

PAGES 38-47 WERE REMOVED  
AS REDUNDANT – FEE RECEIPT  
FROM TSC RECEIVED AND  
INSERTED INSTEAD

# Exhibit “F”

Affidavit of Stefan Bekker and Proof of  
Rehabilitation

## AFFIDAVIT OF STEFAN JACQUES BEKKER

I, Stefan Jacques Bekker, residing at 21501 Circle Drive, Tehachapi, CA 93561, being duly sworn under penalty of perjury do hereby affirm and say that:

1. I am a citizen of the South Africa, having been born on October 7, 1988 in Pretoria. I make this Affidavit in support of my application for adjustment of status. I am the beneficiary of an approved visa petition filed by my wife, Amanda Bekker, a U.S. citizen;
2. The circumstances surrounding the conviction of my DUI was merely poor decision making on my behalf. My roommates and I had company over for the night when a friend of mine called in need of help. My friend was in a situation in which she had no control over and needed my help. I was concerned for her safety. I took the liberty in taking the chance to help a friend in need and suffered the consequences. I have undoubtedly learned a valuable lesson that night and have learned more from it than before, thanks to TAASK, Inc. (Traffic and Alcohol Awareness School of Kern). I learned the value of conviction and the courage to just say "no" when confronted with situations that could potentially get you in trouble;
3. I continued on a well-disciplined path until the night of my public intoxication conviction. I had gone roughly two years without any complications with the law and would have liked to continue the future years the same. I also no longer drive since the DUI incident. Unfortunately, I ended up making my life more complicated and stressful, not only for me but for my wonderful wife as well. The day I was arrested for my public intoxication I failed to manage and control my alcohol. I yet again made a poor decision on my behalf to continue drinking when I should have called it quits;
4. I have done things in the past that I wish now I would have done differently. Maybe be wiser and make wise decisions when it comes to alcohol and the consequences that follow. I'm twenty-three years of age and not perfect by any means, and have done foolish and arrogant things in my years, but have learned from them. I am taking steps to become a better man as the days pass. I've been attending AA and have completed 80 hours of community service to pay for my wrongdoings;
5. When I had the hit and run incident in 2007, I was not drinking. A friend had asked me to go to the store for him. I backed up in the parking lot and bumped into another vehicle damaging the headlight. I panicked and left the scene because I did not have a driver's license. I paid for the damages;
6. I'm a hard working young man that has made foolish choices like others. But I am remorseful, yet proud, because I am now making right of my wrongdoings and accepting the consequences of my actions;
7. I swear under penalty of perjury that the above statement is true and correct to the best of my knowledge.

DATED: 11/3/2011  
Stefan Jacques Bekker  
STEFAN JACQUES BEKKER

County of Kern )  
State of California )

Subscribed and sworn to before me this 3<sup>th</sup> day of November 2011

(SEAL)

**SEE ATTACHED  
JURAT**

Maria Tadic  
Notary Public

# CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)  
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

State of California

County of Kern

Subscribed and sworn to (or affirmed) before me

on this 3<sup>rd</sup> day of November, 2011  
Date Month Year

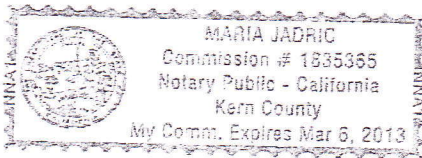
by (1) Stefan Jacques Bekker  
Name of Signer

proved to me on the basis of satisfactory evidence  
to be the person who appeared before me (.) (.)  
(and

(2) \_\_\_\_\_  
Name of Signer

proved to me on the basis of satisfactory evidence  
to be the person who appeared before me.)

