

DEPARTMENT OF HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

POWER OF ATTORNEY

[Section 7(1)(g) and (k) read with section 46(1); Regulations 7(1)(a)(ii), 22(1)(b) and 34(1)]

PART A

I, (first name(s) and			
	surname of applicant) of(residential address)		
hereby	/ appoint		
and su	rname of *immigration practitioner/attorney/advocate) of (business		
addres	ss) (*registration number as immigration		
practiti	ioner/practice number of *attorney/advocate) to represent me in the proceedings or		
proced	dures flowing from the Act.		
I herek	by confirm that I personally signed this power of attorney and my application for a residence		
	or the renewal of the validity of a permit and accept that—		
(a)	a residence permit which has been issued to me or of which the validity has been		
	renewed, may be withdrawn if any particulars in my application submitted by the person		
	holding power of attorney, are incorrect;		
(b)	my application for a temporary or permanent residence permit does not grant me a		
	status; and		
(c)	I have to give notice to the Department if I withdraw or amend the power of attorney		
	before the Department has taken a final decision regarding my application.		
*Delet	e which is not applicable		
	CERTIFICATE		
l under	rstand the contents of this power of attorney.		
Signed	aton thisday of		

Signature of person giving power of attorney

PART B DECLARATION BY PERSON HOLDING POWER OF ATTORNEY

and surname of person holding power of attorney), accept the abovementioned appointment and confirm that the address mentioned hereunder is my business address:
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I hereby confirm that—
 I personally signed this declaration; and I have familiarised myself with the contents of this document and the correctness of the particulars in the application for a *temporary/permanent residence permit or the renewal of a temporary residence permit.
*Delete which is not applicable
Signed at on this day of
Signature of person holding power of attorney

PART C CERTIFICATE BY INTERPRETER

I (first name(s) and
surname) of
(*business/residential address)
hereby confirm that I have mastered (state language) and
that I explained to
(first name(s) and surname of applicant) the contents of this document in the said language and
that I am satisfied that the applicant fully understands it.
Signed at on this day of
Cignoture of interpreter