

South Africa Visa and Immigration Services

南非 签证及移民服务 簽證及移民服務

www.SAPERMIT.com

South African Immigration Services provide a Study Permit, [Work Permit](#), Temporary Residence, [Permanent Residence](#) Visas, and other Immigration Services. Your Visa and application for Immigration are handled by the Local Immigration Lawyers thereafter send to the South African Home Affairs Immigration department. We provide Simple, Smart and Confidential services and are 100% legal, 100% Guaranteed Success or Your Money back.

Our Advantage

[South Africa Visa and Immigration services](#) has been working with our experienced immigration lawyers for years, and our lawyers also served as a go between them and Home Affairs to bring you the best service of the finest quality.

- Fast, we process your application fast, and will not waste your time;
- Simple, we only request the necessary documents;
- **Legal!** We process your application in the most legal way. We also can provide a **verified service** which is approved by Home Affairs and can be inspected by your lawyers if you so request;
- Reasonable Pricing, and our fee mostly depends on your situation;

100% Guaranteed Success or Your Money Back, NO Fuss, NO Hassle.

南非签证及移民服务，专业提供南非学习签证、[工作签证](#)、临时居留权、[永久居留权](#)等各项签证及移民服务。所有签证及移民服务均由专业南非本地移民律师为您办理，并提供移民局验证服务，安全快捷。100%法律保障，100%成功及退款保证。

南非签证及移民服务的优势

[南非签证及移民服务](#)，从事南非签证及移民服务多年，拥有多名经验丰富的执业移民律师，同南非移民局保持合作关系，为各类人士高效办理各类签证手续。

- 办理快速，我们拥有业内最快的办理速度，不耽误您的时间
- 手续简单，我们只要求您提供必须的最简要文件
- 签证真实有效！我们提供的签证服务真实有效，除了移民局在签证时提供的发票做为证明外，我们还可以提供律师陪同的前往移民局的当面签证验证服务，保障您的权益
- 费用合理，并根据申请人不同情况给予折扣
- 高成功率，并提供不成功即退款的退款保证，申请无忧



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS
RADIOLOGICAL REPORT

Note:

- (1) A radiological report of the chest is required in respect of every prospective immigrant 12 years of age and over.
- (2) The radiologist must insert the names of the prospective immigrants examined by him in the space provided for that purpose on the form. **Unused spaces must be crossed out.**
- (3) **A separate report is required in respect of every applicant suffering or suspected to be suffering from tuberculosis.**

I hereby certify that I have radiologically examined the chest(s) of the following person(s) and that I could find no signs of active pulmonary tuberculosis.

Name:

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

_____ Official stamp and address of Radiologist/Hospital:
Radiologist

Date: _____

