

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

I/We* hereby declare my/our **Equivalent document is attache				ertificate (UBC) o
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Surname: Identified by Passport no: for the		is travelling from		to
for the	period	to	20	***
and / or** is a student / cared for	at			
situated at (address)				
Cor	ntact number of le	earning institution/plac	ce of care:	
The child is accompanied / will b	e received in Sou	uth Africa by (delete a	ppropriately):	
Surname, Name				
Relationship				
Residential Address				
	<b>T</b>			
Work Address				
			T =	
Contact No: Work	Mobile		Residence	
Attach copy of South African ID or i	t a toreign national	attach passport and vis	a of person receiving the child	ın SA.
Mother:				
Surname, Name				
Residential Address				
Residential Address				
	<b>'</b>			
Work Address				
Contact No: Work	Mobile		Residence	
Signature and date				
Attach copy of mother's ID or passp	oort.			
Fath an				
Father:	1			
Surname, Name				
Residential Address				
Work Address	<u> </u>			
WOLK MUDIESS				
Contact No: Work	Mobile		Residence	
Signature and date	IVIODIIC		Redidence	
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Attach copy of father's ID or passport.

Legal Guardian:			
Surname, Name			
Residential Address			$\dashv$
Work Address			
Contact no. Work	Mobile	Residence	
Signature			
Date	a count and an and ID on a compart		
Attach legal guardian's appointment letter or	r court order and ID or passport.		
Copies of the following documents are a	ttached:		
Unabridged Birth Certificate (UI	BC) or Equivalent Document of o	child travelling	
ID or Passport and Visa of pers	on receiving child in the Republi	lic	
Court Order (where applicable)			
Death Certificate (of any decea	sed parent reflected on the UBC	C or Equivalent Document)	
ID or Passport of parent(s) or le	egal guardian(s)		
Thus signed and **sworn/solemn	ly affirmed before me on th	his day of	
OFFICE STAMP			
Commissioner of Oaths			
(May be attested free of charge at any emba	assy or mission of the Republic of S	South Africa)	
First name(s):			
Surname:			
Capacity:			
Place:			
Contact Number:			

\*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.

<sup>\*\*</sup>Delete whichever is not applicable.

<sup>\*\*\*</sup>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.

<sup>\*\*\*\*</sup>This document remains valid only for the period stipulated.