@dha.gov.za
<b>Durban</b> Refugee Reception Centre	verification.durban@dha.gov.za
<b>Musina</b> Refugee Reception Centre	verification.musina@dha.gov.za
<b>Gqeberha (Port Elizabeth)</b> Refugee Reception Centre	verification.perro@dha.gov.za

#### 9. How much will this service cost me?

The Department of Home Affairs offers this service for free and a government official should under no circumstances ask for or be offered a payment for this services.

#### 10. What must I do after I have sent all the relevant documents?

If there is any additional information required or a decision has been made, the Department will contact you. You are kindly requested not to send the request multiple times as it overloads the system and can delay the time it take the department to respond to requests for extension.

**Report Corruption: 0800 701 701 or [report.corruption@dha.gov.za](mailto:report.corruption@dha.gov.za)**

**FORM 9 - RAA---01  
REFUGEE APPEALS AUTHORITY**

**Republic of South Africa**  
**7<sup>th</sup> Floor, City Centre Building, 266 Pretorius Street, Pretoria**  
**Private Bag X 500, Pretoria. 0001**  
**Tel: +27 12 316 9800 (International) (012) 316 9800 (Local)**  
**Email: [Enquiries.Rab@dha.gov.za](mailto:Enquiries.Rab@dha.gov.za)**  
**Address all correspondence to the Registrar**



**FILE REF NO:**

**IN THE MATTER BETWEEN:**

**AND**

**APPELLANT  
RESPONDENT**

---

**NOTICE OF APPEAL**

---

PLEASE TAKE NOTICE that (the appellant) intends to appeal the decision of the Refugee Status Determination Officer (RSDO) rejecting his/her application for refugee status for an order in the following terms:

**(Please provide details of the order that you want the Refugee Appeals Authority to make.)**

TAKE NOTICE FURTHER that the affidavit of the appellant, annexed hereto, which sets out reasons for this appeal, will be used herein.

DATED at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

**APPELLANT**

**TO: THE REGISTRAR  
REFUGEE APPEAL BOARD**

**AND**

**TO: RESPONDENT**

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**APPEAL AGAINST A DECISION BY THE REFUGEE STATUS DETERMINATION OFFICER  
(RSDO)**

---

**FILE REF NO**

**(APPELLANT)**

**And**

**(RESPONDENT)**

I, the undersigned, do hereby make oath and say:

1. Background
  - 1.1. Date of birth:
  - 1.2. Gender:
  - 1.3. Nationality:
  - 1.4. Address in home country:
  
  - 1.5. Marital status:
  - 1.6. Contact details (Tel/ Mobile / Email):
  - 1.7. Physical address (number and street, suburb, city and province)



- 1.8. Name, address and telephone number of appellant's representative (if any)
2. Reasons why you disagree with the decision of the RSDO and all supporting documents:

**NOTE: IF SPACE IS INSUFFICIENT PLEASE USE ADDITIONAL PAGE(S). ANY ADDITIONAL PAGE(S) MUST BE INITIALED BY THE APPELLANT AND THE COMMISSIONER.**

**DEPONENT**

Signed and sworn before me at \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
the deponent having acknowledged that he knows and understands the contents of this affidavit, has no objection to taking the prescribed oath and considers the oath to be binding on his/her conscience.

**COMMISSIONER OF OATHS**

**FORM 8 (DHA-1691)**  
**DECISION OF THE STANDING COMMITTEE FOR REFUGEE AFFAIRS**

**Refugees Act, 1998 (Act No. 130 of 1998)**

[Section 24A (3) (b); [Regulation 13 \(1\)](#)]

