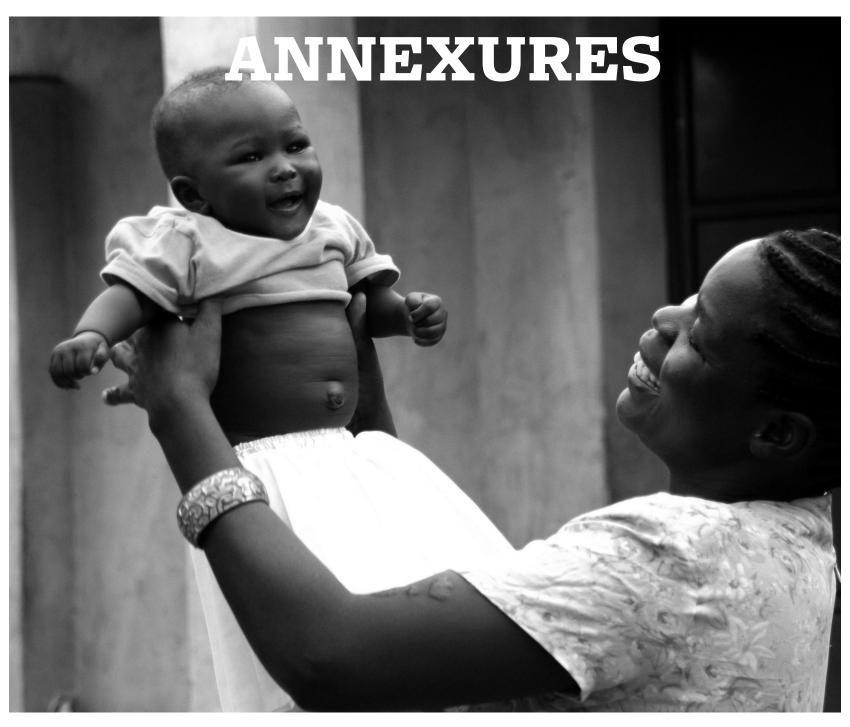
Practitioners' Refugee Law Resource Manual 2023









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home affa Department: Home Affairs REPUBLIC OF 8	APPLICATION FOR ASYLUM Refugees Act, 1998 (Act No. 130 of 1998)	DATE STAMP (AT POE)
FOR OFFICIAL USE (AT RRO)		
Return Date of the Form	Y Y Y Y M M D D	
UNHCR Reference Number]
Section 23 Visa No.		1
	nd submitted at any Refugee Reception Office or any other place designated by the Dir.	
completed in black ink with BLOCK L		
A1. PERSONAL DETAILS OF APPL	CANT (ASYLUM SEEKER)	
Surname (family name):		
Forenames in full (first name):		35 mm × 45 mm
(middle name):		IDENTITY DOCUMENT
Date of Birth:	Y Y Y Y M M D D	РНОТО
Gender	Male Female (Please tick in the appropriate box)	
Are you disabled?	Yes No If yes, explain the form of disability:	
Country of birth:		
Province of Country of Birth:		
City of Birth:		
Current nationality:		
Previous Nationality(ies)		
(if applicable) Ethnic Group:		
Home Language:		
Other Languages: (a)		
(b)		
Level of fluency in English:		
Speak:	Good Fair Poor (Please tick	in the appropriate box)
Read:	Good Fair Poor	
Write:	Good Fair Poor	
Religion:		
Marital Status:	Single Married Divorced Widow/	Nidower (Please tick in the appropriate box)
	Other, please specify	
Type of Marriage:	Civil Marriage Religious Marriage Customary/Indigenous	Law Marriage (Attach Proof of Marriage)
Number of Wives:	Number of Children:	