Signature Maria Jadric  
Signature of Notary Public



Place Notary Seal Above

## OPTIONAL

*Though the information below is not required by law, it may prove valuable  
to persons relying on the document and could prevent fraudulent removal  
and reattachment of this form to another document.*

### Further Description of Any Attached Document

Title or Type of Document: Affidavit

Document Date: 11/3/11 Number of Pages: 2

Signer(s) Other Than Named Above: \_\_\_\_\_

RIGHT THUMBPRINT  
OF SIGNER #1

Top of thumb here

RIGHT THUMBPRINT  
OF SIGNER #2

Top of thumb here

Name: STEFAN BEKKER

For the Month of: OCT

The undersigned, secretary or meeting leader, hereby certifies that the bearer attended a regular meeting of Alcoholics Anonymous or Narcotics Anonymous on the dates and the locations shown below:

EPACHTI MOUNTAIN GROUP

Date	Club Name	Leader	Date	Club Name	Leader
1. 10-13-11	7mg 5:30	Jennal	13.		
2. 10-13-11	7mg 7:30	Alicia H.	14.		
3. 10-20-11	7mg 5:30	Jennal	15.		
4. 10-20-11	7mg 7:30	Alicia H.	16.		
5. 10-28-11	7mg 7pm	Jang	17.		
6.			18.		
7.			19.		
8.			20.		
9.			21.		
10.			22.		
11.			23.		
12.			24.		

# Exhibit “G”

Yates Memo: Requesting Medical Re-  
Examination: Aliens Involved in  
Significant Alcohol-Related Driving  
Incidents and Similar Scenarios



Department of Homeland Security  
U.S. Citizenship and Immigration Services

425 I Street NW  
Washington, DC 20536

**JAN 16 2004**

MEMORANDUM FOR REGIONAL DIRECTORS  
SERVICE CENTER DIRECTORS  
DISTRICT DIRECTORS

FROM:

*William R. Yates*  
William R. Yates  
Associate Director for Operations

SUBJECT: Requesting Medical Re-examination: Aliens Involved in Significant Alcohol-Related Driving Incidents and Similar Scenarios

**I. Purpose**

This memorandum provides policy guidance for determining inadmissibility under the health-related grounds of section 212(a)(1) of the Immigration and Nationality Act (Act) in cases where an applicant for an immigration benefit has a significant record of alcohol-related driving incidents. According to data provided by the Centers for Disease Control and Prevention (CDC), alcohol-impaired driving is a significant public health and safety issue resulting in over 17,000 deaths annually, over 500,000 injuries, and over \$51 billion in property damages. This memorandum reiterates the authority of field offices to require that certain applicants for immigration benefits with a history of alcohol-related driving incidents be re-examined by a civil surgeon to ensure that they are not inadmissible on health-related grounds.

**II. Authority**

In order to be eligible for many immigration benefits, an alien must be admissible to the United States. Applicants for immigrant visas, adjustment of status and certain nonimmigrant visa classifications are required to submit to a medical examination to establish that they are not inadmissible on health-related grounds set forth in section 212(a)(1) of the Act. Section 212(a)(1)(A)(iii) of the Act states that an alien who is determined, according to regulations prescribed by the Secretary of Health and Human Services (HHS), to have a mental disorder and associated behavior that may pose, or has posed, a threat to the property, safety, or welfare of the alien or others is inadmissible. Under interpretations prescribed by the Secretary HHS, alcohol abuse/dependence resulting in alcohol-impaired driving may serve as the basis for a determination that an alien has mental disorder with associated harmful behavior which in turn may be a basis for a finding of inadmissibility within the meaning of section 212(a)(1)(A)(iii) of the Act.

Memorandum for Regional Directors, et. al.

Subject: Requesting Medical Re-examination: Aliens Involved in Significant Alcohol-Related Driving Incidents and Similar Scenarios

### **III. Background: Drunk Driving Arrests or Convictions and 212(a)(1) Inadmissibility**

In the course of adjudicating benefit applications, adjudications officers frequently encounter criminal histories that include arrests and/or convictions for alcohol-related driving incidents, such as DUI (driving under the influence) and DWI (driving while intoxicated). These histories may or may not rise to the level of a criminal ground of inadmissibility under section 212(a)(2) of the Act. However, a record of criminal arrests and/or convictions for alcohol-related driving incidents may constitute prima facie evidence of health-related inadmissibility under section 212(a)(1)(A)(iii) of the Act, as a physical or mental disorder with associated harmful behavior.

