

ZAM/022/003/1

08/11/89

AFRICAN NATIONAL CONGRESS (ANC)

CLEARANCE APPLICATION FORM
(TO BE COMPLETED IN TRIPLICATE)

THIS FORM MUST BE SUBMITTED THIRTY DAYS IN ADVANCE.

NAME OF REQUISITIONER: WILLY ZUZA

DEPARTMENT OF REQUISITIONER: COMMUNICATION DEPT

NAME OF VISITOR: CATHRINE SIBANDE AREA/REGION OF DEPARTURE
PRETORIA / TRANSVAAL

ADDRESS (HOME): 2926 sec 7 J
MAMELODI
WEST

OCCUPATION: STUDENT (NURSING)

AGE: 24

DATE OF EXPECTED ARRIVAL: 17 / 12 / 89

DURATION OF STAY: (3) THREE Weeks

POINT OF ENTRY: ZAMBIA Inter-Air-PORT

PURPOSE OF VISIT: FAMILY VISIT

APPROVED BY/ HEAD OF DEPARTMENT/DEPUTY: C. Billa

DATE: 10 / 11 / 89

FINAL APPROVAL BY S.G.O.: Superintendent 15 / 11 / 89

DECLARATION.

I WILLY ZUZA shall not oblige the movement to refund for any travelling expenses nor oblige it to provide accommodation for my visitor(s). I undertake to ensure that my visitor(s) have return ticket(s) prior to entering the region.

Signature: W. Zuza Date: 08 / 11 / 89