

REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

## APPLICATION FOR A WORK PERMIT - CATEGORY: TEMPORARY EMPLOYMENT

**IMPORTANT :**

- (i) This form must be submitted together with the basic application form BI-159:A.
- (ii) All applicants are required to personally complete paragraph 1,2 and 3 and 4 and their prospective employers paragraphs 5 to 9
- (iii) The following documentation must be attached in the space allocated on form BI-159:a:
- (a) A certified copy of the applicant's highest educational and any additional qualifications plus testimonials or certificates of employment from previous employers.
- (b) A letterhead from the prospective employer onto which press clippings of the advertisements relative to the specific position have been affixed.
- (c) The documentation as specified in item 6 of form BI-159: A relative to the applicant's maintenance in and possible repatriation from South Africa

**AS SUBMITTED BY**

SURNAME/FAMILY NAME	GIVEN NAMES	DATE OF BIRTH

1. Please provide details of **your workseeker's permit**, if applicable:

1.1 Issued at:	1.2 On:
1.3 Reference No:	1.4 Valid Until:
1.5 Proposed occupation:	
1.6 <b>If you do hold a workseeker's permit</b> , reason:	

**2. QUALIFICATIONS:**

2.1 School qualifications	2.2 Total number of years	2.3 From	2.4 To	2.5 Name and location of school
Primary school				
Secondary / High school				
Professional school				
2.6 Highest examination passed				
2.7 Major subjects				
2.8 Higher qualifications or special training:				
2.9 Name and location of college, university or other educational institution attended:				
2.10 Prescribed duration of course				

2.11 Period attended	2.12 From	2.13 To	2.14 Major subjects	
2.15 Degree, diploma or certificate obtained				
2.16 Trade qualifications				
2.17 Prescribed duration of apprenticeship				
2.18 Period served		2.19 From	2.20 To	
2.21 Trade in which qualified			2.22 To which trade/labour union do you belong?	
2.23 Details of any additional "in service" or practical training				

**3. EXPERIENCE:**

EMPLOYMENT RECORD ( IN CHORONOLOGICAL ORDER, COVERING FULL PERIOD OF EMPLOYMENT INCLUDING PERIOD OF UNEMPLOYMENT				
3.1 Period		3.2 Name and address of employer	3. 3 Type of business	3. 4 Position/ Occupation
From:	To:			
From:	To:			
From:	To:			
From:	To:			
From:	To:			
3.2 DETAIL OF ANY ADDITIONAL EXPERIENCE AND / OR SPECIAL SKILLS GAINED TO ASSIST APPLICANT IN HIS/HER PROPOSED FIELD OF EXMPLOYMENT				

**4. DECLARATION BY APPLICANT:**

I acknowledge that I understand the the contents and implications of this application. I solemnly declare that the above particulars provided by me are true and and that I will not engage in any form of employment, paid or unpaid, until I have been issued with a work permit for a specific period and purpose.

.....  
Signature of applicant

.....  
Signature of witness

Signed at .....this .....day of .....19 .....

**5. OFFER OF EMPLOYMENT**

**IMPORTANT :**

(a) Employers must note that the overriding consideration in dealing with applications for work permits is whether the employment or task to be performed cannot be undertaken by a South African citizen or an approved immigrant. Employers must therefore indicate below the steps taken by them to obtain the services of suitable candidates from the local labour market.

(b) The applicant is by law precluded from commencing employment, whether remunerated or otherwise, until he / she is in possession of a valid work permit for the specific purpose. Non-compliance can lead to heavy penalties being imposed on both the employer and employee.

(c) Separate sheets may be attached if the space is insufficient to include full information / replies.

