

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

Surname:	Name	: Date	of birth
Identified by Passport	: no:	is travelling from	to
	for the period	to	****
The child is accompa	nied / will be received in	South Africa by (delete appro	priately):
Surname, Name			
Relationship			
Identified by**	I.D. no. Passport no.		
Residential Address			
Work Address			
		l	
Contact no. Work		Mobile	Residence
Attach copy of South Af Mother:	rican ID or if a foreign nat	ional attach passport and visa of p	person receiving the child in SA.
Surname, Name			
Residential Address			
Identified by**	I.D. no.		
	Passport no.		
Contact no. Work		Mobile	Residence
Signature			
Date	10		
Attach copy of mother's	ID or passport.		
Father:			
Surname, Name			
Residential Address			
Identified by **	ID no	<u> </u>	
Identified by**	I.D. no.		
Contoot no West	Passport no.	Malaila	Dasidanas
Contact no. Work		Mobile	Residence
Contact no. Signature			
Data			

Attach copy of father's ID or passport.

Legal Guardian:

Surname, Name						
Date of birth						
Residential Address						
Identified by** I.D. no.						
Passport no.						
Contact no. Work	Mobile	Residence				
Contact no.						
Signature						
Date						
Attach legal guardian's appointment letter or court order and ID or passport.						
Copies of the following documents are attached:						
copies of the following documents are attached.						
Unabridged Birth Certificate (UBC) of	Unabridged Birth Certificate (UBC) or Equivalent Document of child travelling					
ID or Passport and Visa of person receiving child in the Republic						
Court Order (where applicable)	Court Order (where applicable)					
Court Order (where applicable)	Court Order (where applicable)					
Death Certificate (of any deceased p	Death Certificate (of any deceased parent reflected on the UBC or Equivalent Document)					
ID or Passport of parent(s) or legal guardian(s)						
Thus signed and **sworn/solemnly affirmed before me on this day of20						
		OFFICE STAMP				
	•••••	OTTIOL OTAIII				
Commissioner of Oaths						
(May be attested free of charge at any embassy or mission of the Republic of South Africa)						
First warms (a)						
First name(s):						
Surname:						
Capacity:						
Place:						
F 1865.			1			

*Both parents whose details appear on the UBC or Equivalent Document shall consent to the child's travel. Where only one parent's details appear, only such parent's consent is required.

^{**}Delete whichever is not applicable.

^{***}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.

^{****}This document remains valid only for the period stipulated.