



AFRIQUE DU SUD
MODALITES D'OBTENTION DU VISA ETUDIANT
(STUDENT EXCHANGE PROGRAMME)

DOCUMENTS A FOURNIR :

- Passeport valide au minimum un mois après la date de retour, avec au moins 2 pages vierges recto-verso et face-à-face.
- Formulaire complété très lisiblement en renseignant toutes les rubriques.
- 2 photos d'identité récentes format officiel (3,5 x 4,5).
- Copie de la carte de séjour ou du visa français pour un étranger résident en France.
- Copie de la carte d'étudiant.
- Lettre de l'école ou université française.
- Lettre ou fax de l'école ou université sud-africaine.
- C.V. en anglais.
- Attestation d'assurance médicale (rapatriement, hospitalisation, et frais médicaux sur place) couvrant tout le séjour.
- Certificat médical de bonne santé de moins d'1 mois.
- Certificat radiologique des poumons de moins d'1 mois.
- Extrait de casier judiciaire pour les demandeurs de plus de 18 ans de moins d'1 mois.
- Extrait de naissance de moins d'1 mois.
- Preuve d'hébergement.
- Preuve des moyens financiers pendant tout le séjour.
- Attestation de réservation de billet aller/retour.

A NOTER :

- Un dépôt de caution de 700 euros par chèque de banque à l'ordre de l'Ambassade d'Afrique du sud est obligatoire (modalité de remboursement fournie avec le reçu).
- Une autorisation parentale est obligatoire, si le demandeur a moins de 18 ans.
- Frais consulaires : 43 €
- Délai : 1 semaine.

Documents à envoyer à :

D. SACHS

169 BD Voltaire – B.P. 49

92603 ASNIERES Cedex



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

APPLICATION FOR TEMPORARY RESIDENCE PERMIT

(Sections 13, 14, 15, 17 to 20 and 22 of Act No. 13 of 2002:
Regulations 18, 22 to 24, 26 to 29 and 31)

CATEGORY OF PERMIT BEING APPLIED FOR	
Work: Quota	Work: General
Own business	Intra-company transfer
Corporate worker	Exceptional skills
Study (> 3 months)	Medical (> 3 months)
Relative's	Retired person
Student exchange programme	Work exchange programme
Cultural/economic/social exchange programme	Treaty



IMPORTANT:

- (i) 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.
- (ii) All the applicable supporting documents specified in item 12 must be attached to this application.
- (iii) Applicants who are found to have provided false or misleading information on this form will have their applications refused or their authorisation to remain in South Africa withdrawn, as will any applicants who enter the Republic prior to holding a permit commensurate with their true purpose of entry, or who have permitted the validity of their permits to lapse.
- (iv) Spouse and dependant children accompanying the applicant must complete the prescribed visa application form.
- (v) It is the applicant's prerogative to elect an immigration practitioner to submit the application on his/her behalf. However, this will not in any way influence the outcome as all applications are considered individually on merit. Should the application be submitted on the applicant's behalf by an immigration practitioner, the applicant is still required to personally sign the application.
- (vi) Details of the prescribed fees are available from all offices. Fees are not refundable irrespective of whether or not the application is successful.
- (vii) Applying for a permit does not provide you with a status in terms of the Immigration Act, and if you do not have the relevant permit you must await the outcome of your application outside the Republic.
- (viii) In most cases and under ordinary conditions, the Department will endeavour to process this application within time frames set out in the Regulations.
- (ix) 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:	BLOCK:	Mission file No.:	
Date received:	Date forwarded to Regional Office:	Regional file No.:	
Submission checked by/on:	Date received at Regional Office:	Remarks:	
Passport seen/returned by/on:	Processed by/on:		
Fee: Currency and amount:	Authorised by/on:		
Fee received by/on:	Decision carried over by/on/per:		
Receipt No.:	Letter		Facsimile

1. PERSONAL DETAILS

1.1 Title:	Mr	Ms	Other (specify)	
1.2 Surname/Family name				1.3 Given name
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	Divorced	Widowed	
	Married	Separated	Life partner	
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.				