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




<b>Office:</b>			
<b>File Ref. No.</b>			
<b>Details of Refugee Status Determination Officer</b>	Name:		
	Surname:		
<b>Details of asylum Seeker</b>	Name:		
	Surname:		
	Date of birth:		
	Nationality:		
	Country of origin:		
<b>Documents considered:</b>		Yes	No
	DHA-1590		
	RSDO Hearing Notes		
	RSDO decision		
	Notice to Asylum Seeker		
	Representations		
<b>Summary of Asylum Seekers Claim</b>			
<b>Summary of RSDO Decision and Reasons for the Decision</b>			
<b>The case was decided by Refugee Status Determination Officer as:</b>	Manifestly Unfounded		
	Abusive		
	Fraudulent		
<b>Decision of the Standing Committee for Refugee Affairs</b>	RSDO decision referred back		
	RSDO decision confirmed		
	RSDO set aside		
	RSDO decision substituted as follows:		
	For the reasons set out in the RSDO decision, and/or		
	Other / additional reasons		

SIGNATURE:

**MEMBER: STANDING COMMITTEE FOR REFUGEE AFFAIRS**

**DATE:**

**FORM 11**  
**FIRST/RE-ISSUE APPLICATION**  
**FOR A REFUGEE IDENTITY DOCUMENT**

	REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS	DHA-1687
<b>FIRST/RE-ISSUE APPLICATION FOR A REFUGEE IDENTITY DOCUMENT</b> THIS FORM MUST BE DULY COMPLETED. TWO RECENT PHOTOS TO BE SUBMITTED		
NIIS Reference No.: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		
<b>FOR OFFICIAL USE ONLY. PR FUNCTIONS. (Mark appropriate function)</b>		
Demographics not on NPR [Function 38] (106) <input type="checkbox"/>	Replacement [Function 049] <input type="checkbox"/>	First Application <input type="checkbox"/>
Demographics on NPR (Function 005) <input type="checkbox"/>		Second Application <input type="checkbox"/>
Identity number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		
<b>APPLICANT</b> Supporting document:		
• Surname <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	Country of birth <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	<b>FOR OFFICIAL USE</b> • <input type="checkbox"/> • Status of Applicant verified Yes <input type="checkbox"/> No <input type="checkbox"/>
Maiden name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	Country of origin <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	
• Forename(s) <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>		
• Date of birth <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		
• Gender <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		
Contact number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		
• Refugee file number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		
Post receiving <span style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: inline-block;"></span>		
OFFICE STAMP		
<b>ADDRESS</b>		
• Permanent residential address <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	• Postal address <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	
• Postal code <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	• Postal code <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	
• Province code <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	• Office code <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	
<b>MARITAL STATUS</b>		
Never married <input type="checkbox"/>	Married (Type) <input type="checkbox"/> In community <input type="checkbox"/> Out of community <input type="checkbox"/>	Widower/Widow <input type="checkbox"/> Divorced <input type="checkbox"/>
NIIS Reference No.: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>		
<b>MARRIAGE PARTNER</b>		
Identity number <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	Date of birth <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>	
Passport No. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>		
Forenames <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>		
Maiden name <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>		
Date of marriage <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	Country where married <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>	
<b>Remarks</b> <div style="border: 1px solid black; height: 40px;"></div>		
Signature of Applicant <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>		
Date Approved <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>		
Signature of Official checking the form <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>		
Persal No. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> Date <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>		
Signature of Verifying Official <span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>		
Persal No. <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span> Date <span style="border: 1px solid black; display: inline-block; width: 50px; height: 15px;"></span>		

FORM 12  
REFUGEE FIRST/RE-ISSUE APPLICATION  
FOR AN IDENTITY CARD

LEFT SMALL

LEFT RING

LEFT MIDDLE

LEFT INDEX

LEFT THUMB

RIGHT SMALL

RIGHT RING

RIGHT MIDDLE

RIGHT INDEX

RIGHT THUMB

REFUGEE FIRST/  
RE-ISSUE APPLICATION  
FOR AN  
IDENTITY CARD

DO NOT PHOTO COPY

Fingerprints may only be taken by an official of the Department of Home Affairs. PLEASE NOTE: Should a finger be missing, deformed or so injured that the impression cannot be taken, this fact should be noted in the space provided for that impression.

FOR OFFICIAL USE:

FINGERPRINTS TAKEN BY:  
(PLEASE PRINT)

Persal No.