**6. BACKGROUND DETAILS OF PROSPECTIVE EMPLOYER AND POSITION OFFERED**

6.1 Title of Company / Organization						
6.2 Physical address:		6.3 Mailing address:				
6.4 Telephone number: (code) (number)		6.5 Facsimile number: (code)(number)				
6.6 Employer's business registration number:		6.7 Employer's tax reference number:				
6.8 If a subsidiary, principal company and locations						
6.9 Nature of business conducted:				Number of employees:		
Category	Key personnel	Management	Administrative	Artisans	Labourers	Other (specify)
6.10 SA citizens						
6.11 Approved immigrants						
6.12 Holders of temporary work permits						
6.13.1 The position offered has been vacant since:						
6.13.2 or, if a newly created position, details:						
6.14 Details of the recent dismissal of any employees in this specific category:						
6.15.1 Is the applicant related to you or anyone else in the business: No <input type="checkbox"/> Yes <input type="checkbox"/> 6.15.2 Details						
6.16 The position was brought to the attention of the applicant by the following means:						

**7. RECRUITMENT AND INTERVIEW OF SA CITIZENS / RESIDENTS TO FILL THE POSITION**

7.1.1 The Department of Labour was approached: No <input type="checkbox"/> Yes <input type="checkbox"/>	7.1.2 Branch:
7.2.1 Employment agencies were approached: No <input type="checkbox"/> Yes <input type="checkbox"/>	7.2.2 Agencies:
7.3 Media advertisement inserted in: (name of publication) from to	
<b>Note:</b> The relevant press cutting must be affixed to an original, official letterhead (which includes details of the directors / owner members of the business of the business) and submitted with application. Please also attach relevant copies of replies received from the Department of Labour and employment agencies.	

7.4 Full details of the outcome to the above and reasons why suitably qualified local candidates were not appointed:

.....  
.....  
.....  
.....  
.....  
.....  
.....

7.5 Does the applicant possess any special skills, not available locally, that have been tested by you and make him / her the most suitable candidate for this position:

7.5.1 No  Yes

7.5.2 Details .....

.....  
.....  
.....  
.....  
.....  
.....

**8. DETAILS OF OFFER MADE TO APPLICANT :**

8.1 Title of occupation to be followed:

8.2 Salary offered : R per month.

8.3 Additional benefits, if any:

8.4 Nature of offer: Permanent ..... Temporary ..... For a period of ..... weeks / month

**9. DECLARATION BY FACILITATOR / EMPLOYER :**

I, (full name) ..... ID Number .....

in my capacity as ..... of the company / organization known as .....

..... hereby undertake full responsibility for the above-named applicant .....

..... and solemnly declare that I am authorized to make this offer to employment on behalf of the aforesaid company / organization, that this offer is made in good faith and will be honoured and that the above particulars provided by me are true and correct.

.....  
*Signature of employer*

.....  
*Signature of witness*

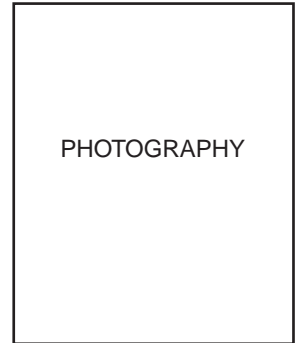
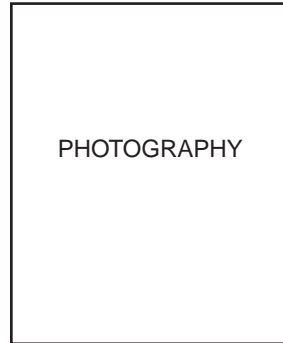
Dated and signed at ..... this ..... day of ..... 19 .....



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS

**APPLICATION FOR TEMPORARY RESIDENCE IN SOUTH AFRICA**

CATEGORY OF PERMIT BEING APPLIED FOR:	
(i) Workseeker's permit	
(ii) Work permit: Temporary employment	
(iii) Work permit: Self-employment/Own business	
(iv) Work permit: Arts and Entertainment industry	
(v) Study permit	



NUMBER OF PERSONS COVERED BY THIS APPLICATION	Adults <input type="checkbox"/>	Children <input type="checkbox"/>	Total <input type="checkbox"/>
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**IMPORTANT:**

(i) Please note that form BI-159: A must be completed and submitted by all applicants in addition to the supplementary form (BI-159: B to BI-159: F) relevant to the category of permit being applied for as indicated on page one of the information sheet which forms the cover to this application.

