

# AFFIDAVIT FOR TRAVELLING WITH MINOR CHILDREN TO AND FROM SOUTH AFRICA

I/We: (name/s) \_\_\_\_\_

as the mother / father / parents / legal guardian authorise my/our minor child/children:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

to travel from: \_\_\_\_\_ to: \_\_\_\_\_ on \_\_\_\_\_  
(City/Country) (City/Country) (Date of Travel)

and

to travel from: \_\_\_\_\_ to: \_\_\_\_\_ on \_\_\_\_\_  
(City/Country) (City/Country) (Date of Travel)

**alone** \_\_\_\_\_ (please cross if travelling alone), and **met by:** (name of adult)

\_\_\_\_\_

-or-

**accompanied by:** (name of adult) \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_