

G.P.-S. 06/18

DHA 1590



**home affairs**

Department:  
Home Affairs  
REPUBLIC OF SOUTH AFRICA

**APPLICATION FOR ASYLUM**  
Refugees Act, 1998 (Act No. 130 of 1998)  
[Section 21 of the Refugees Act, 1998]



**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.:

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):

Forenames in full (first name):

(middle name):

Date of Birth:  Y  Y  Y  Y     M  M     D  D

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/Widower    *(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:



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  Y  Y  Y  Y  M  M  D  D to  Y  Y  Y  Y  M  M  D  D

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:

When did you enter RSA?:

Y Y Y Y M M D D

Mode of travel:

Air Land Sea

When did you leave your country of origin (home country)?

Y Y Y Y M M D D

(Please attach Section 23 visa issued to you at the Port of Entry in terms of the Immigration Act, 2002)

ROUTE TAKEN TO THE REPUBLIC

Indicate in detail how you travelled from your country into the Republic

Blank lines for route details

List the countries transited en route to RSA and the duration of your stay:

Table with 7 columns: Country, Port of Entry Used, Mode of transport, Travel Documents Used, Duration in Transit Country, Immigration Status in the transit country, Address in transit country. Rows 1-5.

State reason for entry and exit in each port of entry in other country state reason for entry and exit in each country en route to RSA without applying for asylum)

Table with 2 columns: Country, Reason for entry and exit. Rows 1-5.

A7.2 Asylum History

Did you apply for asylum in any of the above listed countries?

Yes No (Please tick in the appropriate box)

If no, give reasons?

Blank lines for reasons

If yes, please provide details:

Was your application for asylum granted?

Yes No (Please tick in the appropriate box)

When did you apply?

Y Y Y Y M M D D

Type of permit issued:

Grid for permit type

Permit Number

Grid for permit number

Status validity:

Y Y Y Y M M D D to Y Y Y Y M M D D

Please provide reasons for your departure from the country where you applied for asylum:

Blank lines for reasons

Did you notify the Refugee Commissioner or other relevant authorities of your intended departure?

Yes No

If no, state reason:

Are you recognised as a refugee by the UNHCR?

Yes No (Please tick in the appropriate box)

If yes, specify date:

Y Y Y Y M M D D

and UNHCR Field office in RSA:

Are you registered with an Embassy, a Consulate or any other representative authority of your home country in the Republic?

Yes No

If yes, please state details including dates of your visit to such representative authority:

Blank lines for details

**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  Asylum Seeker  Refugee Permit  Immigration Permit

Date of marriage  Y  Y  Y  Y  M  M  D  D (Please provide marriage certificate)

Type of marriage  Civil Marriage  Religious Marriage  Customary/Indigenous

Occupation

Residential address

Code

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  Asylum Seeker  Refugee Permit  Immigration Permit

Date of marriage  Y  Y  Y  Y  M  M  D  D

Type of marriage  Civil Marriage  Religious Marriage  Customary/Indigenous

Occupation

Residential address

Code

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

Code

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

Code

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

Code

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

Code

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



**B3. FINANCIAL STATUS OF APPLICANT**

**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:

Account Number

Do you have any financial sponsor in RSA / elsewhere?  Yes  No  Elsewhere

If yes, please provide details of sponsor, type of sponsorship and the location of sponsor: \_\_\_\_\_

\_\_\_\_\_

If No, provide details of your family's current living arrangements / conditions: \_\_\_\_\_

\_\_\_\_\_

**B3.2**

While your application is pending, how do you intend to support your family / yourself in the Republic? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. APPLICANT'S CLAIM (Section 21 of the Refugees Act, 1998)**

**To be completed in full and signed. This form must be completed in BLACK INK and in BLOCK LETTERS.**

Note: The applicant may provide proof, where applicable or possible. Additional paper may be used, if the space provided in this Form is not sufficient.

**C.1. Describe the reasons for leaving your country of origin (home country) and the events that took place prior to your departure.**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**C.2. What steps did you take in addressing challenges faced by you in your country of origin or home country? (List the steps taken)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

	Applicant's thumb print if unable to sign
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\_\_\_\_\_  
Signature of Applicant / Deponent

\_\_\_\_\_  
Place

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:

**G.2. PRELIMINARY COMMENTS BY OFFICER**

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\_\_\_\_\_  
Signature of Officer

Date: 

Y	Y	Y	Y
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M	M
---	---

D	D
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**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):

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\_\_\_\_\_  
Signature of RSDO

Date: 

Y	Y	Y	Y
---	---	---	---

M	M
---	---

D	D
---	---

<div style="border: 1px dashed black; width: 80%; margin: auto; padding: 10px;"> <p style="text-align: center;">STAMP</p> </div>	<p>Full Names _____</p> <p>Business Address _____</p>	<p style="text-align: center;"><b>Commissioner of Oaths</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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