



DHA AUTHORISED ACCESS CARD FORM

Employers Details:

Company

Telephone No. - - (Employers)

Street Address Code

Applicants Details:

Surname

Name

Title

ID Number (SA Citizens)

Passport No. (Non SA Citizens)

Passport Country (Non SA Citizens)

Nationality (Non SA Citizens)

Date of Birth (Non SA Citizens)

Position Held

Telephone No. (Applicants)

Street Address Code

Signature: _____ **Date:** / /

****** DHA USE ONLY ******

Please tick appropriate box

Mon - Fri Mon - Sat Mon - Sun

Gate Restricted 06:00 – 18:00 24 hrs

Payment

DHA Signature: _____ **Date:** / /