

DEPARTMENT OF HOME AFFAIRS

| APPLICATION FOR EXEMPTION IN REGARD TO THE LOSS OF SOUTH AFRICAN CITIZENSHIP (Section 26(4): South African Citizenship Act, 1995: Regulation 10A) | |
|--|---|
| 1. | SURNAME: SURNAME: MAIDEN NAME: |
| 2. | FORENAMES (in full) CHARNE |
| 3. | DATE OF BIRTH: JONNAN 27, 1986 |
| 4. | PLACE OF BIRTH: |
| | SOUTH AFRICAN IDENTITY NUMBER, 1234867891023 |
| 5. | 1234 ABBEY Speet |
| 6. | POSTAL ADDRESS: Oflanda, GA 20032 |
| | A 123456 |
| 7. | PARTICULARS OF VALID SOUTH AFRICAN PASSPORT: (a) No. (b) Place and date of issue RSA 3 30 20 18 |
| | |
| 8. | SOUTH AFRICAN CITIZENSHIP: A completed BI 529 questionnaire in respect of my claim to South African citizenship is attached (not necessary where paragraph 5 or 7 has been completed and one or both of the relevant documents can be submitted). |
| 9. | PARTICULARS IN RESPECT OF OTHER CITIZENSHIP: |
| | (a) Country (b) Date and place of acquisition by means of a formal application |
| | Please include a copy of such citizenship certificate. |
| 10. | REASON(S) FOR APPLYING FOR EXEMPTION RE: SA Citzenshy |
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| | |
| DATE: . | Feb. 02,2024 SIGNATURE: C. M. SIMITH |
| For official use | |
| 1) | Exemption approved/refused |
| 2) | Date: |
| 3) | Signature of authorising officer: |
| 4) | Initials and surname in block letters: |
| 5) | Rank: |
| 6) | Percal number |