

DEPARTMENT: HOME AFFAIRSREPUBLIC OF SOUTH AFRICA

APPLICATION FOR VISA OR TRANSIT VISA

[Section 7 (1) (g) read with sections 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	ALZEROOUI
First names (in full)	AMIN JAFFAR ABDULLA
Maiden name	
Previous surname(s)	
	Y Y Y M M D D
Date of birth	City of birth DUSA
Country of birth	CRITATIVE CASA OBTION
Gender	Male Female
Nationality	TEN ARAB EMIRATES If acquired by naturalisation, state original nationality
Where and when	was present nationality obtained
Passport/Travel D	Document Number Issuing authority Issuing authority
Type of document	: Diplomatic/Official/Ordinary Passport/Travel Date of expiry
Document/other (Specify)
Permanent resider	ntial address
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Period resident at	t this addres	54 7	/EARS		Telep	hone numb) (code) (number)	
Country of perma					Perio	d resident \$4 Y	in that cou	untry	
Occupation or pro	ofession	BUSIN	ESS						
Name, address at that you attend or	and the second s	and the same of the same of the same of	oloyer, unive	rsity, org	anisatio	n, etc. to w	hich you a	are attached, o	r
If self-employed,							1 LLC	,	
SHEIKH Z	ZAYED	ROAD	, DUB						********
Marital status	Never married		arried X	Wido	wed	Sepa	rated	Divorced	*********
First name(s) of s	spouse								
Maiden name		ALH	'AJ AL	ZA	ARO	NI			
	YY	YYM	M D D						
Date of birth				Nation	nality	UAE			
NB: SEPARATE AND CHILDREN									6
Particulars of chil	dren endors	sed on your	passport acc	company	ing you				
Surna	me		First name(s)	Date	of birth	PI	ace of birth	
(1)									
(2)									
(3)			N/A						
(4)									
VISIT TO SOUTI	H AFRICA						6		
Expected date of	f arrival in th	ne Republic	y 2015	M .	00	·T	D	13	
Place of arrival	JOHA	NNESS	BURG						
Purpose of visit	BU	siness					Vi.		
Duration of stay	(months	noko or do	N ONF					•	
Number of entrie	(months, we es required	eeks or days	s)		· · · · · ·				
Single	1 1000							1-	
Multiple	X								
Two						7			

Proposed residential address (physical) in the	Republic, including th	ne full name(s) of your	host or h	notel	
26 SAXONWOLD	DRIVE,	SAXONWOO	D, JOHANNE	SBURG	S	
	B 1		POST OF PROCEEDINGS SERVICE STORMS SERVICE SER		-	
Names of organisations or p	ersons you wil	Il be contacting duris	ng your stay in the F	epublic:		
Name		Address	Re	lationship)	
· · · · · · · · · · · · · · · · · · ·				-		
fi .						
Identity document number or p	ermanent reside	ence permit number o	f South African host			
			×			
Indicate by means of an X w	hichever is ap	plicable	Str 2007 20			
Have you at any time applied f	or a permit to s	ettle permanently in S	outh Africa?	yes	no	X
Have you ever been restricted	or refused entr	y into South Africa?		yes	no	X
Have you ever been deported	from or ordered	to leave South Africa	?	yes	no	X
Have you ever been convicted	of any crime in	any country?		yes	no	X
Is a criminal action pending ag	ainst you in any	country?		yes	no	X
Are you an unrehabilitated inso	olvent?		0	yes	no	X
Are you suffering from tubercul mental or physical deficiency?	losis or any othe	er infectious or contag	gious disease or any	yes	no	X
Have you ever been judicially	declared incomp	petent?		yes	no	X
Are you a member of, or add practice of social violence or ra organisation or association util	acial hatred or a	are you or have you be	een a member of an	yes	no	X
Give particulars if reply to one	or more of the	questions above is in	the affirmative:			
		······································				

			12.5			
To be completed by applican	ts applying for	r visitor's permits ex	ceeding three month	ns:		
In the case of a spouse or dep 14, 15, 17, 19 or 22, submission	endant minor cl	hild of the holder of a	permit issued in terms	of section	on 11, 1	13,
Proof of academic sabbatical, i	if applicable.					
Proof of non-remunerative volu		ble activities to be und	dertaken, if applicable		21	
Proof of research to be underta			,			
Proof of funds available for sub	sistence during	period of visit.				

To be completed by applicants applying for diplomatic, official or courtesy visas:

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.

To be completed only by passengers in	
Intended date and port of departure from the	he Republic to that destination
Do you hold a visa or permit for temporary	or permanent residence in the country of your destination?
must be submitted)	
To be completed by persons wishing to	work in the Republic Yes No
If the answer is yes, please provide details.	
5	
DECLARE THAT I DO NOT CONTEMPLAT REPUBLIC.	BOVE PARTICULARS PROVIDED BY ME ARE TRUE FULLY UNDERSTAND THE MEANING THEREOF. I FURTI TE CHANGING THE PURPOSE OF MY VISIT WHILST IN
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REPUBLIC.	TOLLY UNDERSTAND THE MEANING THEREOF, I FURTHER CHANGING THE PURPOSE OF MY VISIT WHILST IN
Signature of applicant FOR OFFICIAL USE ONLY	Date
Signature of applicant FOR OFFICIAL USE ONLY	TOLLY UNDERSTAND THE MEANING THEREOF, I FURTHER CHANGING THE PURPOSE OF MY VISIT WHILST IN
Signature of applicant FOR OFFICIAL USE ONLY Approved/not approved by	DET OS, ZOUS Date OCT OS, ZOUS Date
Signature of applicant FOR OFFICIAL USE ONLY	DET OS, ZOUS Date OCT OS, ZOUS Date
Signature of applicant FOR OFFICIAL USE ONLY Approved/not approved by	DET OS, ZOUS Date OCT OS, ZOUS Date
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Signature of applicant FOR OFFICIAL USE ONLY Approved/not approved by Type of visa	DLLY UNDERSTAND THE MEANING THEREOF, I FURTHER CHANGING THE PURPOSE OF MY VISIT WHILST IN TOUR DATE
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