SOUTH AFRICAN HIGH COMMISSION
Level 11, Midland Chambers, 45 Johnston Street
Wellington 6011
Telephone: 0064 4 815 8484
Website: www.sahighcommission.co.nz

CONSENT AFFIDAVIT FOR PASSPORT APPLICATIONS FOR MINORS IN RSA

I _____ **ID/Passport Number:** _____ hereby

State under Oath that:

1. **I am the biological father / mother of:** _____
2. **Child's ID Number:** _____
3. **I am currently residing in New Zealand at the following address:**

4. **Consent granted to child's mother/father (residing in South Africa) :**

Full Name:
ID Number:

For the purpose of lodging a South African passport at the Home Affairs Office in:

Office:
Email address of an Official:

5. **I have attached copies of the following supporting documents:**

Signed: _____

Place: _____

Date: _____

Commissioner of Oaths:

Names in full: _____

Designation: _____

Mission: WELLINGTON, NEW ZEALAND

OFFICE STAMP