APPLICANT

(a) IDENTITY NUMBER:

Ref No.

• REGISTERING FINGERS

LEFT HAND – RIGHT HAND

NO. 1 NO. 2

Barcode

\*08002600469\*

PLAIN PRINTS LEFT HAND

PLAIN PRINTS RIGHT HAND

LEFT THUMB

RIGHT THUMB

STAPLE HERE

STAPLE HERE

**Form 21  
(DHA-1684)**

(DHA-1684) **Form 21**



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

**ORDER TO ILLEGAL FOREIGNER TO DEPART FROM REPUBLIC**

**([Section 7 \(1\) \(g\)](#); [Regulation 30 \(4\)](#))**

To: \_\_\_\_\_ (*name(s) and surname*)

Date of birth: \_\_\_\_\_ Passport No.: \_\_\_\_\_

Expiry date: \_\_\_\_\_ Place of issue: \_\_\_\_\_

Residential address: \_\_\_\_\_

Nationality: \_\_\_\_\_ Country of origin: \_\_\_\_\_

You are hereby notified that as an illegal foreigner in contravention of the Act, you are guilty of an offence for which you may be charged in a court of law.

However, as you have undertaken to leave the Republic voluntarily, you are hereby ordered to leave the Republic by \_\_\_\_\_ (*time*) on \_\_\_\_\_ / \_\_\_\_\_ /20 failure of which you shall be arrested and detained pending your deportation.

**Declaration by immigration officer**

\_\_\_\_\_  
(*name(s) and surname*) hereby declare that I am satisfied that the holder hereof has complied with the provisions of [regulation 30 \(4\)](#).

**Signature of immigration officer**      **Place**      **Date**

**IMMIGRATION OFFICER'S PARTICULARS**

Name and Surname: \_\_\_\_\_

Appointment number: \_\_\_\_\_

Rank/position: \_\_\_\_\_

Office: \_\_\_\_\_ Province: \_\_\_\_\_

**SUPERVISOR'S PARTICULARS**

Name and Surname: \_\_\_\_\_

Rank/position: \_\_\_\_\_

Contact No.: Tel: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT**

I acknowledge receipt of the original of this notice.

**Signature of illegal foreigner**      **Place**      **Date**

**Witness:**

**Name and surname:**

**Signature:**

CERTIFICATE BY INTERPRETER

I, *(name(s) and surname) of*  
*(\*business/residential address) with*  
telephone number and cell number hereby  
confirm that I have mastered *(state language) and*  
that I have explained to *(name(s) and surname of foreigner) the*  
contents of this notice in the said language and that I am satisfied that the said foreigner  
fully understands it.

**Signature of interpreter      Place      Date**  
**\*Delete which is not applicable**

**FORM 7**  
**LETTER OF ENROLMENT AT SCHOOL**

**Refugees Act, 1998 (Act [No. 130 of 1998](#))**

[Section 22 (9); Regulation 11 (9)]

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



The Director-General  
Department of Home Affairs  
Private Bag X114  
PRETORIA  
0001

Dear Sir/Madam

**LETTER OF ENROLMENT OF ASYLUM SEEKER AT A SOUTH AFRICAN SCHOOL: NAME AND SURNAME - STUDENT NUMBER**

1. This serves to confirm to the Director-General, in accordance with section 22 (9) of the Refugees Act, 1998 ("the Act"), read together with regulation 10 (9) of the Refugees Regulations, 2018, that *(insert name and surname of asylum seeker)* with asylum seeker visa number .. *(copy of visa to be attached to this letter)* has been enrolled at *(name of school)* in *(indicate Grade)*.
2. I undertake on behalf of *(name of school)* in my capacity as *(indicate official title)* to ensure that the learner attends school while at all times in possession of a valid visa, and to retain copies of any or all visas that may from time to time be issued to the asylum seeker.
3. I, on behalf of *(name of school)*, confirm that the School has copies of the relevant Guidelines referred to in section ??? of the Refugees Act, 1998, read together with its Regulations, relating to conditions of study of an asylum seeker and undertake to comply with the conditions of the visa and any amendments made thereto from time to time.
4. I confirm that the School acknowledges that it shall not enrol any asylum seeker without a valid asylum seeker visa or beyond the validity date of the asylum seeker visa.
5. The School undertakes to produce copies of a valid visa upon request by an authorized person.

