



IMMIGRANT SUMMARY FORM

THIS FORM MUST BE COMPLETED IN DUPLICATE FOR ALL PERSONS 18 YEARS AND OVER AND SHOULD BE THE SAME INFORMATION AS THE INFORMATION ON THE IMMIGRANT APPLICATION FORM.

PARTICULARS	PRINCIPAL APPLICANT	SPOUSE	DEPENDANT 1
1. SURNAME			
A) NOW			
B) AT BIRTH			
C) OTHER SURNAMES			
2. FORENAME(S)			
3. DATE OF BIRTH			
4. PLACE OF BIRTH			
5. CITIZENSHIP			
6. ADDRESS/ES FOR THE LAST TEN YEAR PERIOD (including present address)	ADDRESS	ADDRESS	ADDRESS
	FROM TO	FROM TO	FROM TO
	ADDRESS	ADDRESS	ADDRESS
	FROM TO	FROM TO	FROM TO
	ADDRESS	ADDRESS	ADDRESS
	FROM TO	FROM TO	FROM TO
7. OCCUPATIONS FOR THE LAST TEN YEARS (up to and including present occupation)	OCCUPATION	OCCUPATION	OCCUPATION
	FROM TO	FROM TO	FROM TO
	OCCUPATION	OCCUPATION	OCCUPATION
	FROM TO	FROM TO	FROM TO
	OCCUPATION	OCCUPATION	OCCUPATION
	FROM TO	FROM TO	FROM TO

IF YOU NEED MORE SPACE, PLEASE ATTACH AN EXTRA SHEET

IMMIGRANT SUMMARY FORM (continued)

PARTICULARS	DEPENDANT 2	DEPENDANT 3	DEPENDANT 4
1. SURNAME			
A) NOW			
B) AT BIRTH			
C) OTHER SURNAMES			
2. FORENAME(S)			
3. DATE OF BIRTH			
4. PLACE OF BIRTH			
5. CITIZENSHIP			
6. ADDRESS/ES FOR THE LAST TEN YEAR PERIOD (including present address)	ADDRESS	ADDRESS	ADDRESS
	FROM TO	FROM TO	FROM TO
	ADDRESS	ADDRESS	ADDRESS
	FROM TO	FROM TO	FROM TO
	ADDRESS	ADDRESS	ADDRESS
	FROM TO	FROM TO	FROM TO
7. OCCUPATIONS FOR THE LAST TEN YEARS (up to and including present occupation)	OCCUPATION	OCCUPATION	OCCUPATION
	FROM TO	FROM TO	FROM TO
	OCCUPATION	OCCUPATION	OCCUPATION
	FROM TO	FROM TO	FROM TO
	OCCUPATION	OCCUPATION	OCCUPATION
	FROM TO	FROM TO	FROM TO

SIGNATURE OF APPLICANT: _____

DATE: _____

IF YOU NEED MORE SPACE, PLEASE ATTACH AN EXTRA SHEET

SUPPLEMENTARY INFORMATION FORM

TO BE COMPLETED IN BY ALL APPLICANTS AGED 18 YEARS OR OLDER. USE ADDITIONAL SHEETS TO COMPLETE QUESTIONS IF REQUIRED. CIRCLE YES OR NO AS APPLICABLE.

1. Is this your first passport? Please circle your answer. YES NO

2. If not, how many have you held? _____

3. Please list the countries which you have visited or lived in over the past 10 years?
Give dates, place, reason for stay and immigration status:

4. What is the highest level of study you have reached? _____

5. What is your profession and specialization (if any)? _____

6. Did you serve in any militia, army, defence or police unit
(including obligatory national service, reserve or volunteer units) YES NO

7. If your answer to 6 was No, why did you not have to serve in any armed force?

8. If your answer to 6 was Yes in which unit(s) did you serve?

9. Where were you stationed? (Give dates and place names)

10. What were your main duties?
(e.g. infantryman, artillery, military policeman, radio operator, driver; describe in detail)

11. What special training did you receive?

SUPPLEMENTARY INFORMATION FORM (continued)

12. What was your most senior rank? _____

13. Under what circumstances did your service end?
(e.g. completed service, desertion, medical discharge, etc)

14. Did you ever participate in any form of combat? YES NO

15. if Yes describe details and include specific dates and locations

16. Have you ever witnessed or participated in ill-treatment of prisoners or civilians, looting or desecration of religious buildings?

17. Have you ever been a member of any political party or other group or organization?

YES NO

18. If YES, specify organization, dates and position

19. Have you ever held a position in any government or state enterprise? (e.g. Mayor, M.P, Counsellor, Judge, Managing Director, etc) When and where.

20. Have you ever been employed by a government or political party in a position of responsibility or supervision? (e.g. hospital administrator, police officer, election official, etc). Where and when?

You must now sign the following declaration

I _____ (your full name)

DECLARE THAT ALL OF THE ABOVE STATEMENTS ARE TRUE, COMPLETE AND CORRECT. I MAKE THIS STATEMENT KNOWING THAT IT HAS THE SAME FORCE AND EFFECT AS IF MADE IN A COURT OF LAW

Signature

Date