



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

**APPLICATION FOR RENEWAL OF EXISTING PERMIT
[Section 10(7); Regulation 7(9)(c)]**

FOR OFFICIAL USE ONLY	Mission file No.:	BLOK:	
Office of origin:	Regional file No.:		
Date received:	Date forwarded to permitting Office:		
Submission checked by:	Date received at permitting Office:	Remarks:	
Date:			
Persal number			
Passport seen and returned by:	Recommended by:		
Date:	Date:		
Persal number:	Persal number:		
Fee (currency and amount):	Approved by:		
	Date:		
	Persal number:		
Fee received by:	Decision conveyed by:		
Date:	Date:		
Persal number:	Persal number:		
Receipt No.:	Letter	Facsimile	Other
Reason(s) for decision:			

IMPORTANT:

- The representatives of employers or heads of educational institutions shall complete this Form in support of applications for continued employment or study in the Republic.
- The required documents as specified in the application shall accompany the application.
- If the initial employment contract has lapsed, a new contract and all documentation required from the employer under a first work permit application must be submitted.
- The Department may request you to re-submit any of the documentation or certification on which the issuance of your original permit was based.

PARTICULARS OF APPLICANT:

Surname/Family name:	First name(s):	Date of birth:
Residential address in the Republic:	
Home telephone no: (Code)	

PASSPORT DETAILS:

Passport number:	Issuing country:
Date of issue:	Valid until:
If you have any other identity document issued by your government, provide details:	
Type of document:	Number:
Expiry date:	

DETAILS OF ORIGINAL PERMIT, AS ISSUED TO YOU PRIOR TO OR ON ARRIVAL IN SOUTH AFRICA:

Date of entry:	Permit No.:	Type of permit:
Place of entry:	Date of expiry:	
Purpose of entry:		

DETAILS OF SUBSEQUENT PERMIT ISSUED TO YOU, OR THE MOST RECENT RENEWAL THEREOF:

Date of permit:	Issued at:
Date of issue/renewal:	Date of expiry:

A permit is required until: (date) for purposes of.....
(state reasons for request).

DECLARATION BY APPLICANT

I acknowledge that I understand the content of this application and solemnly declare that the above particulars provided by me are true and correct.

.....
Signature of applicant

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

DECLARATION BY AUTHORISED REPRESENTATIVE OF EMPLOYER OR HEAD OF EDUCATIONAL INSTITUTION:

I[first name(s) and surname],
(ID number) in my capacity as.....for
 and on behalf of the company, organisation or institution known as
 located at telephone number:(code and number),
 fax number: (code and number), hereby solemnly declare that:

To be completed by the head of the relevant institution in respect of an application for a subsequent study permit for a scholar or a student.

The learner is in grade..... or the student is in the year of his or
 her studies for a..... *degree/diploma/certificate.

Proof of medical cover is attached. Yes No

.....
Signature of the representative of the employer or head of Institution

Signed at on this day of 20.....

*Delete which is not applicable