(ii) Please complete this form in BLOCK LETTERS and tick the appropriate squares, marking any sections which do not apply "n/a", ensuring that all the questions are fully responded to. Your application will be considered on the basis of the information furnished on this form and on the documentary evidence provided. If additional space is required to answer any questions, please provide the extra details on a separate signed sheet and attach with your supporting documents to the space provided at the end of this form (item 12).

(iii) Applicants who are found to have provided false or misleading information on this form will have their applications refused or their authorization to remain in South Africa withdrawn, as will any applicants who enter the Republic prior to holding a permit commensurate with their purpose of entry, or who have permitted the validity of their permits to lapse.

(iv) To facilitate the endorsement of your passport, **please indicate which office of the Department should be advised of the outcome to this application, if other than where submitted, viz:**

FOR OFFICIAL USE ONLY			
Office of origin:	BLOK:	Mission file no.:	
Date received:	Date forwarded to Head Office:	Regional file no.:	
Submission checked by/on:	Date received at Head Office:	Head Office file no.:	
Passport seen/returned by/on:	Processed by/on:	Remarks:	
Fee: Currency and amount:	Authorized by/on:		
Fee received by/on:	Decision carried over by/on/per:		
Receipt no.:	Bl. 1098		

**1. PERSONAL DETAILS**

1.1 Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (specify) <input style="width: 100px;" type="text"/>	
1.2 Surname/Family name	1.3 Given names
1.4 Maiden name:	1.5 Stage name:
1.6 Previous/alternative name(s)/aliases, including details:	
1.7 Date of birth: Year ..... Month ..... Day .....	
1.8 Place of birth: Town/City ..... Country .....	
1.9 Marital Status: Never Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> De Facto <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Engaged <input type="checkbox"/> and details <input style="width: 100px;" type="text"/>	
1.10 <b>If separated state:</b> Whether divorce proceedings have been instituted and when final decree is expected .....	
1.11 <b>If divorced provide:</b> Date of divorce and details of any maintenance and/or custody agreements/orders for which certified copies of substantiating legal documentation must be attached .....	
1.12 <b>If married to a South African citizen</b> , a certified copy of the marriage certificate must be attached.	
1.13 <b>If engaged</b> Proposed date of marriage <input style="width: 100px;" type="text"/> Nationality of fiancé(e) .....	
Whereabouts/residential status .....	
<b>If to a South African citizen</b> Name: ..... ID No .....	

**2. CITIZENSHIP DETAILS**

2.1 Present country of citizenship:
2.2 If acquired other than by birth, date and conditions under which acquired .....
2.3 Do you hold any other citizenship? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, of which country, plus details .....

**3. PASSPORT DETAILS**

3.1 Passport number:	3.2 Country of issue:
2.2 Date of issue <input style="width: 100px;" type="text"/>	3.4 Valid until <input style="width: 100px;" type="text"/>
2.3 If you have any other identity document required by your government, provide details: Type of document: ..... Number ..... Expiry date: <input style="width: 100px;" type="text"/>	

**4. ADDRESSES**

<p>4.1 Residential address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postal code .....</p>	<p>4.2 Postal address:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Postal code .....</p>
<p>4.3 Country of usual residence if other than country of origin or above address:</p>	
<p>4.4 Telephone numbers: Work (area code ..... ) ..... Home (area code ..... ) .....</p>	

4.5 Other addresses where you have lived during the last ten years outside your home country:		
Address	Period	Reason(s)

<p>4.6 Do you hold the right of re-entry into your country of origin and/or country of residence if this differs?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, specify .....</p> <p>.....</p>
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<p>4.7 Have you ever applied for asylum or refugee status in SA or any other country?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, specify .....</p> <p>.....</p>
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<p>4.8 Contact person:</p> <p>Relationship: Friend <input type="checkbox"/> Business Associate <input type="checkbox"/> Relative <input type="checkbox"/> Other <input style="width: 100px;" type="text"/></p> <p>Name and address: .....</p> <p>.....</p> <p>Telephone numbers: Work (area code ..... ) ..... Home (area code ..... ) .....</p>
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4.9 Details regarding relatives and/or friends in South Africa:			
Name	Address	Relationship	ID No.:

