

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 c **Equivalent document is attache			nose Unabridged Birth	Certificate (UBC) or
Surname:	Name:		Date of birth	
Surname: Identified by Passport no: for the	110	is travelling from		to
for the	period		20	***
and / or** is a student / cared for	at			
situated at (address)				
Con	tact number of le	arning institution/place	e of care:	
The child is accompanied / will be	e received in Sou	th Africa by (delete ap	propriately):	
Surname, Name				
Relationship				
Residential Address				
Work Address				
Contact No: Work	Mobile		Residence	
Attach copy of South African ID or if	a foreign national a	attach passport and visa	of person receiving the ch	ild in SA.
Mother:				
Surname, Name				
Residential Address				
Nesiderillar Address				
Residential Address				
Residential Address				
Work Address				
Work Address				
Contact No: Work	Mobile		Residence	
Signature and date	Widelie		rtooldorioo	
Attach copy of mother's ID or passpo	ort.			
Father:				
Surname, Name				
Residential Address				
Work Address				
Contact No: Work	Mobile		Residence	
Signature and date				

Attach copy of father's ID or passport.

Legal Guardian:						
Surname, Name						
Residential Address						
Work Address						
Contact no. Work Mobile Residence						
Signature						
Date						
Attach legal guardian's appointment letter or court order and ID or passport. Copies of the following documents are attached:						
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)						
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						
Commissioner of Oaths						
(May be attested free of charge at any embassy or mission of the Republic of 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.

^{**}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.