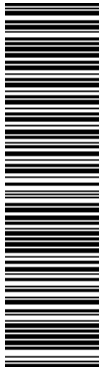


Mail documents to: VisaHQ.com Inc.  
2005 Massachusetts Avenue  
Washington, DC 20036

Tel: (800)345-6541



## South Africa Tourist visa Application



### Please enter your contact information

**Name:**

**Email:**

**Tel:**

**Mobile:**

**The latest date you need your passport returned in time for your travel:**



### South Africa tourist visa checklist

**Filled out and signed South Africa tourist visa application form.** The form is enclosed.

**Original passport.** Passport must have at least 6 months remaining validity and have at least 1 visa page.

**2 Photographs.** Standard passport photographs 2x2 inches on a white background.

**Payment.** Credit Card Authorization form, Certified Check, or Money Order payable to VisaHQ.com.

**Return mailer.** Prepaid self-addressed return label or payment for FedEx.

If you wish to prepay return shipping, please add the shipping fee to the total and provide return address:

FedEx 2nd day delivery - add \$15

**Name:**

FedEx Standard Overnight - add \$20

**Company:**

FedEx Priority Overnight - add \$25

**Address:**

FedEx Saturday delivery - add \$45

FedEx First Overnight - add \$65

**City:**

Prepaid self addressed mailer - \$0

**State:**

Local pick up in Washington, D.C. - \$0

**Zip:**

**Proof of status.** Copy of Green Card (both sides) or other proof of legal status in the US (such as copy of I-20, US visa, H1B approval notice, etc.)

**Itinerary.** Copy of round trip tickets or confirmed itinerary.

**Yellow Fever Vaccination.** Copy of International Certificate of Vaccination for Yellow Fever.

Mail documents to: VisaHQ.com Inc.  
2005 Massachusetts Avenue  
Washington, DC 20036  
Tel: (800)345-6541



**Health Insurance.** Proof of health insurance covering international travel. Applicants can get a free rate quote and purchase valid travel insurance from our affiliate here.

---

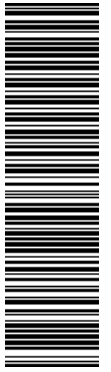
**Bank statement.** Copy of the applicant's most recent monthly bank statement. The statement must clearly show the applicant's name as the account holder, the balances of the accounts, and the date of the statement.

---

**Hotel Reservations.** Copy of confirmed hotel reservations.

---

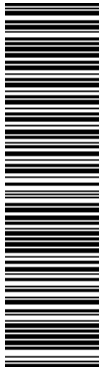
Mail documents to: VisaHQ.com Inc.  
2005 Massachusetts Avenue  
Washington, DC 20036  
Tel: (800)345-6541



## South Africa tourist visa fees for citizens of Kenya

	Type of visa	Max. validity	Embassy fee	Our fee	Processing time	Total
	Single entry	up to 90 days	\$72.00	\$69.95	5-8 business days	\$141.95
	Double entry	up to 90 days	\$72.00	\$69.95	5-8 business days	\$141.95
	Multiple entry	up to 90 days	\$72.00	\$69.95	5-8 business days	\$141.95

Mail documents to: VisaHQ.com Inc.  
2005 Massachusetts Avenue  
Washington, DC 20036  
Tel: (800)345-6541



## Credit Card Authorization Form

I authorize VisaHQ.com to charge my credit card for the amount of \$

Name on the Credit Card:

Credit Card number:                   -                   -                   -

Exp. date:                               /

Credit Card Billing Address:

Signature:

Comments:

**Thank you!**  
**We accept all major credit cards.**



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

**APPLICATION FOR VISA OR TRANSIT VISA  
[Section 7(1)(g) read with section 10A and 10B; Regulation 8(1)]**

Failure to complete this application form in full may result in the visa being delayed or refused.  
Please use block letters and black ink only.

**PERSONAL PARTICULARS**

Surname:											
First names (in full):											
Maiden name:											
Previous surname(s):											
	Y	Y	Y	Y	M	M	D	D			
Date of birth:									City of birth: .....		
Country of birth: .....											
Gender:	Male		Female								
Nationality: .....								If acquired by naturalisation, state original nationality: .....			
Where and when was present nationality obtained: .....											
Passport/Travel Document Number: .....								Issuing authority: .....			
Type of document: Diplomatic/Official/Ordinary Passport/Travel Document/other (specify) .....								Date of expiry: .....			

Permanent residential address:

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

Period resident at this address: .....

Telephone number: (.....) (code)

..... (number)

Country of permanent residence: .....

Period resident in that country:

.....

Occupation or profession: .....

Name, address and telephone no. of employer, university, organisation, etc. to which you are attached, or that you attend or which you represent:

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

If self-employed, state name, address, telephone no. and nature of business:

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

Marital status:

Never  
married

Married

Widowed

Separated

Divorced

First name(s) of spouse:

Maiden name:

Y Y Y Y M M D D

Date of birth:

Nationality.....

**NB: SEPARATE FORMS MUST BE COMPLETED IN RESPECT OF PERSONS OVER THE AGE OF 16 AND CHILDREN UNDER THE AGE OF 16 TRAVELLING ON THEIR OWN PASSPORTS.**

Particulars of children endorsed on your passport accompanying you:

Surname	First name(s)	Date of birth	Place of birth
(1)			
(2)			
(3)			
(4)			

**VISIT TO SOUTH AFRICA**

Expected date of arrival in the Republic: Y ..... M ..... D .....

Place of arrival:.....

Purpose of visit: .....

Duration of stay (months, weeks or days) .....

Number of entries required:

Single	
Multiple	
Two	

Proposed residential address (physical) in the Republic, including the full name(s) of your host or hotel:

.....

.....

.....

Names of organisations or persons you will be contacting during your stay in the Republic:

Name	Address	Relationship

Identity document number or permanent residence permit number of South African host:  
 .....

*Indicate by means of an X whichever is applicable*

Have you at any time applied for a permit to settle permanently in South Africa?	yes		no	
--	-----	--	----	--

Have you ever been restricted or refused entry into South Africa?	yes		no	
Have you ever been deported from or ordered to leave South Africa?	yes		no	
Have you ever been convicted of any crime in any country?	yes		no	
Is a criminal action pending against you in any country?	yes		no	
Are you an unrehabilitated insolvent?	yes		no	
Are you suffering from tuberculosis or any other infectious or contagious disease or any mental or physical deficiency?	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 or are you or have you been a member of an organisation or association utilizing crime or terrorism to pursue its ends?	yes		no	

Give particulars if reply to one or more of the questions above is in the affirmative:  
.....  
.....  
.....

<b>To be completed by applicants applying for visitor's permits exceeding three months:</b>
In the case of a spouse or dependant minor child of the holder of a permit issued in terms of section 11, 13, 14, 15, 17, 19 or 22, submission of a marriage certificate or an unabridged birth certificate.
Proof of academic sabbatical, if applicable.
Proof of non-remunerative voluntary or charitable activities to be undertaken, if applicable.
Proof of research to be undertaken, if applicable.
Proof of funds available for subsistence during period of visit.

<b>To be completed by applicants applying for diplomatic, official or courtesy visas:</b>
In the case of an official visit, submission of a note verbale.
In the case of a diplomatic placing in the Republic, proof of such placing.
<b>To be completed only by passengers in transit to another country:</b>