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:
3.3 Date of issue: / /	3.4 Valid until: / /
3.5 If you have any other document required by your government, provide details: Type of document..... Number..... Expiry date: / /	

4. ADDRESSES

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

4.5 Other addresses where you have lived during the last ten years other than your current address:		
Address	Period	Country

4.6 Do you hold the right of re-entry into your country of origin and/or country of residence if this differs?

Yes ☐ No ☐

If no, specify period and present status.....

.....

4.7 Have you ever applied for asylum or refugee status in SA or any other country?

Yes ☐ No ☐

If yes, specify

.....

4.8 Contact person:

Relationship:	Friend	<input type="checkbox"/>	Business associate	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Other	<input type="checkbox"/>
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Name and address

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Telephone numbers: Work (area code) Home (area code)

4.9 Details regarding relatives and/or friends in South Africa, if any:

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 type="checkbox"/>
5.4 If you intend staying in SA temporarily only, state your proposed duration of stay					
	Days/weeks/months/or		Years	Intended date of departure: / /	
5.5 Do you intend settling in South Africa on a permanent basis?		5.6 If yes, have you submitted an application for a permanent residence permit?			
No <input type="checkbox"/> Yes <input type="checkbox"/>		No <input type="checkbox"/> Yes <input type="checkbox"/>			
5.7 If yes and the outcome is still awaited, application submitted on					
to foreign/domestic office at.....		under Reference No. (Date)			

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: _____	Amount: _____
	SA Rand equivalent: _____	
6.2	Valid return or onward ticket number: _____	Expiry date: ____/____/____
6.3	Cash deposit in the amount of _____	lodged at _____ office
	on ____/____/____	Receipt No. _____ SA Rand equivalent _____
6.4	Other _____	

7. PARTICULARS OF ANY FAMILY/DEPENDANTS ACCOMPANYING YOU

7.1	Full names	Date of birth	Relationship	Passport number	Expiry date	Nationality	Occupation

7.2 Do any of the above hold either—

7.2.1 a South African identity document? No ☐ Yes ☐ Holder _____
Number _____ Or _____

7.2.2 a permanent/temporary residence permit? No ☐ Yes ☐ Holder _____
Office of issue _____ Type _____ Date of expiry: ____/____/____

7.3 If your spouse and/or other dependants are not accompanying you, do they intend to enter the country?

Yes ☐ On (date) ____/____/____
No ☐ Details/reason(s): _____

8. PREVIOUS APPLICATIONS

8.1 Have you or any other person included in this application previously applied for any type of South African visa, or if exempt from visa control, obtained temporary residence permits on arrival?

No ☐ Yes ☐

8.2 Give details of each application:

Name	Category of temporary residence permit	Date and place of application	Granted or refused	Period authorized	Reference number
				From _____	
				To _____	
				From _____	
				To _____	
				From _____	
				To _____	
				From _____	
				To _____	

8.3 Details of any prior restrictions/repatriations/deportations/orders to depart from South Africa:

9. SECURITY/HEALTH CLEARANCES

9.1	Have you or any of your dependants ever been convicted of any crime in any country?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
9.2	Is a criminal/civil inquiry pending against you or any of your dependants in any country?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
9.3	Are you or any of your dependants suffering from tuberculosis, any other infectious or contagious disease or any mental or physical deficiency?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
9.4	Are you an unrehabilitated insolvent?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
9.5	Have you ever been judicially declared incompetent?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
9.6	Are you a member of, or an adherent to an association or organisation advocating the practice of social violence, or racial hatred?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
9.7	Are you or have you been a member or an adherent to an association or organisation utilising or advocating crime or terrorism to pursue its goals?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
9.8	Is there any court order against you for your failure to fulfil child or spousal maintenance obligations?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
9.9	Furnish full particulars if the reply to any of these questions is in the affirmative:		

10. ANY ADDITIONAL POINTS YOU WISH TO BRING TO THE DEPARTMENT'S ATTENTION

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11. DECLARATION BY APPLICANT

I acknowledge that I understand the contents and implications of this application and solemnly declare that the above particulars given by me as well as all particulars in the attached supporting documentation are true and correct.

