



# FIRST APPLICATION FOR AN IDENTITY CARD

THIS FORM MUST BE DULY COMPLETED. TWO RECENT PHOTOS TO BE SUBMITTED

FOR OFFICIAL USE ONLY. PR FUNCTIONS.	<input type="checkbox"/>	HANIS FUNCTION / SUB-FUNCTION	<input type="checkbox"/>
Demographics not on PR = Function 36 (006)	<input type="checkbox"/>	Card to be produced	0 0 - 0 0 <input type="checkbox"/>
Demographics on PR = Function 37 (011)	<input type="checkbox"/>	No card to be produced	0 0 - 0 1 <input type="checkbox"/>
Replacement = Function 38 (010)	<input type="checkbox"/>	Change of registered fingers/date of birth	0 0 - 0 2 <input type="checkbox"/>
Demographics on PR (Reference Books) = Function 39 (160)	<input type="checkbox"/>		

Identity number 6 7 0 1 0 4 5 1 0 0 0 8 6

**APPLICANT**

Supporting document: Birth entry number       Late Registration  TBVC

Surname: JONES  
 Maiden name: MOKWENA  
 Forename(s): CECIL SYLVIA  
 Date of birth: 1 9 6 7 0 1 0 4  
 Gender:

Country of birth: SOUTH AFRICA  
City/Town of birth: PRETORIA

Telephone number: 6 1 0 1 2 3 4 5 6 7 Dialing Code:

**PERSONAL STATUS**

Immigrants: Permanent residence Permit/Exemption Certificate number

Country of citizenship:   
 Date of permanent entry:  (Attach certified copy)

If S.A. citizen by naturalization/resumption: (Attach certified copy)

CERTIFICATE NUMBER:        
 DATE OF ISSUE:

Did you live outside South Africa for longer than 7 years after you acquired South African citizenship by naturalization, but before 6 October 1995? YES NO

**CITIZENSHIP**

Did you acquire the citizenship of any other country? YES NO

If Yes, when?

Of which country?

How?

By birth  By descent

By naturalization  Other

Specify: .....

In which country was the application made? .....

**ADDRESS**

Permanent residential address: 3 4 7 6 t h S T R E E T  
P i t t s b u r g h  
P A  
Postal code: 20192

Postal address: SAME AS RESIDENTIAL ADDRESS  
Postal code:

Province code:  Office code:  -  -  -

**MARITAL STATUS** Never married  Married  Widower/Widow  Divorced  Religious rights  Customary marriage  Foreign marriage

**MARRIAGE PARTNER** Identity number: 6 1 0 4 0 3 5 1 6 3 0 8 3 Date of birth: 1 9 6 1 0 4 0 3

Forenames: W I L L I A M  
 Maiden name:   
 Date of marriage: 2 0 0 5 0 1 1 6 City/Town where married: C A P E T O W N

**GENERAL** Reference Book / ID Card number:   
TBVC-Identity number:   
Date of application:

Signature or left thumbprint of applicant:

**Remarks**

.....

.....

.....

Signature of official checking the form

Identity No.



LEFT SMALL

RIGHT SMALL

LEFT RING

RIGHT RING

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Fingerprints may only be taken by an official of the Department of Home Affairs. PLEASE NOTE: Should a finger be missing, deformed or so injured that the impression cannot be taken, this fact should be noted in the space provided for that impression.

**FOR OFFICIAL USE:**

FINGERPRINTS TAKEN BY:   
(PLEASE PRINT)

IDENTITY NUMBER:

CECIL SYLVIA M. JONES

APPLICANT

(a) IDENTITY NUMBER:

6 7 0 1 0 4 4 1 0 0 0 8 6

LEFT THUMB

• REGISTERED FINGER

NO.1

NO.2



\*00017320833\*

RIGHT THUMB



STAPLE  
HERE

PLAIN PRINTS LEFT HAND



LEFT THUMB



RIGHT THUMB

PLAIN PRINTS RIGHT HAND



STAPLE  
HERE