



**SOUTH AFRICAN EMBASSY
SÜDAFRIKANISCHE BOTSCHAFT
AMBASSADE D'AFRIQUE DU SUD**

Alpenstrasse 29, Postfach, 3000 Berne 6, Tel: 031 350 13 13 Fax: 031 351 39 44
<http://www.southafrica.ch>

PLEASE USE BLACK INK AND BLOCK LETTERS TO COMPLETE THE FORM – DO NOT FORGET TO SIGN THE 7TH PAGE.

- 1. TEMPORARY-RESIDENT-VISA APPLICATION FORM (BI-1738).**
- 2. ORIGINAL VALID PASSPORT.** Should contain at least two (2) empty visa pages and be valid for thirty (30) days after departure from RSA. Your application is incomplete if your original passport is not included. Swiss Temporary passports are accepted for travel to South Africa.
- 3. COPY OF VALID RESIDENCE PERMIT FOR SWITZERLAND.** Permit "C", "B" or "L". This is NOT applicable to citizens of Switzerland or Liechtenstein
- 4. ONE (1) RECENT PASSPORT PHOTO.** Please do not submit photos printed at home or photocopies of passport photos
- 5. PROOF OF PAYMENT.** See payment procedures.
NOTE: The ORIGINAL receipt issued by the Consulate is required to process the refund of the deposit upon your return. If you do not receive an original receipt from the Consulate together with your passport BEFORE your departure, please contact us immediately. Any late claim will NOT be entertained.
- 6. FLIGHT DETAILS.** Either copy of actual ticket OR e-ticket OR reservation. You may reserve your flight tentatively and send a copy of the reservation with the application.
- 7. POLICE CLEARANCE REPORT WITHOUT APOSTILLE.** In cases where an offence is shown on record English translation required and the application will be referred to Pretoria.
- 8. MEDICAL AND RADIOLOGICAL REPORTS.** Radiological report is not required for pregnant women or children under 12 years of age. NO X-RAYS OR CDs – just confirmation that applicant never suffered of Tuberculosis
- 9. YELLOW FEVER VACCINATION CERTIFICATE.** This certificate is NOT required if travelling to RSA directly from Europe
- 10. STAMPED, SELF-ADDRESSED ENVELOPE.** Registered mail
- 11. ALL DOCUMENTS SHOULD BE IN ENGLISH LANGUAGE**

IMPORTANT

Please read carefully

PLEASE FORWARD TO THE EMBASSY BY POST OR HAND-DELIVER AT THE RECEPTION.

YOU WILL BE INFORMED IF PERSONAL INTERVIEW IS REQUIRED.

- 1. DO NOT SEND ORIGINAL DOCUMENTS UNLESS SPECIFICALLY REQUESTED.**
- 2. IF YOUR APPLICATION IS INCOMPLETE OR UNCLEAR IT WILL NOT BE PROCESSED.**
- 3. IF FOR ANY REASON YOUR APPLICATION IS NOT SUCCESSFUL, YOU WILL BE INFORMED IN WRITING. ONLY YOUR ORIGINAL DOCUMENTS WILL BE RETURNED TO YOU.**
- 4. YOUR ORIGINAL PASSPORT WILL REMAIN AT THE EMBASSY FOR THE DURATION OF THE VISA ASSESSMENT.**
- 5. YOUR COMPLETE FILE/APPLICATION SHOULD BE AT THE EMBASSY AT THE LATEST TEN (10) DAYS PRIOR TO DEPARTURE FROM SWITZERLAND.**
- 6. APPLICATIONS WITHOUT RETURN ENVELOPES WILL BE MARKED FOR "PERSONAL PICK UP" AUTOMATICALLY.**
- 7. MAKE SURE YOUR CONTACT DETAILS ARE ON THE APPLICATION INCLUDING E-MAIL ADDRESS FOR FURTHER COMMUNICATION.**
- 8. APPEARING PERSONALLY AT THE EMBASSY DOES NOT EXPEDITE THE PROCEDURE.**

PAYMENT PROCEDURES AS OF 1 JUNE 2014

Payment for Consular services is accepted by one of the following means:

1. Payment slip at the Post Office
2. E-banking (UBS bank account):

ACCOUNT DESIGNATION:
South African Embassy
(Home Affairs)

BRANCH:
UBS AG
Bubenbergplatz 3
3011 BERN

Account No. 0235-709939.01L
IBAN CH310023523570993901L
BIC UBSWCHZH80A

3. Include the proof of payment with your application

IMPORTANT

1. **NO CASH** payments are accepted
2. Make exact-amount payments and mention which documents and/or applicant you are paying for
3. If payments are done at the Post Office, include clear name and address of applicant or payee

(DHA-1738) Form 8



DEPARTMENT OF HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

APPLICATION FOR VISA TO TEMPORARILY SOJOURN IN THE REPUBLIC
[Section 10(2)(c) to (k); Regulation 9(1)]