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Annexure A

last five years												\perp	1														\vdash	\vdash	\dashv
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Which permit did you use to enter the		?	19									L			L						L			<u> </u>			_	\perp		
What was the purpose of your stay?	3.													_					1											
Have you ever overstayed or been o	rdered	l to le	ave /	depo	orted	?								i.	Yes				No				(P	lease	tick	in th	<i>нө ар</i>	prop.	riate	box)
What were the reasons for overstaying	ng or c	depar	tation	?																										
																										—	—		—	
If yes, why did you return to RSA?																														
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A3. EDUCATION AND EMPLOYME A3.1 EDUCATION	NT DE	TAIL	.s																											
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Highest qualification obtained:	L	No	Scho	ol		Prir	nary		Hig	h Sch	1001	L	Gr	12 (m	natric	Std 1	0)		Dip	oma		<u> </u>	De	egree	<u> </u>	<u></u> °	ther,	spec	ify	
Specify qualification:	L																											丄		
Proof of qualifications?		Yes	6				No				(Pl	ease	tick i	n the	appr	opriat	e bo	x)												
If yes, please attach copy of certifica	te.																													
																										_	_	_	_	
A3.2 EMPLOYMENT - Previous Oc	cupat	tion (Note	: If s	elf-en	nplo	yed,	st at e	nan	ne of	bus	iness	s and	l regi	strat	ion n	umb	er)												
Profession (occupation):																							Ĺ				I	\perp	T	
Experience in profession:	F		(nur	nber	of ye	ars)																								
Previous employment:	F				22						Π	Т		Т					<u> </u>		Г	П	Т	Т	\top	\top	\top	\top	\top	\neg
Trovious amproyment.	H	l.	Н		l		<u> </u>					_		<u> </u>					l				 	+	+	\pm	+	+		+
Address of previous	\vdash	-	H									┢			H			_			┝	-	╁	╁	+	+	+	+	+	+
employer:	\vdash		Н									H									H		H	╁	+	╫	+	+	+	+
Contact number of	F	<u> </u>	H									H	H						 		H	<u> </u>	T	÷	÷	÷	÷	÷	Ŧ	一
previous employer:	H	ľ	1				<u> </u>			3/8		L	1		I				l .				<u> </u>	I Ta	_			_		
Duration of employment:			year	rs		from	1		Y	Υ	Y	Υ]	M	М	l l	D	D] r	0	Y	Υ	Y	Y	_	V	Л	M	L	D D
Reasons for leaving employment:																									_	_	_		_	
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Attach testimonials / salary slips a	and an	y do	cume	ntati	on p	rovii	ng pr	evio	us ei	mplo	yme	nt (if	avai	lable).										_	_	_	_	_	
A3.2.1 CURRENT EMPLOYMENT II		1				_	1				300000							200												
Are you currently employed in RSA?	L	Yes	6			_	No				(Pl	ease	tick i	n the	appro	opriat	e bo	x)												
If Yes, provide details	2-																													
20 20 20 - 20 - 20 - 20 - 20 - 20 - 20 -																									_	_	_	_	=	
A3.3 SKILLS	_	1		1.11	1		_	1		1 -1 20			_	1										/D/						
Please indicate where applicable	L		npute					A.		l skill			H	-		ing sl								(P1 0 6	SO 1.	ick ii.	i tri o	аррг	эрпе	ate box)
	L	Me	dical s	skills				Ted	hnica	al skil	s		L	Mat	thema	atical/	'Scie	nce s	skills											
		Oth	er ski	lls			Ple	ase s	pecif	у _																				
	:								====			====		-				-			#1 ## 11					881 8 11				
A4. CRIMINAL RECORDS																														
Were you ever arrested?		Yes	3				No				(Ple	ease	tick i	n the	аррго	priat	e bo	r)												
If yes, please answer the following	ques	tions	S:					_			ř			ř					1	_	_		ř		_			_	_	
Where were you arrested?	L																										\perp	\perp		\perp
Country																Т	own	Cibr												

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Annexure A

Why were you arrested? (provide details of	f charge	es and	event:	s les	ading	up to	app.	earan	ce in	cour	rt):	8												_					
-																													
																								—					
When were you arrested?	Υ	YY		M	М		D	D																					
Were you arrested individually or as part of	ia grou	.p?					Ī						T		1		Ī		T						Τ				T
Who arrested you?	П				1		Ì		1	ľ	ì	8	Ť	1	1	ľ	Ì	53	Ť	i					Ī	ľ	Ī		
Did you receive assistance from lawyers or	r organi	isations	e durin	na or	after	VOLI	arre	±1?		1	1		\vdash	Υe	<u> </u>	II.	T				(Pl	2850	tick is	n the	э аррг	ropria	te ho	y)	السلم
Please provide details of circumstances of									ome	of co	urt p	roce	Ledina:		,,,		_				(1.11	2000	uca n	7 (176	, app	Орна	10 00	^)	
		•																											
																								_					
Do you have any previous criminal convicti	ons		Yes	5			No				(PI	lease	e tick i	n th	e appr	opria	ate b	ox)											
If yes, specify the date:	Υ	Y Y	8	M	M		D	D	1																				
Nature of crime/offence committed:	1				=	_		-	_																				
TValue of clime/ordice committee.																								_	_	_			_
Have you served a prison term or paid a fir	ne or ap	opealed	l your	con	viction	n?							Yes	S			N	0			(Pl	ease	tick ir	ı the	э аррг	opria	te bo	x)	
If yes, provide details:																													
3																													_
9																								_					_
-																								_	_	_	_		
																								_					
															### #		3 # 8 8												##### ##
A5. MILITARY SERVICE																													
Is military service compulsory in your coun	try of or	rigin (ho	ome c	count	try)?				Yes	S			No			(Pi	eas	e tick	in t	he a	appr	opria	te bo	x)					
If yes, were you ever called up for duty?									Yes	S			No	į		(Pl	eas	e tick	in t	he a	appr	opria	te bo	x)					
What was the duration of service?	Γ	Т	yea	ars	fror	m	Ÿ	Υ	Υ	Ÿ	1	N	1 M	1	D	D	1	to	Γ	Ÿ	Υ	Υ	Ÿ	1	M	М	1	D	D
In what arm of the military did you serve?		Ť	Ī	Т	Т	Т	T	T		Ī	Ī		Ť	Ī	T	Ī	T	Т	T	Ť			b.	_	F	T			
Rank:	Н	\pm		T	t		T		1	<u> </u>	T		+	1		_	<u> </u>	t	÷	 				一	÷		H		Н
Tidlik.						1				I .						<u> </u>			<u> </u>				l	<u> </u>		<u> </u>	<u> </u>		
A5.1 Statutory Forces	127 00				Makes			_	1			_	_			(56000)		100.00	100 60			.00		-					
Is military service compulsory in your coun	try of or	rigin (ho	ome c	count	try)?			L	Yes	S			_ N∘			(Pl	eas	e tick	in t	he a	appr	opria	te bo	x)					
If yes, were you ever called up for duty?									Yes	S			No			(Pl	eas	e tick	in t	he a	appr	opria	te bo	x)					
(Please attach proof if any)																													
If you were called up and did not serve, ple	ase sta	ate reas	sons:																										
																								—			_		
A5.2 Non-statutory Forces																								_		_	_		
Were you a member of a non-statutory mili	tary org	ganisati	ion?					П	Yes	s			No	Î		(Pi	eas	e tick	in t	he a	appr	opria	te bo	x)					
Name of the Organisation:				Τ	Τ		Τ	Ē	_	Π	Τ		Ī	I	Т	Г	l	Т	Т					Π	Т	Т	Г		П
Position occupied in the Organisation:		F	+	H	t		t	+	1	H	t		+		+	H	 	+	t	1				一	÷	<u> </u>	H		H
, samon occupred in the Organisation:		ᆫ		-										1			1					_		Щ		<u></u>	щ		ш

