



DEPARTMENT: HOME AFFAIRS
REPUBLIC OF SOUTH AFRICA

ANNEXURE 2A
AFFIDAVIT FOR NOTICE OF BIRTH GIVEN AFTER 30 DAYS
UP TO 1 YEAR

[Births and Deaths Registration Act 51 of 1992]
[Section 9(3A)]

To be completed by the parent. The parent and Commissioner of Oaths to initial each page. To be submitted together with DHA-24 form. The form must be completed in **BLACK INK** with **BLOCK LETTERS**. Please mark the CORRECT box, where required. Applications that are not legible shall not be accepted.

Date of application **2020 07 26**

A. DETAILS OF THE PARENT

Identity number **7210017277081** Citizenship **SOUTH AFRICAN**

Date of birth (YYYYMMDD) **19721001** Passport no./Permanent residence permit no. [] [] [] [] [] [] [] [] [] [] [] []

Surname **SMITH**

Previous/Maiden surname []

Forenames in full **JAMES**

Place of birth **CAPE TOWN** Country of birth **SOUTH AFRICA**

Current contact address Street **15 WHITEHALL**

Town/Village **LONDON SWIA2DD** Province []

Telephone no., incl. area code **+44 0791111000** Cell phone no. **0791111000**

E-mail address **JS@GMAIL.COM**

Postal address **15 WHITEHALL**

Province **LONDON** Postal code **SWIA 2DD**

Relationship to the child: Mother/Parent A Father/Parent B

B. DETAILS OF THE CHILD

Surname as at birth **SMITH**

Forenames in full **ELIZABETH**

Date of birth (YYYYMMDD) **20200220** Sex **FEMALE**

Place of birth **LONDON**

Contact number **0779111000**

C. COMPULSARY FOR THE NOTICE GIVEN AFTER 30 DAYS

JAMES SMITH parent of **ELIZABETH SMITH**

declare that I register the birth of the above mentioned child after 30 days because of the following reason(s):

COULD NOT TRAVEL BECAUSE OF COVID RESTRICTIONS

.....

.....

.....

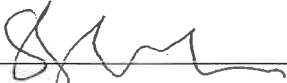
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The deponent and the Commissioner of Oaths to initial each page of the Affidavit.

P.T.O.

D. DECLARATION NOTE: Commissioner of Oaths must be an authorised DHA official at the office where application is submitted

JAMES SMITH hereby declare under oath/affirm that the information submitted in this Affidavit and the Notice of Birth is true and correct, and I understand that a false statement is punishable under section 31 of the Births and Deaths Registration Act 51 of 1992.

Signature of deponent 

Date (YYYYMMDD) 2020 07 26

I certify that before administering the oath I asked the deponent the following questions and wrote down his or her answers in his or her presence:

- (1) Do you know and understand the contents of this declaration? Answer: YES
- (2) Do you have any objection to taking the prescribed oath? Answer: NO
- (3) Do you consider the prescribed oath as binding on your conscience? Answer: YES

I certify that the deponent has acknowledged that he or she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature or mark was affixed to the declaration in my presence.

Signature of the Commissioner of Oaths

Surname																										
Forenames																										
Designation (rank)																										
Persal number																										
Business Address																										
Area code																										
Place																										
Date																										

Departmental Stamp

E. FOR OFFICIAL USE ONLY- OFFICE OF ORIGIN

Notice of birth and affidavit received by:

Surname																										
Forenames																										
Persal number																										
Signature																										
Date																										

Departmental Stamp

The deponent and the Commissioner of Oaths to initial each page of the Affidavit.