

Checklist for MEDICAL TREATMENT VISA Beijing Jurisdiction

申请医疗签证所需材料清单(北京领区)

Submission Date/申请日期: _____

Name of Applicant/申请人姓名: _____

Passport Number/护照号码: _____

***Your visa application will be processed and decided by South African Embassy / Consulate General.**

VAC staffs do not play any part in or influence the outcome of your visa application.

南非大使馆/总领事馆对您的签证申请作出决定。签证申请中心员工不参与或影响您的签证申请结果。

Documents required 所需材料 Note: If there are notarized or certified documents provided, please be sure to provide one copy of the notarized or certified documents. 注意: 如果申请材料中包括公证件或认证件, 请同时提供公证件或认证件的复印件。	Yes/No 有/没有
Valid Passport or Travel Document 有效护照或旅行证件 *Passport should be valid for no less than 30 days after the expiry of your intended visit 护照需在预计访问南非后至少 30 天有效 *Passport includes at least two blank visa pages (one to endorse visa and one for entry stamps) 护照上至少有两页空白页(一页贴签证, 一页盖入境章) One copy of the first page of the passport (on A4 paper) 护照首页复印件一份 (A4 尺寸)	
Completed Form (DHA-1738): Please note that the form has to be filled out ONLY in English with black ink pen 填写完整的 DHA-1738 表格: 请用黑色墨水笔用英文完整填写	
Health Certificate for International Traveler and original Medical Certificate (DHA layout) which are not older than six months at the time of submission. The DHA layout medical certificate should include the applicant's passport number with their name. 国际旅行健康检查证明书以及南非内政事务部格式的体检证明原件 (须包括申请人的姓名及护照号), 文件出具日期应在递交申请之日的 6 个月内。	
One color passport size photograph with white background 一张彩色白底护照照片	
Police clearance certificates shall be required from the police or security authorities in each country where the applicant, after having attained the age of 18 years, has resided for 12months or longer during the five years immediately preceding the date of application. Please provide the original and a copy. 年满18岁的申请人须提供18岁以后, 距递交申请之日起5年内在所有居住满12个月及以上的国家 (包括南非) 的由警局或安全机构开具的 无犯罪证明原件及复印件 。 Formal English translation is required if the original Police clearance certificate is non-English language. 如果无犯罪证明原件非英文, 须提供 正式英文翻译件 。 Police Certificates may not be older than six months at the time of submission of the application. 无犯罪证明的出具日期应在递交申请之日的 6 个月内。	

Documents required/所需材料 Please ensure that all documents should be properly translated in English if there are any documents provided only in Chinese. 请确保所有的中文材料都翻译成英文。	Original 原件	Copy 复印件	Remarks 备注	For official use ONLY 官方使用
<p>An applicant for a medical treatment visa shall submit- 申请医疗签证需提供:</p> <p>(a) a letter from the registered medical practitioner or medical institution within the Republic confirming- 南非执业医师或医疗机构确认函:</p> <p>(i) that space is available at the medical institution 医疗机构有空床位</p> <p>(ii) the estimated costs of the treatment 治疗所需大约的费用</p> <p>(iii) whether or not the disease or ailment is treatable or curable 疾病或疾患是否可以治疗或治愈</p> <p>(iv) the treatment schedule; 治疗方案</p> <p>(v) the period of intended treatment in the Republic 在南非治疗所需时间</p> <p>1 (b) the details of, and confirmation by, the person or institution responsible for the medical expenses and hospital fees: Provided that in a case where the applicant's medical scheme or employer is not liable for expenses incurred, proof of financial means to cover the medical costs shall be submitted; 负责医疗和住院费用的人或机构的详细信息及保证函, 并提供, 一旦医疗保险或雇主无法支付费用时, 可提供支付的财力证明</p> <p>(c) the particulars of persons accompanying the applicant; 申请人陪伴者的详细信息</p> <p>(d) valid return air flight tickets, where applicable 有效的往返机票, 适用情况下</p> <p>(e) proof of sufficient financial means or provision for the costs indirectly related to the treatment. 足够支付治疗费用的财力证明或存款</p>				
<p>2 A medical treatment visa may be issued for a maximum period of six months at a time. 医疗签证一次最长签发6个月</p>				
<p align="center">Please Note: In addition to the above requirements, supplementary documentation might be requested by the South Africa Embassy / Consulate 请注意: 除以上基本材料外, 南非大使馆/领事馆有权要求申请人补交其他相关材料</p>				

Courier Fee (If applicable) 快递费用 (如需要): _____

The applicant has confirmed that s/he has read the guidance above and no other documents to submit and wishes to go ahead with the application. Applicant ensures that the information provided by him/her is true and correct. 申请者确认已经阅读以上申请指南, 确定不再递交其它材料。申请者确认以上提供的信息真实无误。

Name of Applicants: _____

Signature: _____

申请人姓名：
Name of VAC Staff: _____
签证中心员工姓名：

签名：
Signature: _____
签名：

***Representatives/Travel Agency (If applicable)** 代理/旅行社（如需要）

Name of Representatives 代理人签名: _____

Contact Number 联系电话: _____

Email Address 邮箱地址: _____