..... <i>Signature of applicant</i> Date
..... <i>Signature of witness</i> Date

12. THE FOLLOWING SUPPORTING DOCUMENTS MUST ACCOMPANY THE APPLICATION:

12.1	In respect of all permit applications except permits referred to in items 12.4, 12.11 and 12.12 below:	Attached		For official use
		Yes	No	
12.1.1	Passport valid for no less than 30 days after expiry of the intended visit.			
12.1.2	A full medical certificate.			
12.1.3	Full birth certificate.			
12.1.4	Full marriage certificate (where applicable).			
12.1.5	The affidavit (BI-1712A) where a spousal relationship other than a marriage is applicable with proof of co-habitation.			
12.1.6	A notarial contract, in the case of cohabitation.			
12.1.7	Proof of a customary union, where applicable.			
12.1.8	Divorce decree, where applicable.			
12.1.9	Proof of court order awarding custody, where applicable.			
12.1.10	Death certificate, in respect of late spouse, where applicable.			
12.1.11	Written consent from both parents, or sole custody parent where applicable with proof of sole custody.			
12.1.12	Proof of legal adoption where applicable.			
12.1.13	Legal separation order, where applicable.			
12.1.14	Police clearance certificates in respect of applicants 21 years and older, in respect of all countries where person resided one year or longer.			
12.1.15	A vaccination certificate, if required by the Act.			

12.2 In respect of a study permit:

12.2.1	An official letter of provisional enrolment from the institution of learning concerned stating the nature of the course, the applicant's compliance with all admission requirements, including any applicable language proficiency requirements, as well as details regarding arranged accommodation and proof of sufficient funds to cover tuition fees, maintenance and incidental costs.			
12.2.2	Proof of qualifications			
12.2.3	In the case of a minor, written permission by both parents, or sole custody parent, provided that relevant documentation proving sole custody is produced.			
12.2.4	The particulars of the person(s) in the Republic who will act as the learner's guardian.			
12.2.5	Undertaking by Institution to keep the Department informed if learner discontinues the course or fails to qualify for re-enrolment.			

12.3 In respect of a business permit to establish an own business or to invest in an existing business venture:

12.3.1	Proof of availability of funds for transfer from abroad.			
12.3.2	Certification by a chartered accountant that the applicant will have at least R2,5 m value invested as part of the book value of the business and will comply with at least one of the other criteria stipulated in regulation 24. (Specify such criteria/criterion.)			



DEMANDE DE MISSION à L'ATTENTION DE D. SACHS
POUR L'OBTENTION DE VISA(S)

A renvoyer avec la totalité des documents à :

D. Sachs – 169 bd Voltaire – B.P. N° 49
92603 ASNIERES Cedex
Tel : 01 40 86 53 00 / 01 Fax : 01 40 86 53 02

Nom et prénom de la personne à contacter :	
Société :	
Adresse de facturation :	

Tel :	
Tel mobile :	
Fax :	
E-mail :	

Pays de destination (si plusieurs pays, indiquer la chronologie du voyage) :

Nom et Prénom du (des) passeport (s). Attention, si plusieurs passeports pour des destinations différentes, remplir un bon de commande par destination.

Nature du visa (affaire, tourisme...) :	
Date de départ :	
Durée du séjour :	
Nombre d'entrées :	

Modalité de retour du (des) document (s) :	
Adresse de retour (si différente de celle de facturation)	

Documents fournis :	
Commentaires :	

Je, soussigné(e), demande à l'entreprise D. SACHS d'effectuer pour mon compte les démarches ci-dessus mentionnées. Je m'engage à régler à réception la facture comprenant ; honoraires + TVA (19,6%) et frais avancés. Je déclare avoir pris connaissance et accepter les conditions générales de vente.
Date, signature, et cachet de la société.