

**CONSULATE GENERAL OF INDIA
JOHANNESBURG
TELE NO: - 27-11- 4828484/5/6
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: _____

DATE OF BIRTH: _____

PASSPORT NUMBER: _____

DATE & PLACE OF ISSUE: _____

OCCUPATION: _____

PERMANENT ADDRESS: _____

PURPOSE OF VISIT : _____

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, IF NO REPLY
RECEIVED WITHIN 72 HOURS, AS PER GOVERNMENT'S INSTRUCTIONS VISA
WILL BE ISSUED AFTER LOCAL CHECKS.**

VICE CONSUL (CONS)