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Purpose of the organisation:																							
Training received:																							
Countries in which you received tra	aining:		П			T	Т		П			Т									П	П	\neg
Military operations you were involv	ved in:					Ī	Ť					Ť							Ī	Ī			\exists
Are you still a member of the orga	nisation?	Yes	5	No). I f	no, v	when w	as yc	ur me	mbers	ship t	ermina	ted?	[Υ	Υ	Υ	Υ	Г	M. N	1	D	D
Were you involved in any armed for	orces: Y /N	Yes	₃ [\exists_{N}). <i>(</i> .	Pleas	se tick i	in the	appro	priate	box,)		-				=	2		-		=
If Yes, provide details	L	_	L		•					•													
5																							_
A6. MEMBERSHIP – ORGANISA																							#1 111 1111
Are you / were you a member of a									П	Yes			No			(Plea	ase t.	ick in	the ap	propri	ate bo	ox)	
Name of the Organisation:	Г					1	_	1	Н		_	F		П				_	1	1	Т	П	\neg
	L					_			ш								!	!					
Purpose of the organisation:	=		-	-		r	_		_		ř		20	_			_	- 1		_	10 1	_	=
Position occupied in the Organisat	tion:																						Ш
Main activity of the organisation:	_		1			_	_																-
Period of membership:	L		mont	hs_			yea	ırs						_					8				
Are you still a member of the orga	nisation?	Yes	s [No	o. If	no, v	when w	as yc	ur me	mbers	ship t	ermina	ted?	[Υ	Υ	Υ	Υ	ħ	И		D	D
#####################################			######################################	######################################		****		118388					: 12::::: 1 12::									#IIR SI W	
A7. ENTRY INTO THE REPUBLIC		A	-	- Inches			_																
Did you enter RSA through a Port	of Entry?		L	Yes	S		No			(Pleas	se tic	k in the	appn	opriate	e bo	x)							
If no, how and where did you ente	rRSA?																						
State reasons why you did not use	e the Port of Entry:																						
																							_
																							_
State details of assistance obtains	ud to optor the Planub	lia																					_
State details of assistance obtaine	ea to enter the Kiepub	IIC																					-
																							_
Were you travelling alone?	Yes			No		a	Please	tick ir	the a	pprop.	riate	box)											
If no, provide name of person(s) ye	ou travelled with:																						
Where did you meet the person(s)	you were travelling v	with?	П		1	T	Ī				T	T	8					1	818	T	1		ョ
How did you meet?:	,											_							0.00	_			
																							_
Details of Family or Friends Tran	velling With You																						
How many people did you enter R	SA with?																						
Surname	Forenames					D	ate of l	Birth	T	Relati	ionsh	ip with	you	Natio	onali	ty						ed / No	t
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5																							Ш
Which Port of Entry did you enter I	RSA through:		П		П				П		Т	Т						T		\top	Т		\neg

