REPUBLIC OF SOUTH AFRICA

POWER OF ATTORNEY IN RESPECT OF AN APPLICATION FOR (A) IMMIGRATION PERMIT(S) OR TEMPORARY RESIDENCE IN THE REPUBLIC OF SOUTH AFRICA, OR FOR THE EXTENSION OF THE VALIDITY THEREOF

[Sections 25 and 26 of the Aliens Control Act, 1991 (Act No. 96 of 1991): Regulation 13A]

PART A POWER OF ATTORNEY		
I (full name and surname	p),	
hereby appoint (full nam	es and surname)	
	Registration No	
,		
to apply on my behalf extension of the validity	for a residence permit reffered to in section 25/26* of the Aliens Control Act, 1991/the of a permit reffered to in section 26*, at a South African Mission/office of the Department of any further relevant information concerning myself, and to receive the decision of the on with the application.	
I hereby confirm that—		
(a) I personally signed validity of a permit*	I this power of attorney and my application for a residence permit/the extension of the	
, ,	part from an application fee, guidance and advice of the Department in connection with	
	which is issued to me or whereof the validity is extended, may be withdrawn if any oplication or which is submitted by the person holding power of attorney, are incorrect;	
	a residence permit does not grant me any rights to enter the Republic of South Africa permit has been granted to me;	
considered by the	ny application for a residence permit or the extension of the validity thereof shall be Department of Home Affairs/Regional Office and that the granting of a power of attorney g power of attorney, in no way will expedite or benefit my application; and	
• •	the Department if I withdraw or amend the power of attorney before the Department cision on my application.	
(* Delete which is not ap	plicable)	
	CERTIFICATE	
I understand the conter	ts of this power of attorney.	
Signed at	day of	
	yearyear	
R2,00 revenue		

stamp

Signature of person giving power of attorney

PART B DECLARATION BY PERSON HOLDING POWER OF ATTORNEY

l (fu	ull names and surname),	
accept the above-mentioned appointment and confirm that the address hereunder is my business address/home address*:		
* (\$	Submit business address if employed or doing business for own account, or home address in other instances).	
l he	ereby confirm that—	
(a)	I personally signed this declaration:	
(b)	I ascertained and identified myself with the contents of this document and the correctness of the particulars in the application for a residence permit/the extension of the validity of a permit (delete which is not applicable);	
(c)	I am aware that a residence permit issued to the applicant or the extension of the validity thereof, may be withdrawn if any particulars in this document or the said application are incorrect, and that it is a contravention of section 57 of the Aliens Control Act, 1991, if any person facilitates or assists the entrance to or residence in the Republic of any other person by the committing of a fraudulent act, or by conduct, statement or otherwise makes any false representation;	
(d)	the power of attorney shall not constrain the Department from contacting the applicant directly in connection with an application; and	
(e)	I may not retain a residence permit issued to the applicant for any debts.	
Sig	ned at on thisday of	
	Signature of person holding power of attorney	
	PART C CERTIFICATE BY INTERPRETER	
	ull names and surname),	
	(full address)	
cor	nfirm hereby that I have mastered (state language)	
and	d that I explained to (full name of applicant)	
 the	contents of this document in the said language and that I am satisfied that the applicant fully understands it.	
	ned aton thisday of	
	year	
	Signature of interpreter	