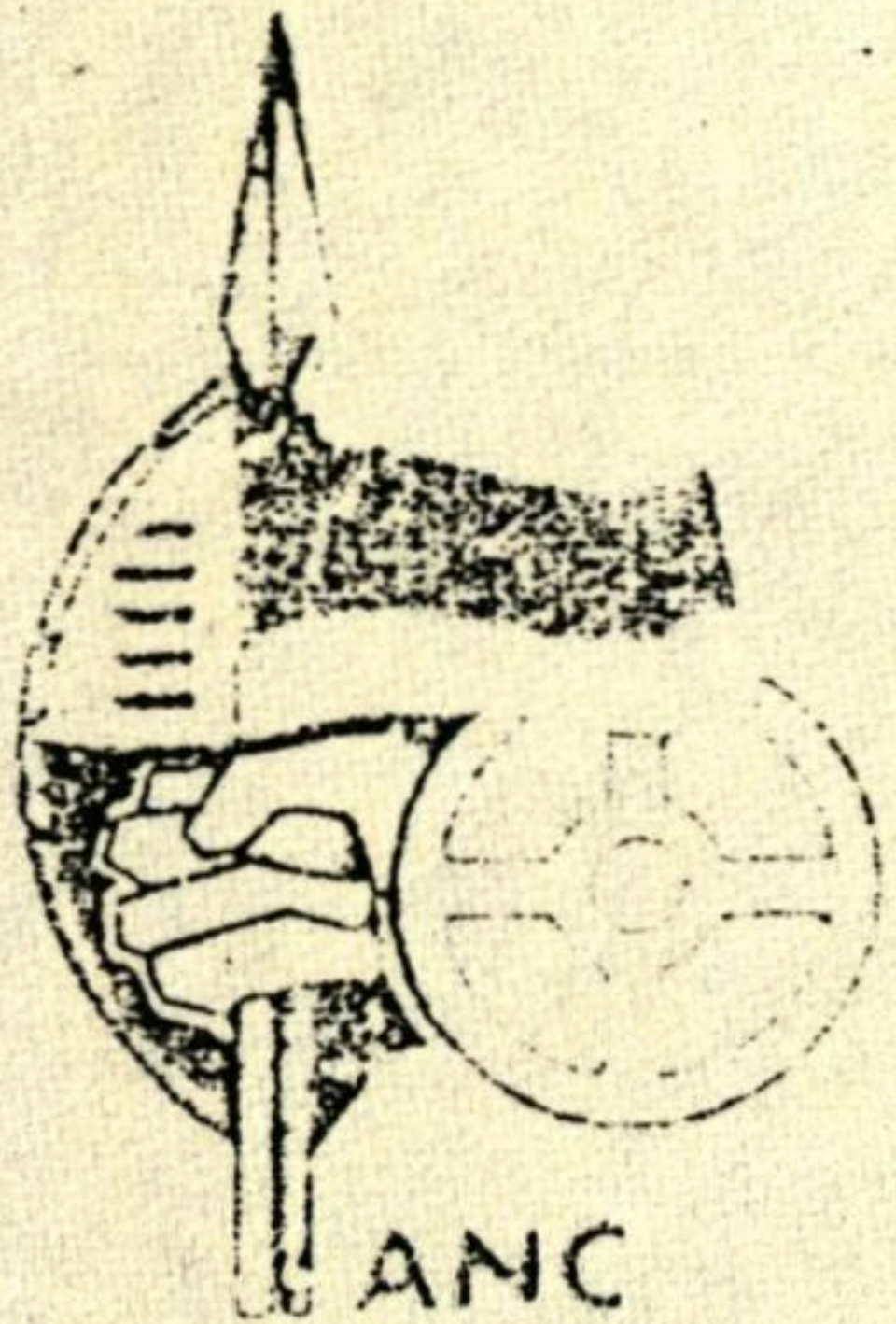


LuM/045/002a/06



African National Congress

SOUTH AFRICA

CHIEF REPRESENTATIVE'S OFFICE

PHONE TEL 246030

TELEX NO. 15000

(SITUATED ALONG MWEMBESHI ROAD)

FORM TO BE FILLED BY ANC(SA) MEMBERS WHO ARE TO REMAIN (ZAMBIA)

FULL NAME DR. MPHAI THOABALA

RESIDENTIAL ADDRESS HOUSE NO FLAT NO 2
UTH

REASONS OF REMAINING IN ZAMBIA ATTACHED TO
UTH ACADEMIC

DURATION OF STAY IN ZAMBIA NOVEMBER 1991

YOUR PREVIOUS DEPARTMENT HEALTH

STATE WHETHER YOU HAVE ANY FAMILY OF YOUR OWN IN ZAMBIA (YES/NO)

KATLEMO (CHILD 1yr 3month)

WHEN DOES YOUR CONTRACT/RENT EXPIRE U.T.H.

2. IF A PERSON DOES NOT FALL UNDER THE CATEGORY OF STUDENTS, PLEASE
FILL IN THE FOLLOWING,,

DO YOU HAVE A LETTER CONFIRMING YOUR STAY IN ZAMBIA FROM YOUR
DEPARTMENT?(IF YES PLEASE SUBMIT IT TOGETHER WITH THIS FORM),,,,

3. IF A PERSON IS A STUDENT PLEASE FILL IN BELOW

NAME OF INSTITUTION OF LEARNING.....

TYPE AND DURATION OF A COURSE/STUDY

NAME OF INSTITUTION SPONSORING YOUR EDUCATION.....

DO YOU HAVE A LETTER FROM SCHOOL CONFIRMING YOUR ATTACHMENT.....

IT SHOULD BE NOTED THAT PEOPLE WHO DO NOT FALL WITHIN THE DISCRETION
SET FOR THOSE TO REMAIN IN ZAMBIA WOULD BE NOTIFIED SO THAT ARRANGE-
MENTS FOR THEIR REPATRIATION COULD BE MADE AS SOON AS POSSIBLE