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Annexure A

When did you enter RSA?:		YYY	Y	M D D						
Mode of travel:		Air		and	Sea					
When did you leave your country of o	origin (home country)?	YYY	TY M	M DD						
(Please attach Section 23 visa issu										
ROUTE TAKEN TO THE REPUBLIC	•									
Indicate in detail how you travelled from		Republic								
, , , , , , , , , , , , , , , , , , , ,	,	_								-
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List the countries transited en route to	100 000 00 00 00 00 00 00 00 00 00 00 00	of your stay: Mode of	Travel	Duration in	Immigration Statu	s in the transit	-0000	00 00		
Country	Port of Entry Used	transport	Documents Use		country	S III LI IO LI BII ISIL	Address	in trans	it coun	try
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State reason for entry and exit in each	h port of entry in other co	ountry state rea	ason for entry and	exit in each country en r	oute to RSA without ap	plying for asylu	ım)			
Country										_
1	-									_
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4	1									_
5										_
A7.2 Asylum History										
Did you apply for asylum in any of the	e above listed countries?		Yes	No	(Please tick in the	appropriate be	(xc)			
If no, give reasons?										
·										
If yes, please provide details:										
Was your application for asylum gran	ited? Yes	No	(Please tick in t	he appropriate box)						
When did you apply?	YYYY	MM	D D							
Type of permit issued:									T	
Permit Number								Τİ	Ŧ	Ī
Status validity:		ММ	D D to		M M D	D			-!	
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Please provide reasons for your depa	arture from the country w	here you appli	ed for asylum:							
<u> </u>										
										_
Did you notify the Refugee Commiss	ioner or other relevant au	uthorities of vol	ur intended departs	ure? Yes	No					
If no, state reason:		an londoo or you	ar interrace departs							
+	1							· Prancisco de la companya de la com		
Are you recognised as a refugee by t	ne UNHCK?		Yes	L No		(Plea	se tick in t	тө аррг	priate	DOX)
If yes, specify date:	Y Y Y	M M		and UNHCR Field office						
Are you registered with an Embassy,				home country in the Rep	public? Yes	s No				
If yes, please state details including of	aates of your visit to such	representative	e authority:							

PAGE 6 OF 12

	#I##													====																	===
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^{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

B3. FINANCIAL STATUS OF APPLICANT																											
B3. FINANCIAL STATUS OF APPLIC	ANT																										
B3.1																								 	 		
Name of Banking Institution outside RSA:																											
Type of account																											
Account Number																											
Name of the country where account is held:																											
Amount of money (cash/bank transfer) brought into RSA																											
Name of Banking Institution in RSA:																							8				
Account Number																									Π		
Do you have any financial sponsor Yes No Elsewhere in RSA / elsewhere? If yes, please provide details of sponsor, type of sponsorship and the location of sponsor:																											
in RSA / elsewhere?																											
f yes, please provide details of sponsor, type of sponsorship and the location of sponsor:																											
															_												
f No. provide details of your family's greent living arrangements /																											
If No, provide details of your family's of	f No, provide details of your family's current living arrangements / conditions:																										
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B3.2																											
While your application is pending, how	/ do y	rou in	itend	to sup	pport	your	famil	y / yo	ourse	lf in t	the R	epub	olic?														
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C. APPLICANT'S CLAIM (Section 21	of th	e Rel	ugee	s Act,	199	8)																					
Т	o be	com	olete	d in f	ull aı	nd si	gned.	This	s forr	n mı	ust b	e co	mple	ted i	n BL	ACK	INK	and	in B	LOC	(LET	TER	S.				
Note: The applicant may provide pro-	of, wh	ere a	pplic	able o	or po	ssible	. Add	lition	al pap	oer n	nay b	e us	ed, if	the s	space	pro	rided	in th	is Fo	orm is	not s	uffici	ent.				
C.1. Describe the reasons for leaving	ng yo	ur co	ountr	y of c	origin	ı (ho	me c	ount	ry) ar	nd th	ne ev	ents	that	took	plac	e pr	or to	you	ır de	partu	ıre.						
																											_
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C.2. What steps did you take in add	iressi	ing c	halle	nges	face	ed by	you	in yc	our ce	ount	ry of	orig	iin or	hom	ne cc	untr	y? (L	ist tl	he st	eps 1	aken)					
C.2. What steps did you take in add	iressi	ing c	halle	nges	face	ed by	you	in yo	our ec	pount	ry of	orig	iin or	hom	ne co	untr	y? (L	ist ti	he st	eps 1	aken)					
C.2. What steps did you take in add	iressi	ing c	halle	nges	face	ed by	you	in yo	bur ec	pount	ry of	orig	iin or	hom	ne cc	untr	y? (L	isttl	he st	eps t	aken))					

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Annexure A

Did you report the incident that occurred to you to the relevant authorities / police / local leader / your organisation or party? Yes No
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
Division dealing in the learning of digital country in the lade.
If no, please give reasons for your answer provided above and explain why you are unwilling to return to your country of origin.
<u> </u>
<u></u>
<u>-</u>
·
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?

