

(BI-29) Form 43

DEPARTMENT OF HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

POWER OF ATTORNEY

[Section 7(1)(g) and (k) read with section 46(1); Regulations 7(1)(a)(ii),
22(1)(b) and 34(1)]

PART A

I, (first name(s) and surname
of applicant) of
(residential address) hereby appoint (first
name(s) and surname of *immigration practitioner/attorney/advocate) of
..... (business address)
..... (*registration number as immigration
practitioner/practice number of *attorney/advocate) to represent me in the
proceedings or procedures flowing from the Act.

I hereby confirm that I personally signed this power of attorney and my
application for a residence permit or the renewal of the validity of a permit and
accept that—

- (a) a residence permit which has been issued to me or of which the validity has been renewed, may be withdrawn if any particulars in my application submitted by the person holding power of attorney, are incorrect;
- (b) my application for a temporary or permanent residence permit does not grant me a status; and
- (c) I have to give notice to the Department if I withdraw or amend the power of attorney before the Department has taken a final decision regarding my application.

***Delete whichever is not applicable**

CERTIFICATE

I understand the contents of this power of attorney.

Signed at on this day of
..... 20..

.....

Signature of person giving power of attorney

PART B**DECLARATION BY PERSON HOLDING POWER OF ATTORNEY**

I,

(first name(s) and surname of person holding power of attorney), accept the abovementioned appointment and confirm that the address mentioned hereunder is my business address:

.....

.....

I hereby confirm that—

- (a) I personally signed this declaration; and
- (b) I have familiarised myself with the contents of this document and the correctness of the particulars in the application for a *temporary/permanent residence permit or the renewal of a temporary residence permit.

***Delete whichever is not applicable**

Signed at on this day of
..... 20..

.....

Signature of person holding power of attorney

PART C
CERTIFICATE BY INTERPRETER

I (first name(s) and surname) of (*business/residential address) hereby confirm that I have mastered (state language) and that I explained to (first name(s) and surname of applicant) the contents of this document in the said language and that I am satisfied that the applicant fully understands it.

Signed at on this day of 20..

.....
Signature of interpreter