<b>Name:</b> <b>Designation:</b> <b>Date:</b>  <b>Signature:</b>	Enquiries: <i>(name and surname)</i> ; Cell: Tel: Fax: E-mail: Our Ref <i>(student number)</i> ; Your Ref: <i>(asylum seeker visa number)</i> Address (physical address of school)
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**FORM 6**  
**LETTER OF EMPLOYMENT**

**Refugees Act, 1998 (Act [No. 130 of 1998](#))**

[Section 22 (9); Regulation 11 (8)]

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



The Director-General  
Department of Home Affairs  
Private Bag X114  
PRETORIA  
0001

Dear Sir/Madam

**LETTER OF OFFER OF EMPLOYMENT OF ASYLUM SEEKER: NAME AND SURNAME - EMPLOYMENT NUMBER**

1. This serves to confirm to the Director-General, in accordance with section 22 (9) of the Refugees Act, 1998, read together with regulation 10 (8) of the Refugees Regulations, 2018, that (*insert name and surname of asylum seeker*) with asylum seeker visa number .. (copy of visa attached) has been offered employment / has been employed by (*name of employer*) as (*mention position title*) for a period of (*mention period*) months, which period is not longer than the validity of visa attached hereto.
2. The Employer (*mention name of employer*) undertakes to comply with the conditions of the visa issued to the asylum seeker and any directives that may be issued by the Director-General from time to time regarding the employment of asylum seekers in the relevant sectors.
3. The Employer undertakes to ensure that the employee is in possession of a valid work visa for the duration of his or her employment and will keep on record copies of the relevant visa issued to the employee at all times. The Employer further undertakes to inform the Director-General when the employment is terminated.
4. The Employer further undertakes to produce copies of the valid work visa upon request by any authorized person.

<b>Name:</b> <b>Designation:</b> <b>Date:</b>  <b>Signature:</b>	Enquiries: [ <i>name and surname</i> ]; Cell: Tel: Fax: E-mail: Our Ref ( <i>Employee number</i> ); Your Ref: ( <i>asylum seeker visa number</i> ) Address:
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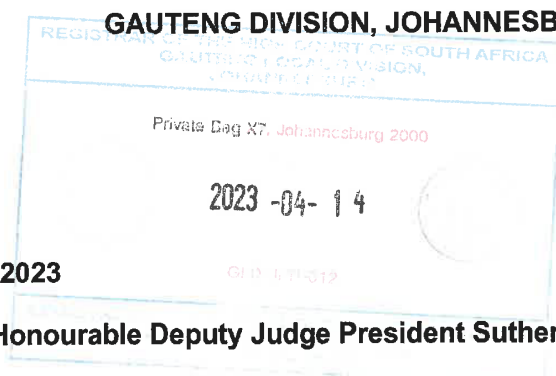




*T. Sutherland*  
2023/04/14

**IN THE HIGH COURT OF SOUTH AFRICA**

**GAUTENG DIVISION, JOHANNESBURG**



**CASE NO: 22/19304**

**On 14 April 2023**

**Before the Honourable Deputy Judge President Sutherland**

In the matter between:

