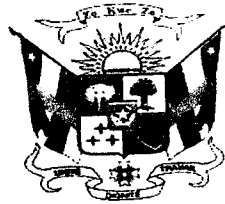


**REPUBLIQUE CENTRAFRICAINE
 MINISTERE DES AFFAIRES ETRANGERES
 DE L'INTEGRATION REGIONALE ET DE LA
 FRANCOPHONIE**

**AMBASSADE DE LA REPUBLIQUE
 CENTRAFRICAINE PRES LA
 REPUBLIQUE D'AFRIQUE DU SUD**



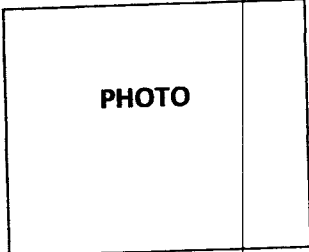
**EMBASSY OF THE CENTRAL
 AFRICA REPUBLIC PRETORIA
 REPUBLIC OF SOUTH AFRICA**

SERVICE DES VISAS

N°...../AMB/SV-

VISA APPLICATION FORM

Please use block letters and black ink only



Surname													
First names (in full)													
Maiden name													
Previous surname(s)													
Date of birth		Y	Y	Y	Y	M	M	D	D	City of birth.....			
Country of birth:.....													
Gender		Male		Female									
Nationality:						If acquired by naturalisation, state original nationality							
Where and when was present nationality obtained:													
Passport/Travel Document Number:						Issuing authority:							
Type of document: Diplomatic/Official/Ordinary Passport/Travel Document/other (specify):.....						Date of expiry:							
Permanent residential address.....													
Period resident at this address.....						Telephone number							
Country of permanent residence:						Period resident in that country:							
Occupation of profession:													
Name, address and telephone of employer, university, organization etc to which you are attached, or that you attend or you represent.....													
If self employed state name address, telephone n° and nature of business													
.....													
.....													
.....													
.....													
Marital status		Never married		Married		Widowed		Separated		Divorced			
First names(s) of spouse													

Date of birth	Y	Y	Y	Y	M	M	D	D	Nationality.....
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NB:SEPARATE FORMS MUST BE COMPLETED IN RESPECT OF PERSONS OVER THE AGE OF 16 1ND CHILDREN UNDER THE AGE OF 18 TRAVELLING ON THEIR OWN PASSPORTS

Particulars of children endorsed on your passport accompanying you:

Surname	First name(s)	Date of birth	Place of birth
1-			
2-			
3-			
4-			
5-			

VISIT TO CENTRAL AFRICAN REPUBLIC
 Expected date of arrival in Central African Republic:...../...../.....
 Place of arrival:
 Purpose of visit:
 Duration of stay (months, weeks of days):
 Number of entries required:
 - Single:
 - Multiple:
 - Two :

Proposed residential address (physical) in the Central African Republic, including the full name(s) of your host or hotel

Name of organizations or persons you will be contacting during your stay in the Central African Republic

Name	Address	Relationship
.....
.....
.....

Identity document number or permanent residence permit number of your Central African host

Indicate by means of an X whichever is applicable

Question	yes	No
Have you at any time applied for permit to settle permanently in Central African Republic?		
Have you ever been restricted or refused entry into Central African Republic?		
Have you ever been deported or ordered to leave Central African Republic?		
Have you ever been convicted of any crime in any country?		
Is a criminal action pending against you in any country?		
Are you an unrehabilitated insolvent?		
Are you suffering from tuberculosis or any other infectious contagious disease or any mental or physical deficiency?		
Have you ever been judicially declared incompetent?		
Are you a member or an adherent to an association or organization advocating the practice of social or racial hatred or are you or have you been a member of an organization or association utilizing crime or terrorism to pursue its ends?		

Give particulars if reply to one or more of the questions above is in the affirmative:

To be completed by applicants applying for visitor's permits exceeding three months

In the case of a spouse or dependant minor child of the holder of a permit issued in terms of section 11 13 14 15 16 17 19 or 22 submission of a marriage certificate or an unabridged birth certificate.....
Proof of academic sabbatical if applicable.....
Proof of non remunerative voluntary or charitable activities to be undertaken, if applicable.....
Proof of research to be undertaken, if applicable.....
Proof of funds available for substance 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 at a diplomatic placing in the Republic, proof of such placing

To be completed only by passengers in transit to another country:

Destination after leaving the Republic.....
Mode of travel to destination.....
Intended date and port at departure from the Republic to that destination.....

Do you hold a visa or permit for temporary or permanent residence in the country oh your destination? Proof must be submitted.....
.....

To be completed by persons wishing to work in the Republic

Yes
No

If the answer is yes, please provide details.....
.....
.....
.....

CONTEMPLATE CHANGING THE PURPOSE OF MY VISIT WHILST IN THE REPUBLIC.

.....
Signature of applicant

.....
Date

FOR OFFICIAL USE ONLY

Approved/ not approved by..... On

.....
.....

Type of visa.....

Reasons for decision.....

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