CATEGORY OF PERMIT BEING APPLIED FOR			
Visitor's visa		Exchange Visa	
Study Visa (> 3 months)		Business Visa	
Treaty Visa	X	Work Visa: Critical Skills	
Relative's Visa		Work Visa: General	
Medical Treatment Visa		Work Visa: Intra-company transfer	
Retired Person's Visa			

*Biometric
(Attach Fingerprint Form,
with Photograph)*

FOR OFFICIAL USE ONLY		
Office of application:	BLOK:	Track & Trace Ref No
Date received:	Date forwarded to Head Office:	
Application quality checked by/on:	Date received at Head Office	Remarks:
Passport seen/returned by/on:	Decision and date:	
Fee: Currency and amount		
Fee received by/on:		
Receipt no:		

Conditions of permit / Reason for refusal

1. PERSONAL DETAILS

Title:	Mr	Ms	Other (specify)	
Surname/Family name:			Given names:	
Maiden name:			Stage name:	
Previous/alternative name(s)/aliases, including details:				
Date of birth:				
Year..... Month..... Day.....				
Place of birth:		Town/City		Country
Marital status:	Never married		Separated	Legally recognised spousal relationship
	Married		Widowed	
	Divorced		Customary union	
If separated state:				
Whether divorce proceedings have been instituted and when final decree is expected				
.....				
.....				
If divorced, provide:				
Date of divorce:				
Divorce order must be attached.				
If part to a spousal relationship with a citizen or permanent resident, a certified copy of the marriage certificate or a spousal affidavit must be attached.				

2. CITIZENSHIP DETAILS

Present country of citizenship:	
If acquired other than by birth, date and conditions under which acquired:	
Do you hold any other citizenship?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, of which country, plus details.....	

3. PASSPORT DETAILS

Passport number:	Country of issue:
Date of issue:...../...../.....	Expiry date:...../...../.....
If you have any other document required by your government, provide details: Type of document:..... Number:..... Expiry date:...../...../.....	

4. ADDRESSES

Residential address:	Postal address:
Postal code.....	Postal code.....
Country of usual residence if other than country of origin or above address: 	
Telephone No.: Work: (incl. <i>area code</i>) Home: (incl. <i>area code</i>)	

Other addresses where you have lived during the last ten years other than your current address:

Address:	Period:	Country:

Do you hold the right of re-entry into your country of origin and/or country of residence if this differs? Yes No

If no, specify period and present status.....

Have you ever applied for asylum or refugee status in SA or any other country?
 Yes No If yes, specify the country.....

Contact person:

Relationship: Friend	<input type="checkbox"/>	Business Associate	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Name:

Address:

.....

Telephone No.: Work: (incl. area code) Home: (incl. area code)

Details regarding relatives and/or friends in the Republic, if any.

Name	Address	Relationship	Identity No

5. INTENTIONS/PROPOSED DURATION OF STAY IN THE REPUBLIC

Proposed date and place of departure for the Republic:	/	/	
Anticipated date and place of arrival in the Republic:	/	/	
Travelling by: Air		Road	
		Rail	
		Sea	
Carrier			
What is your intended duration of stay in the Republic:			
Days/weeks/months/or		Years	
Intended date of departure		/	/

Outline your proposed activities whilst in the Republic:

.....

.....

6. MAINTENANCE/DEPORTATION

State what funds you have available for maintenance during your stay in the Republic and whether you have a return ticket or other arrangements made for maintenance and return passage:

Available funds (foreign currency): Type:..... Amount:
South African Rand equivalent: (attach bank statement as proof of funds held).
Valid return or onward ticket no: Expiry date: / /
Other:
.....

7. PARTICULARS OF ANY FAMILY/DEPENDANTS ACCOMPANYING YOU (attach page if space is not enough):

Full names	Date of birth	Relationship	Passport No.	Expiry date	Nationality	Occupation

If your spouse and/or other dependants are not accompanying you, do they intend to enter the country at a later stage?

Yes On (date)

No Details/reason(s):

Have you ever been refused entry into or deported from the Republic: If so, please provide details:

.....

8. SECURITY/HEALTH QUESTIONNAIRE

Have you or any of your dependants accompanying you ever been convicted of any crime in any country? Yes No

Is a criminal/civil case pending against you or any of your dependants accompanying you in any country? Yes No

Are you or any of your dependants suffering from tuberculosis, any other infectious or contagious disease or any mental or physical deficiency? Yes No

Are you an unrehabilitated insolvent? Yes No

Have you ever been judicially declared incompetent? Yes No

Are you a member of or adherent to an association or organisation advocating the practice of social violence, or racial hatred? Yes No

Furnish full particulars if the reply to any of these questions is in the affirmative:

9. ANY ADDITIONAL INFORMATION YOU WISH TO BRING TO THE DEPARTMENT'S ATTENTION:

.....
.....
.....

