



C. FATHER'S PARTICULARS

BI-529

- 1. SURNAME ADOPTIVFADERS EFTERNAMN
- 2. FORENAMES (in full) ALLA FÖRNAMN
- 3. DATE OF BIRTH FÖDELSEDATUM 4. PLACE OF BIRTH FÖDELSEORT
- 5. IDENTITY NUMBER 

P	A	S	S	N	R						
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SWEDISH PASSPORT NUMBER
- 6. (a) If he was born outside South Africa, the date on which he entered South Africa for the first time for permanent residence: N/A
- (b) Period(s) (dates) of his residence in South Africa N/A
- (c) Number of immigration permit and date of issue N/A
- (d) Number of certificate of naturalisation and date of issue N/A
- 7. If he was absent from South Africa state—
- (a) Date(s) of his departure N/A
- (b) Reason(s) for his departure N/A
- (c) Date on which he returned to South Africa permanently N/A
- 8. Particulars in respect of foreign citizenship:
- (a) Citizenship acquired (country) N/A (b) Date and place of acquisition N/A
- (c) Means of acquisition of foreign citizenship, i.e. marriage, naturalisation, descent or registration? N/A

D. MOTHER'S PARTICULARS

- 1. SURNAME ADOPTIVMODERS EFTERNAMN 2. MAIDEN NAME \_\_\_\_\_
- 3. FORENAMES (in full) ALLA FÖRNAMN
- 4. DATE OF BIRTH FÖDELSEDATUM 5. PLACE OF BIRTH FÖDELSEORT
- 6. IDENTITY NUMBER 

P	A	S	S	N	R						
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SWEDISH PASSPORT NUMBER
- 7. (a) If she was born outside South Africa, the date on which she entered South Africa for the first time for permanent residence: N/A
- (b) Period(s) (dates) of her residence in South Africa N/A
- (c) Number of immigration permit and date of issue N/A
- (d) Number of certificate of naturalisation and date of issue N/A
- 8. If she was absent from South Africa state—
- (a) Date(s) of her departure N/A
- (b) Reason(s) for her departure N/A
- (c) Date on which she returned to South Africa permanently N/A
- 9. Particulars in respect of foreign citizenship:
- (a) Citizenship acquired (country) N/A (b) Date and place of acquisition N/A
- (c) Means of acquisition of foreign citizenship, i.e. marriage, naturalisation, descent or registration? N/A

E. CERTIFIED THAT THE INFORMATION FURNISHED ABOVE IS CORRECT

DATE DAGENS DATUM

SIGNATURE Signatur

ADDRESS GATA, NUMMER

POSTNR, POSTORT

LAND

POSTAL CODE \_\_\_\_\_

TELEPHONE NUMBER TEL. NR