

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 cons	sent that my/o	our daughter/son who	ose Unabridged Birth Certificate ((UBC) or
Equivalent document*** is attached	may travel to a	nd from South Africa:		,
Surname:	Name:		Date of birth	
Surname: Identified by Passport no: for the per		is travelling from		to
for the per	riod	to	20	****
and / or** is a student / cared for at _				
situated at (address)				
. Contac	t number of lea	arning institution/place	of care:	
The child is accompanied / will be re-	ceived in Sout	h Africa by (delete app	propriately):	
Surname, Name				
Relationship				
Residential Address				
Work Address				
Contact No: Work	Mobile		Residence	
Attach copy of South African ID or if a fo	reign national a	ttach passport and visa o	of person receiving the child in SA.	
Mathan				
Mother:	<u> </u>			
Surname, Name				
Residential Address				
Decidential Address				
Residential Address				
Work Address				
Work Address				
Contact No: Work	Mobile		Residence	
Signature and date			1.00.001.00	
Attach copy of mother's ID or passport.			I	
Time or topy of motion of 2 of pacepoint				
Father:				
Surname, Name				
Residential Address				
Work Address				
	T			
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					
Commissioner of Oaths / Notary Public signature					
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.