



**SOUTH AFRICAN EMBASSY – LISBON
EMBAIXADA DA AFRICA DO SUL - LISBOA**

TEL NUMBER: 21 319 22 00
Website: www.embaixada-africadosul.pt

PLEASE COMPLETE IN BLOCK LETTERS WITH BLACK INK

FULL NAME _____

MAIDEN NAME (if applicable) _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
(Please state city/town of birth and not only South Africa)

OCCUPATION (Optional) _____

MARITAL STATUS _____ GENDER _____

IDENTIFICATION NUMBER _____

DATE OF ISSUE _____

SOUTH AFRICAN PASSPORT NUMBER _____

DATE OF ISSUE _____ PLACE OF ISSUE _____

NAME OF NEXT-OF-KIN _____

CONTACT OF NEXT-OF-KIN _____

PRESENT FULL ADDRESS IN PORTUGAL _____

TELEPHONE NO. _____ E-MAIL _____

I would like to receive the Embassy's newsletters and be informed about South African events

Yes

No

DATE _____

SIGNATURE _____