**SECTION27**

First Applicant

**KAMBA AZAMA**

Second Applicant

**NOMAGUGU NDLOVU**

Third Applicant

**SINANZENI SIBANDA**

Fourth Applicant

and

**MEMBER OF THE EXECUTIVE COUNCIL**

**GAUTENG DEPARTMENT OF HEALTH**

First Respondent

**HEAD OF DEPARTMENT OF HEALTH**

Second Respondent

**THE MINISTER OF HEALTH**

Third Respondent

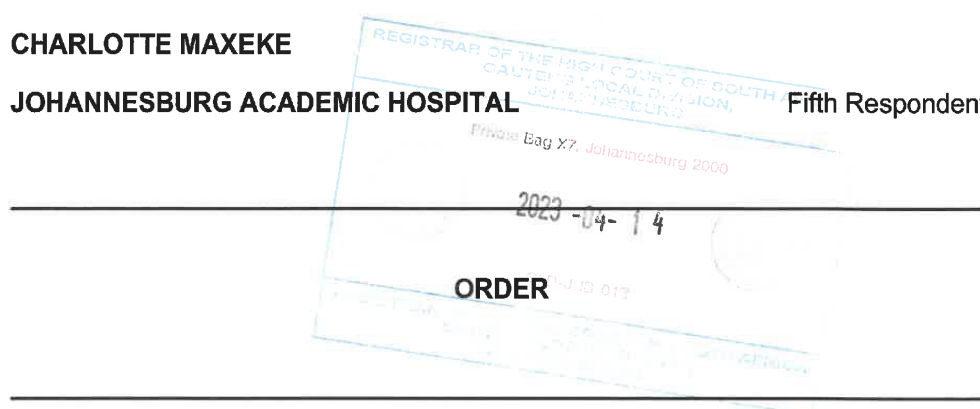
**DIRECTOR GENERAL: DEPARTMENT OF HEALTH**

Fourth Respondent

**CHARLOTTE MAXEKE**

**JOHANNESBURG ACADEMIC HOSPITAL**

Fifth Respondent



**An order issues as follows:**

1. It is declared that the Hospitals Ordinance 14 of 1958 is inoperative to the extent that it requires pregnant and lactating women, and children under the age of six, who are entitled to receive free health care services, to be classified for the purposes of a fees assessment.
2. It is declared that the Gauteng Regulations, published in General Notice 1426 in Provincial Gazette 414 of 24 November 2021 ("the Gauteng Regulations"), are invalid to the extent that they require pregnant and lactating women, and children under the age of six (who are not members or beneficiaries of a medical aid scheme) to undergo a classification and fees assessment in circumstances where they have a right to free health care services.

3. The first and second respondents are directed to amend, by 16 October 2023, the *Policy Implementation Guidelines on Patient Administration and Revenue Management, 2020*, as published in Gauteng Department of Health Circular 27 of 2020 ("the 2020 Policy"), to expressly provide that all pregnant and lactating women and children below the age of six, who are not members or beneficiaries of medical aid schemes and who have not come to South Africa for the specific purpose of obtaining health care, are entitled to free health services at any public health establishment, irrespective of their nationality and documentation status
4. It is declared that any policies or circulars issued by the respondents that require pregnant and lactating women, and children below the age of six, who are not members or beneficiaries of medical aid schemes and who have not come to South Africa for the specific purpose of obtaining health care, to go through a classification and fee determination process are inconsistent with the National Health Act and accordingly invalid.
5. The third respondent is hereby directed to prepare a circular, to be issued to all provincial health departments, by 15 May 2023, recording that all pregnant and lactating women and children below the age of six, who are not members or beneficiaries of medical aid schemes, and who have not come to South Africa for the specific purpose of obtaining health care, are entitled to free health care services at any public health establishment.
6. The third respondent shall issue a directive to prepare and display posters and/or other appropriate information notices to be displayed in all health establishments

in all the provinces, which material shall be displayed in prominent places in all such establishments by 17 July 2023, and which shall contain the following statements:

"ALL pregnant women,

ALL women who are lactating, and

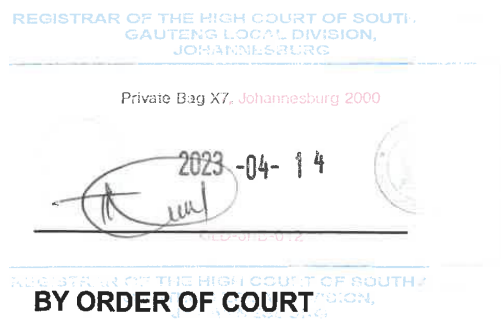
ALL children below the age of six

Are entitled to free health services at any public health establishment, irrespective of their nationality and documentation status, unless:

Private 050 781 2000 They are members or beneficiaries of medical aid schemes; or

2023-04-11 They have come to South Africa for the specific purpose of obtaining health care".

