



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
APPLICATION FOR A STUDY PERMIT

IMPORTANT:

- (i) Please note that foreign students have no automatic claim to local medical or legal services whilst in the Republic and appropriate provision should be made to meet any such eventualities.
(ii) This form must submitted with the basic form BI-159:A.
(iii) All applicants are required to complete paragraphs 1 to 4. If the applicant is a minor (under 21), paragraph 5 must be completed and signed by both parents. Paragraph 6 must be completed and signed by a registered medical practitioner. Paragraph 7 is only applicable to applicants for primary and secondary education are required to either lodge a cash deposit or bank gurantee for repatriation purposes.
(iv) A letter of acceptance by the relevant educational authority on the educational insitutional's official letter head must accompany the application.
(v) All supporting documentation, as specified, must be attached in the space allocated for this purpose on form BI-159:A
(vi) Please note that persons wishing to enter the country for practical training exclusively or students who wish to take up employment not pertinent to their studies in the RSA, should obtain work permits. Students who take up employment without prior authorisation will be dealt with as prohibited persons.

AS SUBMITTED BY

Table with 3 columns: SURNAME/FAMILY NAME, GIVEN NAMES, DATE OF BIRTH

1. MOTIVATION

1.1 Detailed person(s) why you wish to pursue your studies in the RSA:

Dotted lines for writing motivation

1.2 Detailed of educational qualifications to date:

Dotted lines for writing educational qualifications

2. PROPOSED STUDIES

2.1 Detail of the course to be followed/study programme:	
2.2 Total number of years of proposed course:	2.3. Current year of study/presently in standard:
2.4 Final diploma/degree being studied for:	
2.5 Major subjects:	
2.6 Name/title of chosen educational institution:	
2.7 Accomodation arrangements:	
2.8 Name and address of guardian, if applicable:	

3. APPLICANT'S UNDERTAKING TO LEAVE THE RSA ON COMPLETION OF HIS/HER STUDIES

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4. APPLICANT'S DECLARATION

Ihereby declare that I am a bona fide scholar/student, that I understand the contents and implications of this application and will abide by the conditions as set out in my study permit.

.....
Signature of applicant

.....
Signature of witness

Signed atthisday of19

5. PARENTAL AUTHORIZATION

Ibeing the mother
address

and Ibeing the father
address

of the minor childhereby consent
to him/her taking up studies in the RSA and / or

.....

.....

Signed (mother)

Signed (father)

Date:/...../.....

Date:/...../.....

NOTE: If parents are divorced, a certified copy of the divorce decree must be submitted

6. MEDICAL REPORT

I, in my capacity as a medical doctor with a practice situated
 at
 Telephone No: (code) Facsimile No: (code)
 hereby declare that an examination of
 has revealed that

Please affix your official seal or stamp

Signed :
Date: / /
Medical Registration No:

7. DECLARATION: EDUCATION INSTITUTION

7.1 Primary and secondary education

I, SA Identity No
 in my capacity as for and on behalf of the education institution
 known as
 situated at
 Telephone : (code.....) Facsimile: (code)
 hereby undertake full responsibility for and undertake
 to repatriate him / her to his / her country of origin / residence should this become necessary. I also declare that:

.....
Signature of Head of Educational Institution

.....
Signature of witness

Signed at this day of 19

7.2 Tertiary education

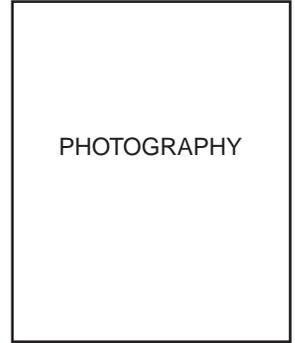
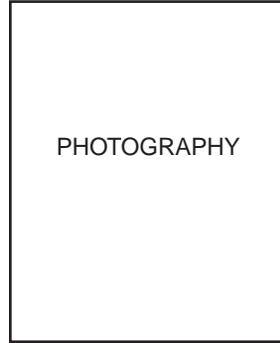
Please note that only a cash deposit or bank guarantee (prescribed forms obtainable from foreign offices) are acceptable as repatriation guarantee in respect of tertiary students.



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

APPLICATION FOR TEMPORARY RESIDENCE IN SOUTH AFRICA

CATEGORY OF PERMIT BEING APPLIED FOR:	
(i) Workseeker's permit	
(ii) Work permit: Temporary employment	
(iii) Work permit: Self-employment/Own business	
(iv) Work permit: Arts and Entertainment industry	
(v) Study permit	



NUMBER OF PERSONS COVERED BY THIS APPLICATION	Adults <input type="checkbox"/>	Children <input type="checkbox"/>	Total <input type="checkbox"/>
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IMPORTANT:

(i) Please note that form BI-159: A must be completed and submitted by all applicants in addition to the supplementary form (BI-159: B to BI-159: F) relevant to the category of permit being applied for as indicated on page one of the information sheet which forms the cover to this application.

(ii) Please complete this form in BLOCK LETTERS and tick the appropriate squares, marking any sections which do not apply "n/a", ensuring that all the questions are fully responded to. Your application will be considered on the basis of the information furnished on this form and on the documentary evidence provided. If additional space is required to answer any questions, please provide the extra details on a separate signed sheet and attach with your supporting documents to the space provided at the end of this form (item 12).

