

## SUGGESTED FORMAT: PARENTAL CONSENT AFFIDAVIT (CONSENT FOR PERSON UNDER THE AGE OF 18 TO TRAVEL TO OR FROM THE REPUBLIC)

Surname:	Name:	Date of birth
Identified by Passport no:	 i	s travelling from
, , _	to	3
fc	or the period	to
20****		
and / or** is a student / care	ed for at	
situated at (address)		
Contact number of learning	institution/place of care:	
The child is accompanied /	will be received in South A	frica by (delete appropriately):
Surname, Name		
Relationship		
Residential Address		
Work Address		
Contact No: Work	Mobile	Residence
		ch passport and visa of person receiving
the child in SA.		in passport and visa or person receiving
Mother:		
Surname, Name		
Residential Address		
Desidential Address		
Kesidentiai Address		
Work Address	Mobile	Residence
Work Address Contact No: Work	Mobile	Residence
Work Address  Contact No: Work  Signature and date		Residence
Work Address  Contact No: Work  Signature and date  Attach copy of mother's ID or		Residence
Work Address  Contact No: Work  Signature and date  Attach copy of mother's ID or p		Residence
Work Address  Contact No: Work  Signature and date  Attach copy of mother's ID or,  Father:  Surname, Name		Residence
Work Address  Contact No: Work  Signature and date  Attach copy of mother's ID or,  Father:  Surname, Name		Residence
Work Address  Contact No: Work  Signature and date  Attach copy of mother's ID or p  Father:  Surname, Name  Residential Address		Residence
Residential Address  Work Address  Contact No: Work Signature and date Attach copy of mother's ID or,  Father: Surname, Name Residential Address  Work Address		Residence
Work Address  Contact No: Work Signature and date Attach copy of mother's ID or,  Father: Surname, Name Residential Address		Residence

Attach copy of father's ID or passport.

Legai Guardian:					
Surname, Name					
Residential Address					
	1				
Work Address					
7707771447000					
Contact no. Work	Mobile	Residence			
Signature	Wobiic	residence			
Date					
	1				
Attach legal guardian's appointment	rietter or court order and ID or p	assport.			
Copies of the following documen	ts are attached:				
Unabridged Birth Certification	ate (UBC) or Equivalent Docเ	ument of child travelling	9		
ID or Passport and Visa of	of person receiving child in th	e Republic			
Court Order (where applied	Court Order (where applicable)				
Death Certificate (of any of Document)	deceased parent reflected or	n the UBC or Equivalen	ot .		
ID or Passport of parent(s	s) or legal guardian(s)				
Thus signed and **sworn/sole	mnly affirmed before me or	n this day of	f		
20	•	·			
-					
			OFFICE STAMP		
			OTTIOL OTAMI		
Commissioner of Oaths					
(May be attested free of charge at a	nny embassy or mission of the R	Pepublic of South Africa)			
First name(s):		L			
Surname:					
Capacity:					
Place:					
Contact Number:					
*Both parents whose details appear travel.	r on the UBC or Equivalent Doo	cument shall consent to l	the child's		

\*\*Delete whichever is not applicable.

Where only one parent's details appear, only such parent's consent is required.

<sup>\*\*\*</sup>An Equivalent Document is any official document or letter issued by a foreign government (including a foreign embassy) or a letter issued by the Director-General of the Department of Home Affairs in lieu of an unabridged birth certificate and which serves as a confirmation of parentage of a person below the age of 18.

<sup>\*\*\*\*</sup>This document remains valid only for the period stipulated, which may not exceed six (6) months.