7. The first, second, third and fourth respondents shall, within 5 days of the dates for compliance stipulated in paragraphs 3, 4 and 5, file a report on affidavit with the court, addressed to the Deputy Judge President, that compliance has been effected, and if there has been non-compliance, furnish an explanation why that has occurred, whereupon the deputy Judge President shall issue such orders or directives as are appropriate to give effect to this order.
8. The first, second, third and fourth respondents shall appear before this court on 23 October 2023 whereupon they shall report comprehensively on the compliance with this order.
9. Each party shall bear their own costs.



5

**REGISTRAR**

**Counsel for Applicants**

**K Hofmeyr SC**

**T Poore**

**Instructed by: Cliffe Dekker Hofmeyr Inc**

**Counsel for First to Fifth Respondents**

**L M Moloisane-Montsho SC**

**N Rasalanavho**

**Instructed by: State Attorney**



Surname																												
Forenames in full																												
Place of birth: City/Town													Country of birth															
Residential address	Street																											
	Town/Village													Province														
Telephone no., incl. area code													Cell phone no.													Postal code		
E-mail address																												
Citizenship													Permanent/Temporary permit no.															

### DECLARATION BY APPLICANT

Does one of the parents have a pending application for asylum in the Republic? ☐ Yes ☐ No

If yes, status of application and attach copy asylum seeker permit (s22 no Refugees Act)

I, \_\_\_\_\_, hereby declare that the information supplied in this Application is to the best of my knowledge and belief, true and correct. I understand that any false statement made in this Application and supporting documents is an offence punishable in terms of section 31 of the Births and Deaths Registration Act of 1982.

Mother (Parent A)

Initials and surname	Signature
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Date: 

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[illegible]

**Father (Parent):** \_\_\_\_\_

Isolate and examine	Stimulate
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Date: 

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[illegible]

Applicant, If not Mother or Father

Initial and surname	Signature
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Date 

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[illegible]Relationship to the child: ☐ Next of Kin ☐ Legal guardian ☐ Social worker

G. PALM, FOOT OR FINGERPRINTS OF THE CHILD (To be taken and affixed below by an official of the Department.)	
LEFT	RIGHT

## H. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN

APPLICATION RECEIVED AND VERIFIED BY:

Surname

First name

Personal number

Office stamp - Office of Origin

Star			Beth		
I	O		S	M	

Online verification performed and printouts attached for following persons:

☐ Mother (Parent A)    ☐ Father (Parent B)    ☐ Next of Kin    ☐ Legal guardian    ☐ Social worker

Date 

--	--	--	--

--	--

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Signature \_\_\_\_\_

## I. APPLICATION RECEIVED AND VERIFIED:

STATUS ☐ Approved ☐ Rejected

I, \_\_\_\_\_ hereby declare that I have received and verified the application, as indicated above approved / rejected\* the application for a birth certificate. (If delegate substitute is not applicable)



## PRACTITIONERS' REFUGEE LAW RESOURCE MANUAL 2023 ANNEXURES

PRACTITIONERS' REFUGEE LAW RESOURCE MANUAL 2023 **ANNEXURES**

**E. DETAILS OF THE APPLICANT**

Identity number (passport no. if foreigner)																Date of birth						
Surname																						
Previous/Maiden surname																						
Forenames in full																						
Place of birth																Country of birth						
Residential address																						
Street																Town/Village						
Province																						
Telephone no., incl. area code											Cell phone no.						Postal code					
Citizenship											Permit no.											
E-mail address																						
Relationship to the child	<input type="checkbox"/> Mother (Parent A) <input type="checkbox"/> Father (Parent B) <input type="checkbox"/> Next of kin, please specify _____ <input type="checkbox"/> Legal guardian <input type="checkbox"/> Social worker, provide case no. (attach copy of Court order) _____																					

**F. DECLARATION BY APPLICANT**

Does one of the parents have a pending application for asylum in the Republic? ☐ Yes ☐ No

If Yes, status of application and attach copy asylum seeker permit (s22 to Refugees Act)

I, \_\_\_\_\_, hereby declare that the information supplied in this Application is to the best of my knowledge and belief, true and correct. I understand that any false statement made in this Application and supporting documents is an offence and punishable in terms of section 31 of the Births and Deaths Registration Act of 1992.