DHS officers determine that a health-related ground of inadmissibility exists based on the findings of a civil surgeon's medical examination. Civil surgeons are guided in their examinations by the *Technical Instructions for the Medical Examination of Aliens in the United States* (Technical Instructions) published by the Centers for Disease Control and Prevention. These instructions include directives to civil surgeons to initiate queries to ascertain the mental status of the applicant and to detect the presence of any mental disorders. The examination includes queries into the use of alcohol and other psychoactive substances. Alcohol abuse and alcohol dependence are medically classifiable mental disorders. Operating a motor vehicle under the influence of alcohol is clearly an associated harmful behavior that poses a threat to the property, safety, or welfare of the alien or others. Where a civil surgeon's mental status evaluation diagnoses the presence of alcohol abuse or alcohol dependence, and where there is evidence of harmful behavior associated with the disorder, a Class A medical condition is certified on Form I-693, Report of Medical Examination of Alien Seeking Adjustment of Status. DHS officers then determine that the alien is inadmissible, based on the Class A condition certified on the Form I-693 medical report.

Some applicants may fail to report, or may underreport, alcohol-related driving incidents in response to the civil surgeon's queries. Where these incidents resulted in an arrest, they may be subsequently revealed in the criminal history record resulting from a routine fingerprint check. Consequently, a criminal record printout revealing a significant history of alcohol-related driving arrests may conflict with the medical examination report that indicates no alcohol-related driving incidents were reported to or evaluated by the civil surgeon. In such an instance, DHS may require the applicant to be re-examined. The re-examination would be limited to a mental status evaluation specifically considering the record of alcohol-related driving incidents.

### **IV. Procedure: When to require medical re-examination**

Accordingly, when the criminal record of an applicant for benefits under the Act reveals a significant history of alcohol-related driving arrests and/or convictions, and the

Memorandum for Regional Directors, et. al.

Subject: Requesting Medical Re-examination: Aliens Involved in Significant Alcohol-Related Driving Incidents and Similar Scenarios

Form I-693 medical report does not reflect that the alcohol-related driving incidents were considered by the civil surgeon, the applicant shall be required to undergo a mental status re-examination by a civil surgeon specifically addressing the incidents revealed in the criminal record. The civil surgeon, in turn, may refer the applicant for further evaluation to a psychiatrist or to a specialist in substance-abuse disorders as provided for under CDC's Technical Instructions. The civil surgeon will determine whether a Class A medical condition exists and amend the Form I-693 medical report accordingly.

The determination of a Class A medical condition is wholly dependent on the medical diagnosis of a designated civil surgeon. **Only applicants with a significant criminal record of alcohol-related driving incidents that were not considered by the civil surgeon during the original medical examination should be referred for re-examination.** The actual criminal charges for alcohol-related driving incidents vary among the different states. For the purpose of this policy guidance, a significant criminal record of alcohol-related driving incidents includes:

- One or more arrest/conviction for alcohol-related driving (DUI/DWI) while the driver's license was suspended, revoked or restricted at the time of the arrest due to a previous alcohol-related driving incident(s).
- One or more arrest/conviction for alcohol-related driving where personal injury or death resulted from the incident(s).
- One or more conviction for alcohol-related driving where the conviction was a felony in the jurisdiction in which it occurred or where a sentence of incarceration was actually imposed.
- Two or more arrests/convictions for alcohol-related driving within the preceding two years.
- Three or more arrests/convictions for alcohol-related driving where one arrest or conviction was within the preceding two years.

