

ACSA Visitors Permit Application Form
(1 day only)

Permit#

--	--	--	--	--	--

**All applicable fields must be completed in full
Incomplete applications will be rejected**

SECTION 1: APPLICANT & APPLICANT COMPANY DETAILS

IMPORTANT Original identity document/passport must be submitted to the permit office for verification. Foreign passport must be submitted with a valid work and business permit and visa marked business or section 21 stamp.
* One (1) escort per five (5) visitors. Example: Six (6) visitors require two (2) escorts.

Do you have a permit you did not return? Yes <input type="checkbox"/> No <input type="checkbox"/> Permit #.....	Date	
Company:	Department:	
Company Tel:	Applicant's Contact No:	
Surname:	First Full Names:	
Job Title:	ID/Passport No:	
Company Physical Address:	Applicant's home Address:	

Detail reason for permit application:

AREA:

I certify that the above information is truly mine and I will not wander around in restricted area without being escorted. At the end of business I will ensure that I give the permit to the sponsor and I acknowledge the fact that I will not be issued another permit until the sponsor has returned the permit to the permit office or paid a R500 penalty or both.

Signature of applicant	Date	
------------------------	------	--

SECTION 2: SPONSOR COMPANY & ESCORT DETAILS

Company :	Department:	
CompanyTel	Company fax:	
Name of Escort :	Permit number:	

I undertake to ensure that the visitor will be escorted all times while in the restricted area and at the end of the visit, the permit will be returned to the permit office immediately. I acknowledge that I will be liable to pay R500 penalty if the visitor's permit is not returned to the permit office within 24 hours and when the visitor is not escorted in the restricted areas.

SECTION 3: AUTHORISED SIGNATORY
(Only Authorised Signatories may complete this section)

Surname and initials of Person Sponsoring Application	Telephone (Work)	
	Telephone (Mobile)	
Signature of Authorised Person	Date:	
Permit Number of Signatory	Department :	

AVSEC FORM 3