DEPARTMENT OF HOME AFFAIRS

APPLICATION FOR THE REPATRIATION REFUND

Office Name

I / We

Surname and Initials

Passport no.

Address

Postal code

Telephone no.

E-mail address

Hereby apply for the repatriation refund in respect of the following receipt (s):

Receipt no. _____ Date: Amount _____

Receipt no. _____ Date: Amount _____

Based on the condition that the applicant (please tick with an X in an appropriate box):

Received Permanent Residence Permit ☐ Date _____

Left the country permanently ☐ Date _____

Is deceased ☐ Date _____

Signature of Applicant

Print Name

Date (dd/mm/yyyy)