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E. DECLARATION BY APPLICANT																																
I, correct and binding and I was informe (a) all the information provided in this (b) all facts stated in this form will be t (c) identity must be confirmed in other may lead to this application being uns	d tha form used way	t: isco torea sifpr	nfide ach a	ntial; deci	sion;																Ī	vide	d in t	his fo	orm i	s to t	ne bi	est c	ym k	kno	wled	Applicant's thumb print if 6 on an able to sign on a figure of the control of the
Signature of Applicant / Dep	one	nt		=							P	lace	e					- ::														Applicant's unable
Signed and swom to me atshe knows that and understands the oprescribed oath / affirmation is binding	onte	nts of	fthis	Affid:	avit, t	that t	ne co	on onten	this tsare	day e true	of and	d con	rrect	t, th	at he	ors	she h	20 nas n	o ob	oject	. the	dep otal	oner ke th	nt ha e pre	iving escrib	ackn oed c	owle ath /	edge affir	d tha matic	t he on ar	or nd th	е
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F. DETAILS OF INTERPRETER																																
Surname:																			ľ	Ι							Γ			Ι		
Forenames:																				Ι								I	T	Ι		
Qualifications:		Dip	Ioma			Deg	gree			Oth	ner, s	spec	cify:															_		_		
Specify Qualification:																																
Telephone No:																			Ce	ellph	one	No:							\perp	\perp		
Institute:																				1									\perp	\perp	1	
Address of Institute:												+					\vdash			+	_						\vdash	+	+	+		
E-mail Address:										İ		İ	İ						Ì	Ì	j				İ		İ	İ	Ī	Ī	İ	
G. FOR OFFICIAL USE ONLY																																
G.1. APPLICATION RECEIVED BY:																	_						-	Su	ppor	ting	Doc	ume	ents,	plea	se t	ick:
Surname:	L	L											_							_				L	Ide	entity	Doc	ume	nt			
Forenames in full:																				_				L	Ma	arriag	е Се	ərtific	ate			
																								L	Ch	ilďs	unab	ridg	ed bii	rth c	ertifi	cate
Persal No:																								L	Se	ction	23 \	/isa				
Rank:																									Pa	sspo	rt / T	rave	el Doc	oume	ent	
Refugee Reception Office:																							-		Ed	ucati	onal	Qua	alifica	tions	S	
] Te:	stimo	nials	3 / Sa	alary	Slips	S	
																									No	doa	umer	nt su	ubmitt	:ed		
I,													. de	clar	e tha	t i h	ave	recei	ved	and	l che	cke	d this	For	m an	d cor	nfirm	that	t it is	fully	com	pleted.
Signature of Officer																		D	ate:		Υ			Υ	Υ		M	М		D	D	

PAGE 11 OF 12

Annexure A

G.2. PRELIMINARY COMMENTS BY OFFICER					
		Date:	Y Y Y Y Y	ММ	D D
Signature of Officer			62 20		
G.3. DECISION BY RSDO					
The decision on application for asylum is as follows: Asylum	Granted Rejected as Abusive	Manifestly unfounded Unfounded	Fraudulent		
Reasons for decision (attach detailed reasons for decision):					
Signature of RSDO		Date:	YYYY	ММ	D D
		Commissione	of Oaths		
STAMP	Full Names Business Address				

PAGE 12 OF 12



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.

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

DECLARATION OF TERMINATION OF DEPENDENCY

110	lationship to person in part A1	nship to person in part A1 Mother Father Son		Son	Daughter	ghter Other (specify)	
ELEVI VI		31 32 32	200.6	20 12	ar 7072 36		
	e the reason for termination of de k with X, whichever is applicable:	pendency (p	rovide prod	of, where	applicable):		
(a)		(attach	copy of de	eath certi	ficate)		
(b)	Became a major:				,		
(c)	Other (specify):	=					
۱, _					with asylum	seeker	visa num
	or refugee stat	Service of the second second		at—			
(a)	I am desirous to apply for asylun	- Heranderia (Francisco)	THE PARTY OF THE P				
b)	the circumstances that led to to dependent still applies; or	he applicati	ion for asy	/lum by	my spouse /	parent on	whom I



DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

Language			0	ther languages			
Level of proficiency in English	Excellent						
	Good						
	Fair						
B1. DETAILS OF APPLICAN	NT.						
Surname							
Names				ï		,	
Date of Birth					Age		
Sex (write in full)							
Nationality			2 - 1/16/2004	ous nationality	, if any		
Place of Birth			Coun	try of Birth			
Ethnic Group			_			10	
Contact Details	Residential Address						
	Tel No.						
	Cell						
	Email				50	_	
Current Marital Status	Single			Married	Divor	ced	Widow/Widower
Name of spouse of applicant							l .
Date of birth of spouse				Age of spous	е		
Contact details of spouse	Physical Address					1/4	
	Tel No.						
	Cell						
	Email						
Marriage certificate produced				Yes / No			5.
B2. SOJOURN IN R How long have you been in R Indicate the date of first entry? B3. APPLICANT'S CURREN Note: The details required in	SA?						The last STR
in RSA after the princ	ipal Applicant wa	s issued	asylur	n see <mark>ker visa</mark> (or refug	ee st	atus.

