

CONSULATE GENERAL OF INDIA
JOHANNESBURG
Tel No. +27-11-482 8484/5/6
Fax No. +27-11-482 8488 / 482 8492

ADDITIONAL FORM TO BE FILLED BY NON-RESIDENTS (VISITORS) OF
SOUTH AFRICA ALONG WITH VISA APPLICATION FORM

(TO BE FILLED IN CAPITAL LETTERS)

NAME OF THE APPLICANT :
NAME OF FATHER / SPOUSE :
PLACE OF BIRTH :
NATIONALITY :
PASSPORT NUMBER :
DATE & PLACE OF ISSUE :
OCCUPATION :
PERMANENT ADDRESS :
PRESENT ADDRESS (SA) :
TYPE OF VISA / DURATION :

SIGNATURE OF APPLICANT

(FOR OFFICIAL USE)

FAX NO.

DATED:

Forwarded to Indembassy / Hicomind / Congendia _____
with the request to confirm particulars and communicate objection, if any to grant visa to
him/her. Cost recovered,

VICE CONSUL(CONS)