Applicant:

Initials and surname																Signature																Date				
Relationship to the child	<input type="checkbox"/> Mother (Parent A) <input type="checkbox"/> Father (Parent B) <input type="checkbox"/> Next of kin <input type="checkbox"/> Legal guardian <input type="checkbox"/> Social worker																																			

Child (15 years or older):

Initials and surname																Signature																Date				
Place																																				

**G. FOR OFFICIAL USE ONLY - OFFICE OF ORIGIN**

APPLICATION RECEIVED AND VERIFIED BY:

Initials and surname

Signature																Date				
Identity number																				
Personal number																				

Stat	Birth
I	O
S	M

Office stamp - Office of Origin

**DOCUMENTS SUBMITTED WITH THIS APPLICATION: PLEASE TICK ☒**

<input type="checkbox"/> Proof of Birth Form (DHA-24/PB or DHA-24/PBA)	<input type="checkbox"/> Each page of Affidavit is initialed by informant and Commissioner of Oaths	If foreign birth, additional documents:
<input type="checkbox"/> Certified copy of Applicant's ID	<input type="checkbox"/> DHA-24/A for the person whose birth is sought to be registered	
<input type="checkbox"/> Affidavit (DHA-288)	<input type="checkbox"/> DHA-24/A for the Applicant	
<input type="checkbox"/> Affidavit (DHA-288/A)	<input type="checkbox"/> Copy of Foreign birth certificate	
<input type="checkbox"/> Affidavit (DHA-288/B)	<input type="checkbox"/> Citizenship determination BI-529	
<input type="checkbox"/> Affidavit (DHA-288/C)	<input type="checkbox"/> Original ID document of informant was presented	
<input type="checkbox"/> Certified copy of court order (abandoned/orphaned children)	<input type="checkbox"/> Marriage certificate of the parents (copy)	<input type="checkbox"/> Certified copy of the Foreign birth certificate of the child
<input type="checkbox"/> Certified copy of death certificate (if applicable)	<input type="checkbox"/> Certified copy of Social Worker's Registration Certificate	<input type="checkbox"/> Citizenship determination Form DHA-529 (SA Parent)
		<input type="checkbox"/> Citizenship determination Form DHA-529 (Child)
		<input type="checkbox"/> Copy of refugee permit (s24 to Refugees Act), if applicable
		<input type="checkbox"/> Copy of Asylum Seeker permit (s22 to Refugees Act), if applicable

Online verification performed and printouts attached for following persons:

☐ Mother (Parent A)    ☐ Father (Parent B)    ☐ Applicant    ☐ Next of Kin    ☐ Person whose birth is sought to be registered

Please enter the barcode numbers of the fingerprint verification forms:

(DHA-24/A) of the person whose birth is sought to be registered: \_\_\_\_\_

(DHA-24/A) of the Applicant: \_\_\_\_\_

**VERIFIED BY SUPERVISOR - OFFICE OF ORIGIN:**

Initials and surname																Signature															
Identity Number																Date															
Personal Number																															
Application is complete and all required documents are attached	<input type="checkbox"/>																														
Fingerprints are taken correctly	<input type="checkbox"/> Person whose birth is sought to be registered																														

**FOR OFFICIAL USE ONLY**

RESERVED FOR THE SECTION THAT ALLOCATES THE ID NUMBER

Capturing date																															
Initials and surname																Signature															
Identity Number																Personal Number															

Office stamp  
FOR OFFICE WHERE ID NUMBER WAS CAPTURED

[illegible]