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



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	1	
	Tel No.		
	Cell		
	Email		

B6. IDENTIFICATION AND TRAVEL DOCUMENTS

Are you in possession of your Identification card from your	Yes	lf :	yes, attach copy
country of origin?	No		
Are you in possession of any passport / refugee travel	Yes	If	yes, present to official
document?	No		
Place of issue		Date of issue	
Issuing Authority	Date of	expiry	
Do you have any visa issued prior to entry into RSA?	Yes		es, indicate where was it
	No	app	lied for below
Do you have a visa which is currently valid?			es, indicate where was it
	No	app	lied for below
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	If yes	If yes, attach certificate						
	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)

C1.2. Employment History								
Profession (occupation)								
Experience in profession		Si	tate number o	of years				
Previous employment								
Contact details of previous emp	loyer	W	ork address					
		-	el No.					
		1000	SOURCE CO.					
		C	ell					
		Ei	mail					
Duration of employment				155				
Reason for leaving employmen	t							
C2.1 Educational History Highest qualification obtained	No So	hool	Primary	High School	Gr.12 (Matric)	Diploma	Degree	Other, specify
Specify qualification								
Proof of qualification	Yes		If yes, a	ttach certifica	ate			
Other skills, specify		,						
M (2)	Z.							
C2.2. Employment History								
Profession (occupation)								
Experience in profession		Si	tate number o	of years				
Previous employment				16				
Contact details of current emplo	oyer	W	ork address					
		Те	el No.					
		C	ell					
		E	mail					
Duration of employment		-						
D. CRIMINAL RECORD								
Do you have any criminal convi	ctions?			Yes		No		
If yes, please state the following	g details				***			
		l'i						
Nature of offence /crime								
			Control of the Late Control					
Date committed	arrants	ssued	against you					
Nature of offence /crime Date committed Do you have any outstanding w If yes. Please state the nature of		ssued	against you	10				



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 a	asylum / refugee status in the	e Republic.		
E2. The applicant has been informed that (mark wi	th an X)—			
All information provided is confidential	100 On 100 On 100 On	70.00 Mg (20.00 Mg)	20. 200	
The claim of the principal applicant indicated in this	Form, as well as the decision	on thereon will also apply	to him or her in its	
entirety				
False or incorrect information may lead to prosecu	lion or discredit the claim			
F. DECLARATION BY THE APPLICANT				
I,	, have subr	mitted to the fact that the a	bove information is to	the best
of my knowledge true and correct.				
SIGNATUREPLACE	DATE			
G. INTERPRETER				
Interpretation UCID Number: (If none complete details below)				
Name of Interpreter	ï	Contact Number:	e de	-
Qualification:		Institute:		
3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		FORTING SIG. POR	1	-
H. FOR OFFICE USE ONLY				
Preliminary comments:				
SIGNATURE		DATE		
JIGNATURE		DAIL		
NAME:		PERSAL:		
DECISION BY REFUGEE STATUS DETERMINAT	ION OFFICER:			
(Attach detailed reasons)				
49 4 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8				
				× × =2
CICNATURE		DATE		
SIGNATURE		DATE	A A A A A A A	
NAME:		PERSAL:		
VII.III.II.				

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 sta	ate herewith i	under oath in Englis	h as follows:
(Full names of applica	nt) (Current addres	ss in full)		
	2.			
I was born on the	day of	at	in the country of	
	(Month & year)	(Name o	f town/district)	(Country)
	yea <i>r y</i>			
I hereby affirm, declare a	_		who was born on	the day
,			aiden) name in fu	,
of at	•	in the cour		•
(Month & year)	(Name of town/di	strict)	(Cou	ntry)
	4.			
Our marriage was conduc	cted on the			
	(Date of M	larriage)		
	5.			
Officiating Officer / Priest	:			
	(Full Names)			
Witnesses:				
	(Full Names)		(Full Names))
	(F. Manage)		(F. II No	
	(Full Names)		(Full Names))
I agree to submit an affice to time, in accordance winform the Director-Gen marriage.	davit confirming the co with the provisions o	ontinued exis f the law in	South Africa and u	ndertake to
	7.			
I further, confirm that I a	m still married to the	person ment	ioned in paragraph	2 above.
	8.			
I know and understand th				
I have no objection to tak	•			
I consider the prescribed	_			
I swear that the above st	atement is correct so	help me God	•	
Signature of Applicant				
	9.			
I hereby certify that the read and that he knows a Deponent signature was day of	and understands its co	ontents, and v		
COMMISSIONER OF OA	THS		OFFICE STAMP	
NAME:				
RANK:				
PLACE:				

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		under oath in English as follows:	
(Full names of applic			ander oden in English as follows.	
(run numes or uppn	cane, (carrent	2.		
I was born on the	day of	at	in the country of	
	•	year) (Name of	town/district) (Country)	
		3.		
I hereby affirm, declare spousal relationship with		_	ous heterosexual / homosexual day of at	
(Full maiden names o	f partner)	(Month & year)	(Name of town/district)	
in the country				
(Country)				
		4.		
			agreement and documentation d financial responsibilities are	
		5.		
We currently reside toge	ther at			
	(Current	address in full)		
		6.		
time to time, in accordan	nce with the prov	isions of the law in	istence of our relationship from a South Africa and undertake to onths of the termination of our	
		7.		
I know and understand t	he contents of thi	s statement		
I have no objection to ta	king the prescrib	ed oath		
I consider the prescribed oath to be binding on my conscience.				
I swear that the above s	tatement is corre	ct so help me God		
Signature of Applican	•			
Signature of Applican	•	8.		
I hereby certify that the	Denonent to th		knowledged to me that he has	
	and understands	its contents, and v	was sworn to before me and the on this	
day of	20			
COMMISSIONER OF OA	THS		OFFICE STAMP	
NAME:				
RANK:				
PLACE:				