(iii) Applicants who are found to have provided false or misleading information on this form will have their applications refused or their authorization to remain in South Africa withdrawn, as will any applicants who enter the Republic prior to holding a permit commensurate with their purpose of entry, or who have permitted the validity of their permits to lapse.

(iv) To facilitate the endorsement of your passport, **please indicate which office of the Department should be advised of the outcome to this application, if other than where submitted, viz:**

FOR OFFICIAL USE ONLY			
Office of origin:	BLOK:	Mission file no.:	
Date received:	Date forwarded to Head Office:	Regional file no.:	
Submission checked by/on:	Date received at Head Office:	Head Office file no.:	
Passport seen/returned by/on:	Processed by/on:	Remarks:	
Fee: Currency and amount:	Authorized by/on:		
Fee received by/on:	Decision carried over by/on/per:		
Receipt no.:	<input type="checkbox"/> Bl. 1098 <input type="checkbox"/> Facsimile <input type="checkbox"/> Other		

1. PERSONAL DETAILS

1.1 Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (specify) <input style="width: 100px;" type="text"/>			
1.2 Surname/Family name		1.3 Given names	
1.4 Maiden name:		1.5 Stage name:	
1.6 Previous/alternative name(s)/aliases, including details:			
1.7 Date of birth: Year Month Day			
1.8 Place of birth: Town/City		Country	
1.9 Marital Status: Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> De Facto <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Engaged <input type="checkbox"/> and details <input style="width: 100px;" type="text"/>			
1.10 If separated state: Whether divorce proceedings have been instituted and when final decree is expected			
1.11 If divorced provide: Date of divorce and details of any maintenance and/or custody agreements/orders for which certified copies of substantiating legal documentation must be attached			
1.12 If married to a South African citizen , a certified copy of the marriage certificate must be attached.			
1.13 If engaged: Proposed date of marriage <input style="width: 100px;" type="text"/> Nationality of fiancé(e) Whereabouts/residential status If to a South African citizen Name: ID No			

2. CITIZENSHIP DETAILS

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

3. PASSPORT DETAILS

3.1 Passport number:		3.2 Country of issue:	
2.2 Date of issue <input style="width: 100px;" type="text"/>		3.4 Valid until <input style="width: 100px;" type="text"/>	
2.3 If you have any other identity document required by your government, provide details: Type of document: Number Expiry date: <input style="width: 100px;" type="text"/>			

4. ADDRESSES

<p>4.1 Residential address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postal code</p>	<p>4.2 Postal address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postal code</p>
<p>4.3 Country of usual residence if other than country of origin or above address:</p>	
<p>4.4 Telephone numbers: Work (area code) Home (area code)</p>	

4.5 Other addresses where you have lived during the last ten years outside your home country:		
Address	Period	Reason(s)

<p>4.6 Do you hold the right of re-entry into your country of origin and/or country of residence if this differs?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, specify</p> <p>.....</p>

<p>4.7 Have you ever applied for asylum or refugee status in SA or any other country?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, specify</p> <p>.....</p>

<p>4.8 Contact person:</p> <p>Relationship: Friend <input type="checkbox"/> Business Associate <input type="checkbox"/> Relative <input type="checkbox"/> Other <input style="width: 100px;" type="text"/></p> <p>Name and address:</p> <p>.....</p> <p>Telephone numbers: Work (area code) Home (area code)</p>

4.9 Details regarding relatives and/or friends in South Africa:			
Name	Address	Relationship	ID No.:

5. INTENTIONS/PROPOSED DURATION OF STAY IN THE RSA

5.1 Proposed date and place of departure for SA:	
5.2 Anticipated date and place of arrival in SA:	
5.3 Travelling by: Air <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Sea <input type="checkbox"/> Carrier <input style="width: 100px;" type="text"/>	
5.4 If you intend staying in SA temporarily only, state your proposed duration of stay:	
<input style="width: 100px;" type="text"/> days/weeks/months	intended date of departure <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
5.5 Do you intend settling in South Africa on a permanent basis? No <input type="checkbox"/> Yes <input type="checkbox"/>	5.6 If so, have you submitted an application for an immigration permit? No <input type="checkbox"/> Yes <input type="checkbox"/>
5.7 If yes and the outcome is still awaited, application submitted on <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> to foreign/domestic office at under reference no.	

5.8 **Outline your proposed activities whilst in the RSA**

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6. MAINTENANCE/REPATRIATION

State what funds you have available for maintenance during your stay in South Africa and whether you have purchased a return ticket/other arrangements made for maintenance and return passage:

6.1 Available funds (foreign currency): Type Amout SA Rand equivalent	
6.2 Valid return or onward ticket no.:	Expiry date <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
6.3 Cash deposit in the amount of lodged at office on <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> Receipt no S.A Rand equivalent:	
6.4 Non-negotiable bank guarantee (sufficient to cover repatriation costs if necessary) in the amount of with (name of registered banking institution) situated at	
6.5 Other:	
.....	
.....	
.....	

12. SUPPORTING DOCUMENTS

N.B.: 12.1 Please provide a list below of all the documents attached:

12.2 Attachments should be affixed here:
(please staple or pin securely).



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, tuberculosis or other infectious or contagious condition;
- (c) generally in a good state of health;

except for the following defects observed:

(Please type or print)
Details regarding the disorder, disease or disability, the seriousness thereof and the treatment, if any, prescribed/recommended

Name of person(s)

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

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	Neuroses.
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 INTERNAL 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