10. DECLARATION BY APPLICANT

I acknowledge that I understand the contents and implications of this application and solemnly declare that the above particulars given by me as well as all particulars in the attached supporting documentation are true and correct.

Signature of applicant

Date

THE FOLLOWING ORIGINAL SUPPORTING DOCUMENTS MUST ACCOMPANY THE APPLICATION

In respect of all temporary residence visa applications, except medical treatment visas:

	Attached	
	Yes	No
Valid passport which expires in no less than 30 days after expiry of the intended date of departure from the Republic		
A yellow fever vaccination certificate, where applicable.		
A medical report.		
A radiological report.		
Marriage certificate or in the case of a foreign spousal relationship, proof of official recognition thereof issued by the authorities of the foreign country of the applicant (where applicable).		
The affidavit where a spousal relationship to a South African citizen or resident is applicable, as well as documentation proving cohabitation and the extent to which the related financial responsibilities are shared by the parties and setting out the particulars of children in the spousal relationship.		
Divorce decree, where applicable.		
Court order granting full or specific parental responsibilities and rights, where applicable.		
Death certificate, in respect of late spouse, where applicable.		
Written consent from both parents and full parental responsibilities and rights parent, where applicable.		
Proof of adoption where applicable.		
Legal separation order, where applicable.		
Police clearance certificates in respect of applicants 18 years and older, in respect of all countries where person resided one year or longer since having attained the age of 18.		

Additional supporting documents in respect of a treaty visa:

	Attached	
	Yes	No
A letter from the relevant organ of state which is party to the treaty attesting to—		
(a) the nature of the programme;	X	
(b) participation of the foreigner in the specified programme;	X	
(c) the type of activities the foreigner is expected to perform and the duration thereof.	X	
(d) Accommodation of the foreigner.		
(e) Any other relevant details pertaining to the foreigner's stay in the Republic.		
A written undertaking by the sending or receiving organ of state accepting responsibility for the costs related to the deportation of the applicant and his or her dependent family members, should it become necessary.		

Additional supporting documents in support of a business visa

In respect of a business visa by a foreigner who intends to establish a business or invest in a business that is not yet established in the Republic

	Attached	
	Yes	No

**MEDICAL
&
RADIOLOGICAL
REPORTS**



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
MEDICAL CERTIFICATE

CONDITIONS OF A RECURRENT NATURE

Although the person(s) may be generally in a good state of health at the time of the examination, it would be appreciated if the medical officer/practitioner could furnish details of any disease, condition or defect the person(s) has/have suffered and which might recur.

I hereby certify that I have examined the following person(s):

- | | |
|---------|---------|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

and find him/her/them—

- (a) not mentally disordered* or physically defective in any way;
- (b) not suffering from leprosy, venereal disease, trachoma, or other infections or contagious condition;
- (c) generally in a good state of health;

except for the following defects observed:

(Please type or print)

Name of person(s)

Details regarding the disorder, disease or disability, the seriousness thereof and the treatment, if any, prescribed/recommended

.....
.....
.....
.....
.....
.....

Official stamp and address of medical officer/
practitioner/hospital

Signature of medical officer/practitioner

Date

Int. code	* "Mentally disordered" includes the following:
290-299	All psychoses
300	Nervoses
301	Personality disorders
303-304	Addictions
308	Behaviour disturbances of childhood
310-315	All forms of mental retardation
320-349	Epilepsy and all other forms of degeneration of the central nervous system



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
RADIOLOGICAL REPORT

Note:

- (1) A radiological report of the chest is required in respect of every prospective immigrant 12 years of age and over.
- (2) The radiologist must insert the names of the prospective immigrants examined by him in the space provided for that purpose on the form. **Unused spaces must be crossed out.**
- (3) **A separate report is required in respect of every applicant suffering or suspected to be suffering from tuberculosis.**

I hereby certify that I have radiologically examined the chest(s) of the following person(s) and that I could find no signs of active pulmonary tuberculosis.

Name:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

_____ Official stamp and address of Radiologist/Hospital:
Radiologist

Date: _____

Declaration by employer:

I, (first name(s) and surname)
..... (ID number) in my capacity as
..... of the abovementioned company/organisation, hereby
undertake full responsibility for the above named applicant, as well as his or her deportation costs
should this become necessary. I declare that I am authorised to make this offer of employment
on behalf of the aforementioned company/organisation, that this offer is made in good faith and
will be honoured and that the above information provided by me is true and correct. I furthermore
undertake to ensure that the applicant will comply with the Act and the Regulations made in terms
thereof and to notify the Department if the applicant is no longer employed by the mentioned
company/organisation or if he or she is employed in another position.

.....

Signature of employer

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