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
Desmond Tutu	dtrrc.extension22	dtrrc.extension24
Refugee Reception Centre	@dha.gov.za	@dha.gov.za
Cape Town Refugee Reception Centre	ctrrc.extension22 @dha.gov.za	ctrrc.extension24 @dha.gov.za
Durban	durbanrrc.extension22	durbanrrc.extension24
Refugee Reception Centre	@dha.gov.za	@dha.gov.za
Musina	musinarrc.extension22	musinarrc.extension24
Refugee Reception Centre	@dha.gov.za	@dha.gov.za
Gqeberha (Port Elizabeth)	perrc.extension22	perrc.extension24
Refugee Reception Centre	@dha.gov.za	@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 are 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
Desmond Tutu Refugee Reception Centre	asmverifications@dha.gov.za
Cape Town Refugee Reception Centre	verification.ctrro@dha.gov.za
Durban Refugee Reception Centre	verification.durban@dha.gov.za
Musina Refugee Reception Centre	verification.musina@dha.gov.za
Gqeberha (Port Elizabeth) 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

FORM 9 - RAA---01 REFUGEE APPEALS AUTHORITY

Republic of South Africa

7th 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: <u>Enquiries.Rab@dha.gov.za</u>
Address all correspondence to the Registrar



FILE REF NO:

IN THE MATTER BETWEEN:

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

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)
- 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 2

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



Office:					
File Ref. No.					
Details of Refugee	Name:				
Status Determination Officer	Surname:				
	Name:				
	Surname:				
Details of asylum Seeker	Date of birth:				
	Nationality:				
	Country of origin:				
	T	T	1		
		Yes	No		
	DHA-1590				
	RSDO Hearing Notes				
Documents considered:	RSDO decision				
	Notice to Asylum Seeker				
	Representations				
Summary of Asylum Seekers Claim					
Summary of RSDO Decision and Reasons for the Decision					
The case was decided	Manifestly Unfounded				
by Refugee Status Determination Officer	Abusive				
as:	Fraudulent				
Decision of the	RSDO decision referred back				
	RSDO decision confirmed				
	RSDO set aside				
Standing Committee for Refugee Affairs	RSDO decision substituted as follows:				
Kerugee Attairs	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

- New York		OF SOUTH AFRICA				
FIRST/RE-ISSUE AP			DENTIT	Y DOC	UMENT	100
THIS FORM MUST BE DULY		TWO RECENT PHOTOS T				
		NIIS Reference No.:				
FOR OFFICE Demographics not on NPR [Function 38] (108)		FUNCTIONS. (Mark appropriate nt (Function 049)	function)		First Applica	tion [
Demographics on NPR (Function 005)	71000000000	in the minimum and T			ond Applica	
entity number		(44)				
APPLICANT	The state of the s	1				
Supporting document:					E/	OR I
Surname						AL USE
Maiden name Forename(s)					•	
Date of birth	Courv	try of birth			* Statu Appill veriti	is of
Gender	Countr	ry of origin			Yes	
Contact number					- taxos	
						- 1
Refugee file number						
		Post meeting		OFFICE	STAMP	
						. 11
DDRESS Permanent residential address		Postal address				
				111		
ПППППП						\mathbb{H}
* Postal o	code			Postal co	de	
Postal c	code code	• 06	ice code	• Postal co	de	
Postal c		• 06		Postal co	de .	
• Postal c	rovince code		ce code	Postal co Divorced		
• Postal c	revince code	Out of community Widower.	ce code	<u> </u>		
Postal (Parameter Parameter Management Parameter Management Parameter Paramet	revince code		/Widow	Divorced		
Postal of Proceedings of Procedure of Procedu	revince code	Out of community Widower.	ce code	Divorced		
Postal (Promoted Management Management)	revince code	Out of community Widower.	/Widow	Divorced		
* Postel (Propostel Propost	revince code	Out of community Widower.	/Widow	Divorced		
* Postal of Proceedings of Procedures Indeed in the Procedure of Passport No.	revince code	V Out of community Widower. NIIS Reference No.:	/Widow	Divorced		
* Postal of Proceedings of Procedures Indeed in the Procedure of Passport No.	revince code	Out of community Widower.	/Widow	Divorced		
* Postel of ** * Postel of ** * Proste	revince code	V Out of community Widower. NIIS Reference No.:	/Widow	Divorced		
Postal of Pasaport No. Pasaport No	revince code	V Out of community Widower. NIIS Reference No.:	/Widow Date of	Divorced birth		
Postal of Pasaport No. Pasapo	revince code	NIIS Reference No.:	/Widow Date of	Divorced birth		
Postel of Processing Passport No. Passport No.	revince code	NIIS Reference No.:	/Widow Date of	Divorced birth		
* Postal of Pasaport No. Pasaport No. Pasaport No. Corenames laiden name late of marriage	revince code	/ Out of community Widower. NIIS Reference No.:	/Widow Date of	Divorced birth		
* Postal of Pasaport No. Pasaport No. Pasaport No. Corenames laiden name late of marriage	revince code	/ Out of community Widower. NIIS Reference No.:	/Widow Date of	Divorced birth		
Postal e Pr MARITAL STATUS Never married More MARRIAGE PARTNER Identity number Pasaport No. Orienames Identify name Identify	revince code	/ Out of community Widower. NIIS Reference No.:	/Widow Date of	Divorced birth		
Postel (Pos	revince code	/ Out of community Widower. NIIS Reference No.:	/Widow Date of	Divorced birth		
Postal e Pr MARITAL STATUS Never married More MARRIAGE PARTNER Identity number Passport No. Corenames Indeed name Indeed of marriage More and Marriage Passport No. Remarks	revince code	/ Out of community Widower. NIIS Reference No.:	/Widow Date of	Divorced birth		
* Postal (* Processed * Proce	revince code	Out of community Widower. NIIS Reference No.:	/Widow Date of	Divorced Divorced		
Postal e Profession ARRITAL STATUS Never married Man MARRIAGE PARTNER Identity number Passport No. Forenames Audenname Date of marriage Signature of Applicant	revince code	/ Out of community Widower. NIIS Reference No.:	/Widow Date of	Divorced birth		
Postal of Applicant	revince code	Out of community Widower. NIIS Reference No.:	/Widow Date of	Divorced Divorced		
* Postel (* Proceedings of Applicant * Postel (* Procedings of Applicant * Postel (* Procedings of Applicant * Postel (* Procedings of Applicant * Postel (* Procedings of Applicant * Postel (* Procedings of Applicant * Postel (* Procedings of Applicant * Postel (* Procedings of Applicant * Procedings	revince code	Out of community Widower. NIIS Reference No.:	/Widow Date of	Divorced Divorced		