On completion of the re-examination, if a Class A condition is certified by the civil surgeon, DHS will determine that the alien is inadmissible. If no Class A condition is certified by the civil surgeon, DHS may not determine that the alien is inadmissible under section 212(a)(1)(A)(iii)(I) or (II) of the Act. In exceptional cases, DHS may seek review of the civil surgeon's determination from the U.S. Public Health Service. If the alien is inadmissible, he or she may file an application for waiver of inadmissibility on Form I-601 under section 212(g)(3) of the Act. Under 8 CFR 212.7(b), the DHS, in consultation with the public health officials of the CDC, may place terms, conditions and controls on the waiver, which may include the posting of a bond, as may be deemed prudent.

Memorandum for Regional Directors, et. al.

Subject: Requesting Medical Re-examination: Aliens Involved in Significant Alcohol-Related Driving Incidents and Similar Scenarios

#### **V. Similar Scenarios**

The above analysis and procedure applies to any similar scenario where the record of proceeding contains evidence that may indicate inadmissibility due to a mental disorder with associated harmful behavior that was not considered by the civil surgeon in the original medical examination. Such evidence includes, but is not limited to: a prior finding of inadmissibility due to a mental disorder; a history of institutionalization for a mental disorder; a criminal history other than drunk driving arrests, such as assaults and domestic violence, where alcohol, or other psychoactive substance, was a contributing factor; or other criminal arrests where there is a reasonable possibility of a mental disorder as a contributing factor. Accordingly, where the record of proceeding available to a DHS officer contains significant evidence suggestive of a mental disorder, and the Form I-693 medical report does not reflect that the evidence was considered by the civil surgeon, the applicant shall be required to undergo a mental status re-examination by a civil surgeon specifically addressing the adverse evidence that may not have been revealed to the original civil surgeon.

#### **VI. For Further Information**

Questions regarding the above policy should be directed via DHS electronic mail, to Mark Rouse, Office of Program and Regulatory Development.

1 BEKKER, Stefan Jacques  
2 A200 321 236  
3  
4

5 **PROOF OF SERVICE**

6 On November 8, 2011, I, Grace R. Alano, served a copy of this **Trial Brief in Support of**  
7 **Application for Adjustment of Status** and any attached pages to the Office of the Chief  
8 Counsel at 120 Montgomery Street, Room 200, San Francisco, California, by hand-delivery.

9 Grace R. Alano  
10 GRACE R. ALANO

11 11/8/2011  
12 DATE  
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Grace R. Alano, Bar No. 209268  
The Law Offices of Grace R. Alano  
598 Bosworth Street, Suite 3  
San Francisco, CA 94131  
(415) 413-8472

EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
BEFORE THE OFFICE OF THE IMMIGRATION COURT  
SAN FRANCISCO, CALIFORNIA

In the Matter of: )  
BEKKER, Stefan ) File No.: A200 321 236  
In Removal Proceedings )

Immigration Judge Miriam Hayward Next Hearing: November 30, 2011 at 1:00 p.m.  
Assistant Chief Counsel Michael Steinberg

**SUBMISSION OF APPLICATION FOR ADJUSTMENT OF STATUS**

1 Grace R. Alano, Bar No. 209268  
The Law Offices of Grace R. Alano  
2 598 Bosworth Street, Suite 3  
San Francisco, CA 94131  
3 (415) 413-8472  
4

5 EXECUTIVE OFFICE FOR IMMIGRATION REVIEW  
6 OFFICE OF THE IMMIGRATION COURT  
7 SAN FRANCISCO, CALIFORNIA  
8  
9

10 In the Matter of: ) APPLICATION FOR ADJUSTMENT OF  
11 BEKKER, Stefan ) STATUS  
12 File No.: A200 321 236 ) IMMIGRATION JUDGE: Hayward  
13 ) DATE: November 30, 2011  
14 In Removal Proceedings ) Time 1:00 p.m.

