

CONSULATE GENERAL OF INDIA CAPE TOWN

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**FORMS FOR REGISTRATION OF INDIAN NATIONALS RESIDENT IN SOUTH
AFRICA**

(TO BE FILLED BY HEAD OF EACH FAMILY ONLY)

1) Surname: _____

Given name: _____

2) Profession / Occupation: _____

3) Father / Husband's Name: _____

4) Date of Birth: _____

5) Passport particulars:

Passport number: _____

Date of issue: _____

Valid up to: _____

Place of issue: _____

6) Address of nearest relative/friend in India (for use in emergency):

Tel / Email Address of nearest relative/friend in India (for use in emergency)

7) Date of arrival in South Africa: _____

8) Full Address at place of work: _____

9) Residential Address in South Africa:

10) Tel. and Email address in South Africa:

11) South Africa permit no. and validity: _____

12)Details of family members living in South Africa

	Name	Relationship	Date of Arrival in S.A.
i)	_____	_____	_____
ii)	_____	_____	_____
iii)	_____	_____	_____
iv)	_____	_____	_____

I hereby declare that I and my family members listed above are residents in South Africa.

Date:

(Signature of Head of family)

THE DULY FILLED IN FORM SHOULD BE MAILED AT: research@hcict.org.za