

DEPARTMENT OF HOME AFFAIRS FIRST APPLICATION FOR AN IDENTITY DOCUMENT



THIS FORM MUST BE DULY COMPLETED.

TWO IDENTICAL PHOTO'S TO BE SUBMITTED.

THIS BLOCK ONLY FOR OFFICIAL USE.
(Reason for application)

(a) Function 006

(c) Function 011

(e) Function 160

(b) Function 007

(d) Function 013

(f) Fingerprints

Identity number

APPLICANT

Form completed for passport purposes

/Form completed for ID purposes

Supporting document: Birth entry number

Late Registration

TBVC

•Surname

•Maiden name

•Forename(s)

•Date of birth Country of birth

•Gender: Male/Female City/Town of birth

Telephone Number Dialing Code

If S.A. Citizen by naturalization / resumption: (Attach certified copy)

•CERTIFICATE NUMBER •DATE OF ISSUE

Immigrants: Permanent Residence

Permit/Exemption Certificate Number

• Country of Citizenship

• Date of Permanent Entry (Attach certified copy)

ADDRESS

•Permanent residential address

•Postal address (if different from residential)

•Province

Did you leave RSA recently ?

Yes No

If so: (1) Date of departure

(2) Date of permanent re-entry

(3) Did you acquire the citizenship of any other country? Yes No

MARITAL STATUS

•Never married

•Married

•Widower/Widow

•Divorced

Religious rights

Customary union

MARRIAGE PARTNER

•Identity number

•Date of birth

•Forenames

•Maiden name

•Previous surname

•Date of marriage

City/Town where married

GENERAL Reference Book-/IdCard number

Passport-/Travel Doc. number

TBVC - Identity number

Date of application

Signature or left thumb print

Fingerprints may only be taken by the Department of Home Affairs. PLEASE NOTE:- Should a finger be missing, deformed, or so injured that the impression cannot be taken, this fact should be noted in the space provided for that impression.

Fingerprints taken by

Persal Number

FINGERPRINT CLASSIFICATION

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |

BAR CODE

Applicant

Identity number

Surname

Forename (s)

ROLLED PRINTS

| | | | | |
|--------------------|--------------------|---------------------|-------------------|--------------------|
| Right Thumb | Right Index | Right Middle | Right Ring | Right Small |
| Left Thumb | Left Index | Left Middle | Left Ring | Left Small |

| | | | | | | |
|-------------------|---------------------------------------|--|---------------------------------|----------------------|----------------------|----------------------|
| PHOTO | Identity number: <input type="text"/> | | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| MANUAL | PLAIN PRINTS: LEFT HAND | | PLAIN PRINTS: RIGHT HAND | | | Right Thumb |
| | | | | | | |
| Left Thumb | | | | | | |

The following is attached.....

 Remarks.....

OFFICE STAMP

Regional Representative / District Representative

Persal Number