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15 MASTER CALENDAR HEARING  
16

17 DATE: NOVEMBER 30, 2011 AT 1:00 P.M.  
18

19 IMMIGRATION JUDGE MIRIAM HAYWARD  
20

21 ASSISTANT CHIEF COUNSEL MICHAEL STEINBERG  
22  
23  
24  
25

# G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

## Part 1. Notice of Appearance as Attorney or Accredited Representative

### A. This appearance is in regard to immigration matters before:

☒ USCIS - List the form number(s): I-485; I-765
☐ CBP - List the specific matter in which appearance is entered:

☐ ICE - List the specific matter in which appearance is entered:

### B. I hereby enter my appearance as attorney or accredited representative at the request of:

List Petitioner, Applicant, or Respondent. **NOTE:** Provide the mailing address of Petitioner, Applicant, or Respondent being represented, and not the address of the attorney or accredited representative, except when filed under VAWA.

<b>Principal Petitioner, Applicant, or Respondent</b>			A Number or Receipt Number, if any	<input type="checkbox"/> Petitioner
Name: Last	First	Middle	A200321236	<input checked="" type="checkbox"/> Applicant
Bekker	Stefan	Jaques		<input type="checkbox"/> Respondent
Address: Street Number and Street Name		Apt. No.	City	State
21501 Circle Drive			Tehachapi	CA
			Zip Code	93561

Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to the named Attorney or Accredited Representative of any record pertaining to me that appears in any system of records of USCIS, USCBP, or USICE.

Signature of Petitioner, Applicant, or Respondent



Date



## Part 2. Information about Attorney or Accredited Representative (Check applicable items(s) below)

A. ☒ I am an attorney and a member in good standing of the bar of the highest court(s) of the following State(s), possession(s), territory(ies), commonwealth(s), or the District of Columbia: CA


I am not ☒ or ☐ am subject to any order of any court or administrative agency disbaring, suspending, enjoining, restraining, or otherwise restricting me in the practice of law (If you are subject to any order(s), explain fully on reverse side).

B. ☐ I am an accredited representative of the following qualified non-profit religious, charitable, social service, or similar organization established in the United States, so recognized by the Department of Justice, Board of Immigration Appeals pursuant to 8 CFR 1292.2. Provide name of organization and expiration date of accreditation:

C. ☐ I am associated with \_\_\_\_\_  
The attorney or accredited representative of record previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative is at his or her request (If you check this item, also complete item A or B above in Part 2, whichever is appropriate).

## Part 3. Name and Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before the Department of Homeland Security. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

Name of Attorney or Accredited Representative		Attorney Bar Number(s), if any
Grace R. Alano		209268
Signature of Attorney or Accredited Representative		Date
		11/3/2011
Complete Address of Attorney or Organization of Accredited Representative (Street Number and Street Name, Suite No., City, State, Zip Code)		
The Law Offices of Grace R. Alano, 598 Bosworth St., Ste. 3, San Francisco, CA 94131		
Phone Number (Include area code)	Fax Number, if any (Include area code)	E-Mail Address, if any
(415) 413-8472		grace@alanoimmigrationlaw.com



Department of Homeland Security  
U.S. Citizenship and Immigration Services

# Form I-485, Application to Register Permanent Residence or Adjust Status

**START HERE - Type or Print (Use black ink)**

## Part 1. Information About You

Family Name (Last Name)	Given Name (First Name)	Middle Name
Bekker	Stefan	Jaques
Address - Street Number and Name		Apt. #
21501 Circle Drive		
C/O (in care of)		
City	State	Zip Code
Tehachapi	CA	93561
Date of Birth (mm/dd/yyyy)	Country of Birth	
10/07/1988	South Africa	
Country of Citizenship/Nationality	U.S. Social Security # (if any)	A # (if any)
South Africa	623-79-6950	200-321-236
Date of Last Arrival (mm/dd/yyyy)	I-94 #	
08/27/1998	670029517 05	
Current USCIS Status	Expires on (mm/dd/yyyy)	
I-485 Applicant		

