



**Republic of South Africa**  
**DEPARTMENT OF HOME AFFAIRS**

BI-1666

**APPLICATION FOR EXEMPTION IN REGARD TO THE LOSS OF A SOUTH AFRICAN CITIZENSHIP**

(Section 26(4): South African Citizenship Act, 1995: Regulation 10A)

1. SURNAME \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_
2. FORENAMES (in full) \_\_\_\_\_
3. DATE OF BIRTH \_\_\_\_\_
4. PLACE OF BIRTH \_\_\_\_\_
5. SOUTH AFRICAN IDENTITY NUMBER \_\_\_\_\_
6. POSTAL ADDRESS \_\_\_\_\_
  
7. PARTICULARS OF VALID SOUTH AFRICAN PASSPORT (a) No \_\_\_\_\_  
(b) Place and date of issue \_\_\_\_\_
8. SOUTH AFRICAN CITIZENSHIP: A completed BI 529 questionnaire in respect of my claim to South African citizenship is attached
  
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. REASONS FOR APPLYING FOR EXEMPTION  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
11. DATE OF DEPARTURE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**For official use**

**Exemption approved/refused** \_\_\_\_\_

**Expiry date of exemption (where applicable)** \_\_\_\_\_

**Signature of authorizing officer** \_\_\_\_\_

**Name in block letters** \_\_\_\_\_

**Persal number** \_\_\_\_\_

**Rank** \_\_\_\_\_