FORM 1

## MINISTRY OF SOCIAL TRANSFORMATION. YOUTH AND SPORTS

## APPLICATION FOR PERMISSION TO CONDUCT MISSIONARY WORK

New Application				Extension of Period
NAME (S) ON PASSPORT:L	AST NAME		FIRST NAME	OTHER NAME(S)
PLACE OF BIRTH:			PASSPORT NUMBER :	
NATIONALITY:			PLACE OF ISSUE:	
DATE OF BIRTH:    DAY   MONTH   YEAR	PLACE OF R (ADDRESS):	ESIDENCE	DATE OF ISSUE:	DAY MONTH YEAR
CONTACT INFORMATION: TEL #			DATE OF EXPIRY:	DAY MONTH YEAR
MOBILE#			GENDER:	<u>M</u> <u>F</u>
NATURE OF WORK TO BE DONE IN	,		i i	
AREA(S) IN WHICH WORK IS TO BE DONE:		DURATION O	OF THE WORK TO BE DO	DNE:
DEPENDENT(S) NAME:				DEPENDENT'S AGE:

FORM 1

Declaration of Beliefs:	
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	nents: (1) Evidence of ability to support oneself while in the state (2)
	le); (3) Certified copy of passport page with expiration date of passport etters, one must be from last employer; (6) Police Record; (7) Passport
notograph; (8) Medical Report from a certified physician bearing official	
ootograph; (8) Medical Report from a certified physician bearing official	
ootograph; (8) Medical Report from a certified physician bearing official	
ootograph; (8) Medical Report from a certified physician bearing official	
notograph; (8) Medical Report from a certified physician bearing official  SIGNATURE	