**For USCIS Use Only**

Returned	Receipt
Resubmitted	
Reloc Sent	
Reloc Rec'd	
Applicant Interviewed	

## Part 2. Application Type (Check one)

**I am applying for an adjustment to permanent resident status because:**

- a. ☒ An immigrant petition giving me an immediately available immigrant visa number that has been approved. (Attach a copy of the approval notice, or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application that will give you an immediately available visa number, if approved.)
- b. ☐ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category that allows derivative status for spouses and children.
- c. ☐ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e). (Attach a copy of the fiancé(e) petition approval notice and the marriage certificate.)
- d. ☐ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.
- e. ☐ I am a native or citizen of Cuba admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- f. ☐ I am the husband, wife, or minor unmarried child of a Cuban described above in (e), and I am residing with that person, and was admitted or paroled into the United States after January 1, 1959, and thereafter have been physically present in the United States for at least 1 year.
- g. ☐ I have continuously resided in the United States since before January 1, 1972.
- h. ☐ Other basis of eligibility. Explain (for example, I was admitted as a refugee, my status has not been terminated, and I have been physically present in the United States for 1 year after admission). If additional space is needed, see **Page 2** of the instructions.

**I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the United States as a nonimmigrant or parolee, or as of May 2, 1964, whichever date is later, and:**  
(Check one)

- i. ☐ I am a native or citizen of Cuba and meet the description in (e) above.
- j. ☐ I am the husband, wife, or minor unmarried child of a Cuban and meet the description in (f) above.

### Section of Law

- ☐ Sec. 209(a), INA  
☐ Sec. 209(b), INA  
☐ Sec. 13, Act of 9/11/57  
☐ Sec. 245, INA  
☐ Sec. 249, INA  
☐ Sec. 1 Act of 11/2/66  
☐ Sec. 2 Act of 11/2/66  
☐ Other \_\_\_\_\_

### Country Chargeable

### Eligibility Under Sec. 245

- ☐ Approved Visa Petition  
☐ Dependent of Principal Alien  
☐ Special Immigrant  
☐ Other \_\_\_\_\_

### Preference

### Action Block

**To be Completed by**

**Attorney or Representative, if any**

- ☐ Fill in box if Form G-28 is attached to represent the applicant.

VOLAG #

ATTY State License #



### Part 3. Processing Information

#### A. City/Town/Village of Birth

Pretoria

#### Current Occupation

Self-employed Car Detailer

*Carpenter*

#### Your Mother's First Name

Christa

#### Your Father's First Name

Christiaan

Give your name exactly as it appears on your Form I-94, Arrival-Departure Record

Stefan J. Bekker

Place of Last Entry Into the United States  
(City/State)

Los Angeles, CA

In what status did you last enter? (Visitor, student, exchange visitor, crewman, temporary worker, without inspection, etc.)

M-2

Were you inspected by a U.S. Immigration Officer? Yes ☒ No ☐

#### Nonimmigrant Visa Number

26098517

#### Consulate Where Visa Was Issued

Johannesburg, South Africa

Date Visa Issued (mm/dd/yyyy)

08/21/1998

Gender

☒ Male ☐ Female

Marital Status

☒ Married ☐ Single ☐ Divorced ☐ Widowed

Have you ever applied for permanent resident status in the U.S.?

☒ Yes (If "Yes" give date and place of filing and final disposition.) ☐ No

07/15/2009, NBC, denied 05/04/2010. Filed insufficient documents & without attorney.

#### B. List your present spouse and all of your children (include adult sons and daughters). (If you have none, write "None." If additional space is needed, see Page 2 of the instructions.)

Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Lovenguth	Amanda	M	10/05/1984
Country of Birth	Relationship	A # (if any)	Applying with you?
USA	Wife	000-000-000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Family Name (Last Name)	Given Name (First Name)	Middle Initial	Date of Birth (mm/dd/yyyy)
Country of Birth	Relationship	A # (if any)	Applying with you?
			Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part 3. Processing Information (Continued)**

- C. List your present and past membership in or affiliation with every organization, association, fund, foundation, party, club, society, or similar group in the United States or in other places since your 16th birthday. Include **any military service** in this part. If none, write "None." Include the name of each organization, location, nature, and dates of membership. If additional space is needed, attach a separate sheet of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?"

Name of Organization	Location and Nature	Date of Membership From	Date of Membership To
None			
St. Vincent de Paul	Tehuacachi - Charitable org	2011	Present

Answer the following questions. (If your answer is "Yes" to any question, explain on a separate piece of paper. Continuation pages must be submitted according to the guidelines provided on **Page 2** of the instructions under "What Are the General Filing Instructions?" Information about documentation that must be included with your application is also provided in this section.) Answering "Yes" does not necessarily mean that you are not entitled to adjust status or register for permanent residence.

1. Have you **EVER**, in or outside the United States:

- a. Knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested? Yes ☐ No ☒
- b. Been arrested, cited, charged, indicted, convicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations? Yes ☒ No ☐
- c. Been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency, or similar action? Yes ☐ No ☒
- d. Exercised diplomatic immunity to avoid prosecution for a criminal offense in the United States? Yes ☐ No ☒

2. Have you received public assistance in the United States from any source, including the U.S. Government or any State, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future? Yes ☐ No ☒

3. Have you **EVER**:

- a. Within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future? Yes ☐ No ☒
- b. Engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling? Yes ☐ No ☒
- c. Knowingly encouraged, induced, assisted, abetted, or aided any alien to try to enter the United States illegally? Yes ☐ No ☒
- d. Illicitly trafficked in any controlled substance, or knowingly assisted, abetted, or colluded in the illicit trafficking of any controlled substance? Yes ☐ No ☒

4. Have you **EVER** engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to any person or organization that has ever engaged or conspired to engage in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity? Yes ☐ No ☒

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**Part 3. Processing Information (Continued)**

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5. Do you intend to engage in the United States in:
- a. Espionage? Yes ☐ No ☒
  - b. Any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence, or other unlawful means? Yes ☐ No ☒
  - c. Any activity to violate or evade any law prohibiting the export from the United States of goods, technology, or sensitive information? Yes ☐ No ☒
6. Have you **EVER** been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party? Yes ☐ No ☒
7. Did you, during the period from March 23, 1933, to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist, or otherwise participate in the persecution of any person because of race, religion, national origin, or political opinion? Yes ☐ No ☒
8. Have you **EVER** been deported from the United States, or removed from the United States at government expense, excluded within the past year, or are you now in exclusion, deportation, removal, or rescission proceedings? Yes ☐ No ☒
9. Are you under a final order of civil penalty for violating section 274C of the Immigration and Nationality Act for use of fraudulent documents or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the United States, or any immigration benefit? Yes ☐ No ☒
10. Have you **EVER** left the United States to avoid being drafted into the U.S. Armed Forces? Yes ☐ No ☒
11. Have you **EVER** been a J nonimmigrant exchange visitor who was subject to the 2-year foreign residence requirement and have not yet complied with that requirement or obtained a waiver? Yes ☐ No ☒
12. Are you now withholding custody of a U.S. citizen child outside the United States from a person granted custody of the child? Yes ☐ No ☒
13. Do you plan to practice polygamy in the United States? Yes ☐ No ☒
14. Have you **EVER** ordered, incited, called for, committed, assisted, helped with, or otherwise participated in any of the following:
- a. Acts involving torture or genocide? Yes ☐ No ☒
  - b. Killing any person? Yes ☐ No ☒
  - c. Intentionally and severely injuring any person? Yes ☐ No ☒
  - d. Engaging in any kind of sexual contact or relations with any person who was being forced or threatened? Yes ☐ No ☒
  - e. Limiting or denying any person's ability to exercise religious beliefs? Yes ☐ No ☒
15. Have you **EVER**:
- a. Served in, been a member of, assisted in, or participated in any military unit, paramilitary unit, police unit, self-defense unit, vigilante unit, rebel group, guerrilla group, militia, or insurgent organization? Yes ☐ No ☒
  - b. Served in any prison, jail, prison camp, detention facility, labor camp, or any other situation that involved detaining persons? Yes ☐ No ☒
16. Have you **EVER** been a member of, assisted in, or participated in any group, unit, or organization of any kind in which you or other persons used any type of weapon against any person or threatened to do so? Yes ☐ No ☒



