

(DHA-1712A) Form 12



**DEPARTMENT OF HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA**

**AFFIDAVIT IN RESPECT OF PARTIES TO PERMANENT HOMOSEXUAL OR
HETEROSEXUAL RELATIONSHIP**

[Section 7(1)(g), read with sections 11(6) and 26(b); Regulations 3(2) and (4)]

PART A

TO BE COMPLETED IN THE CASE OF INITIAL APPLICATION:

Particulars of citizen / permanent resident / foreigner*

Surname:	Gender:													
First name(s):.....														
Residential address:														
.....														
.....														
Identity No.														
Or:														
Passport No.: Nationality: Date of birth:														
Date of first entry into the Republic: Type of permit:														
Date of expiry of permit:														

Particulars of foreigner

Surname:	Gender:													
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First name(s): Residential address: Passport No: Date of birth: Place of birth: Nationality: Date of first entry into the Republic: Type of visa / permit held: Date of expiry:

I, (first name(s) and surname) being an *unmarried/divorced/widowed person and (first name(s) and surname) being an *unmarried/divorced/widowed person do hereby *make oath and say/hereby solemnly affirm that we are parties to a *homosexual/heterosexual spousal relationship for the past years months which is intended to be permanent and to the exclusion of any other person from our relationship. Our relationship involves cohabitation and a reciprocal obligation to support one another emotionally and financially. Neither of us are party to a marriage or spousal relationship with any other person.

To substantiate our relationship we attach documentation proving cohabitation and the extent to which the related financial responsibilities are shared by us.

We are the parents of the following children:

Name of child	Date of birth	Name of mother of child	Name of father of child

We agree to submit an affidavit confirming the existence of our relationship after two years from the date of issue of the visa or permit and undertake to inform the Director-General in writing as soon as our spousal relationship cease to exist

.....

**Signature of citizen/ permanent resident Signature of foreign spouse
or foreigner**

Thus signed and *sworn/solemnly affirmed before me on this day of20.....

.....
Commissioner of Oaths
 First name(s):
 Surname:
 Capacity:

OFFICE STAMP

Place:

***Delete which is not applicable**

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**AFFIDAVIT IN RESPECT OF PARTIES TO PERMANENT HOMOSEXUAL OR
HETEROSEXUAL RELATIONSHIP**

[Section 7(1)(g), read with sections 11(6) and 26(b); Regulations 3(2) and (4)]

PART B

**TO BE COMPLETED IN ORDER TO DEMONSTRATE THAT THE SPOUSAL
RELATIONSHIP CONTINUES TO EXIST TWO YEARS AFTER THE ISSUANCE OF THE
VISA OR PERMIT**

Particulars of *citizen/permanent resident/foreigner on a temporary residence permit

Surname:						Gender:								
First name(s):														
Residential address:														
.....														
Identity No														
Or:														
Passport No:				Nationality:				Date of birth:						
Date of first entry into the Republic:						Type of permit:								
Date of expiry:														

Particulars of foreigner

Surname:	Gender:						
First name(s): Residential address: Passport No: Date of birth: Place of Birth: Nationality: Date of first entry into the Republic: Type of permit held: Date of expiry:							

I, (*name and surname*) being an *unmarried/divorced/widowed person and (*name and surname*) being an *unmarried/divorced/widowed person do hereby *make oath and say/hereby solemnly affirm that on (*date*) we deposed to an affidavit confirming that we are parties to a spousal relationship. We are not married and the spousal relationship mentioned in the preceding paragraph still subsists with all the characteristics mentioned in Part A of this Form.

We are the parents of the following children:

Name of child	Date of birth	Name of mother of child	Name of father of child

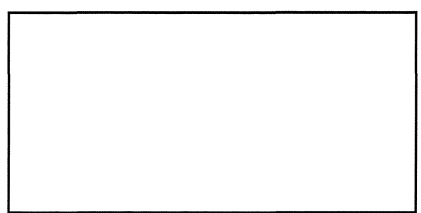
.....
Signature of spouse

.....
Signature of spouse

Thus signed and *sworn/solemnly affirmed before me on this day of 20.....

.....
Commissioner of Oaths

First name(s):
 Surname:
 Capacity:
 Place:



***Delete which is not applicable**