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

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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:	
	t as an illegal foreigner in co n you may be charged in a cou	ntravention of the Act, you are urt of law.
ordered to leave the Republi (<i>time</i>) on	c by / /20 failu	ic voluntarily, you are hereby are of which you shall be arrested
and detained pending your d	eportation.	
Declaration by immigration	on officer	
declare that I am satisfied the regulation 30 (4).	nat the holder hereof has comp	(name(s) and surname) hereby olied with the provisions of
Signature of immigration officer	Place	Date
IMMIGRATION OFFICER'S	PARTICULARS	
Name and Surname:		
Appointment number:		
Rank/position:		
Office:	Province:	
SUPERVISOR'S PARTICULA	ARS	
Name and Surname:		
Rank/position:		
Contact No.: Tel:		
Δ.	CKNOWLEDGEMENT OF REC	FTDT
I acknowledge receipt of the		LAT I
- administraction for the	or and notice	
Signature of illegal		

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 Refuges 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).
- 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 nrol any asylum seeker without a valid asylum seeker visa or beyond the validity date of the asylum seeker visa
- The School undertakes to produce copies of a valid visa upon request by an authorized person.

Name:	Enquiries: [name and surname];
Designation:	Cell:
Date:	Tel:
	Fax:
	E-mail:
Signature:	Our Ref (student number);
	Your Ref: (asylum seeker visa number)
	Address (physical address of school)

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

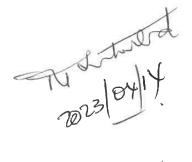
Dear Sir/Madam

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 Refuges 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.
- 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.

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





IN THE HIGH COURT OF SOUTH AFRICA

GAUTENG DIVISION, JOHANNESBURG

CALITERIO I COMPANY VISION,

Private Deg X7, Johannesburg 2000

2023 -04- 14

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

2

THE MINISTER OF HEALTH

Third Respondent

DIRECTOR GENERAL: DEPARTMENT OF HEALTH

Fourth Respondent

CHARLOTTE MAXEKE

JOHANNESBURG ACADEMIC HOSPITAL

Philips Bag X7, Johannesburg 2000

2023 - 14

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An order issues as follows:

- 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

- 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

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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:

- They are members or beneficiaries of medical aid schemes; or 2023 -04- 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.
- The first, second, third and fourth respondents shall appear before this court on
 October 2023 whereupon they shall report comprehensively on the compliance with this order.
- 9. Each party shall beat their own costs.

REGISTRAR OF THE HIGH COURT OF SOUTI GAUTENG LOCAL DIVISION, JOHANNESBURG

Private Bag X7, Johannesburg 2000

5

BY ORDER OF COURT

REGISTRAR

Counsel for Applicants

K Hofmeyr SC

T Pooe

Instructed by: Cliffe Dekker Hofmeyr Inc

Counsel for First to Fifth Respondents

L M Moloisane-Montsho SC

N Rasalanavho

Instructed by: State Attorney

ANNEXURES

Annexure 1A

Application for a Birth Certificate (within 30 days)



Forenames in full Place of birth: Ott/Town

Citizenship

Telephone no, incl. area code

C. DETAILS OF FATHER (PARENT B) identity rumber (passport no. if foreigner) Present surname

Town/Village

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Permanent/Temporary permit no.

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Annexure 1B

Application for a Birth Certificate (after 30 days)

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