

**AGREEMENT AND CONSENT REGARDING THE TERMS OF ASSISTANCE FOR
VOLUNTARY REPATRIATION TO THE REPUBLIC OF SOUTH AFRICA**

I, _____, hereby confirm that I am a citizen or permanent resident of the Republic of South Africa who applied and obtained approval from the relevant authorities for entry into the Republic. I therefor agree and consent to the following:

- 1) to subject myself to mandatory quarantine, at a facility to be designated by the Government of the Republic of South Africa for at least 14 calendar days, or for as long as may be required by the public health authorities;
- 3) to subject myself to the requisite medical examinations, screening and/or treatment as may be required during and after transit as well as during the quarantine period;
- 4) to cooperate with government authorities at all times, including providing information regarding people with whom I have had contact, places I visited or travelled to, and my medical history;

I accept and agree that the approval of the authorities for my repatriation and the terms thereof does not in any way create an obligation on the Government of the Republic of South Africa to repatriate myself, as the final repatriation is subject to medical clearance by the relevant authorities.

Signature

Full names and surname:

Passport number:

Identity Number:

Witness 1 signature: _____

Witness 2 signature: _____