**5. INTENTIONS/PROPOSED DURATION OF STAY IN THE RSA**

5.1 Proposed date and place of departure for SA:	
5.2 Anticipated date and place of arrival in SA:	
5.3 Travelling by:      Air <input type="checkbox"/> Road <input type="checkbox"/> Rail <input type="checkbox"/> Sea <input type="checkbox"/> Carrier <input style="width: 100px;" type="text"/>	
5.4 If you intend staying in SA temporarily only, state your proposed duration of stay:	
<input style="width: 100px;" type="text"/> days/weeks/months	intended date of departure <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
5.5 Do you intend settling in South Africa on a permanent basis? No <input type="checkbox"/> Yes <input type="checkbox"/>	5.6 If so, have you submitted an application for an immigration permit?      No <input type="checkbox"/> Yes <input type="checkbox"/>
5.7 If yes and the outcome is still awaited, application submitted on <input style="width: 100px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>	
to foreign/domestic office at ..... under reference no. ....	

5.8 **Outline your proposed activities whilst in the RSA** .....

.....

.....

.....

.....

.....

.....

.....

.....

**6. MAINTENANCE/REPATRIATION**

**State what funds you have available for maintenance during your stay in South Africa and whether you have purchased a return ticket/other arrangements made for maintenance and return passage:**

6.1 Available funds (foreign currency): Type ..... Amout ..... SA Rand equivalent .....	
6.2 Valid return or onward ticket no.:	Expiry date <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>
6.3 Cash deposit in the amount of ..... lodged at ..... office on <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> Receipt no ..... S.A Rand equivalent: .....	
6.4 Non-negotiable bank guarantee (sufficient to cover repatriation costs if necessary) in the amount of ..... with ..... (name of registered banking institution) situated at .....	
6.5 Other: .....	
.....	
.....	
.....	







**12. SUPPORTING DOCUMENTS**

**N.B.:** 12.1 Please provide a list below of all the documents attached:

12.2 Attachments should be affixed here:  
(please staple or pin securely).



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

CONDITIONS OF A RECURRENT NATURE

Although the person(s) may be generally in a good state of health at the time of the examination, it would be appreciated if the medical officer/practitioner could furnish details of any disease, condition or defect the person(s) has/have suffered and which might recur.

I hereby certify that I have examined the following person(s):

- 1. .... 5. ....
- 2. .... 6. ....
- 3. .... 7. ....
- 4. .... 8. ....

and find him/her/them -

- (a) not mentally disordered\* or physically defective in any way;
- (b) not suffering from leprosy, venereal disease, trachoma, tuberculosis or other infectious or contagious condition;
- (c) generally in a good state of health;

except for the following defects observed:

**(Please type or print)**  
*Details regarding the disorder, disease or disability, the seriousness thereof and the treatment, if any, prescribed/recommended*

*Name of person(s)*

.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

Official stamp and address of medical officer/  
practitioner/hospital

.....  
*Signature of medical officer/practitioner*

**Date:** .....

Int. code	* "Mentally disordered" includes the following:
290-299	All psychoses.
300	Neuroses.
301	Personality disorders.
303-304	Addictions.
308	Behaviour disturbances of childhood.
310-315	All forms of mental retardation.
320-349	Epilepsy and all other forms of degeneration of the central nervous system.



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF INTERNAL AFFAIRS

RADIOLOGICAL REPORT

Note:

- (1) A radiological report of the chest is required in respect of every prospective immigrant 12 years of age and over.
- (2) The radiologist must insert the names of the prospective immigrants examined by him in the space provided for that purpose on the form. Unused spaces must be crossed out.
- (3) A separate report is required in respect of every applicant suffering or suspected to be suffering from tuberculosis.

I hereby certify that I have radiologically examined the chest(s) of the following person(s) and that I could find no signs of active pulmonary tuberculosis.

Name :

- (1) .....
- (2) .....
- (3) .....
- (4) .....
- (5) .....
- (6) .....

Official stamp and address of Radiologist / Hospital:

.....  
*Radiologist*

.....  
.....  
.....  
.....

Date .....