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**Part 3. Processing Information** *(Continued)*

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17. Have you **EVER** assisted or participated in selling or providing weapons to any person who to your knowledge used them against another person, or in transporting weapons to any person who to your knowledge used them against another person? Yes ☐ No ☒

18. Have you **EVER** received any type of military, paramilitary, or weapons training? Yes ☐ No ☒

---

**Part 4. Accommodations for Individuals With Disabilities and/or Impairments** *(See Page 10 of the instructions before completing this section.)*

---

Are you requesting an accommodation because of your disability(ies) and/or impairment(s)? Yes ☐ No ☒

If you answered "Yes," check any applicable box:

- ☐ a. I am deaf or hard of hearing and request the following accommodation(s) (if requesting a sign-language interpreter, indicate which language (e.g., American Sign Language)):

- ☐ b. I am blind or sight-impaired and request the following accommodation(s):

- ☐ c. I have another type of disability and/or impairment (describe the nature of your disability(ies) and/or impairment(s) and accommodation(s) you are requesting):

---

**Part 5. Signature** *(Read the information on penalties on Page 10 of the instructions before completing this section. You must file this application while in the United States.)*

---

**Your Registration With U.S. Citizenship and Immigration Services**

"I understand and acknowledge that, under section 262 of the Immigration and Nationality Act (INA), as an alien who has been or will be in the United States for more than 30 days, I am required to register with U.S. Citizenship and Immigration Services (USCIS). I understand and acknowledge that, under section 265 of the INA, I am required to provide USCIS with my current address and written notice of any change of address within **10** days of the change. I understand and acknowledge that USCIS will use the most recent address that I provide to USCIS, on any form containing these acknowledgements, for all purposes, including the service of a Notice to Appear should it be necessary for USCIS to initiate removal proceedings against me. I understand and acknowledge that if I change my address without providing written notice to USCIS, I will be held responsible for any communications sent to me at the most recent address that I provided to USCIS. I further understand and acknowledge that, if removal proceedings are initiated against me and I fail to attend any hearing, including an initial hearing based on service of the Notice to Appear at the most recent address that I provided to USCIS or as otherwise provided by law, I may be ordered removed in my absence, arrested, and removed from the United States."

**Selective Service Registration**

The following applies to you if you are a male at least 18 years of age, but not yet 26 years of age, who is required to register with the Selective Service System: "I understand that my filing Form I-485 with U.S. Citizenship and Immigration Services (USCIS) authorizes USCIS to provide certain registration information to the Selective Service System in accordance with the Military Selective Service Act. Upon USCIS acceptance of my application, I authorize USCIS to transmit to the Selective Service System my name, current address, Social Security Number, date of birth, and the date I filed the application for the purpose of recording my Selective Service registration as of the filing date. If, however, USCIS does not accept my application, I further understand that, if so required, I am responsible for registering with the Selective Service by other means, provided I have not yet reached 26 years of age."



**Part 5. Signature (Continued)**


**Applicant's Statement (Check one)**

☒ I can read and understand English, and I have read and understand each and every question and instruction on this form, as well as my answer to each question.

☐ Each and every question and instruction on this form, as well as my answer to each question, has been read to me in the \_\_\_\_\_ language, a language in which I am fluent, by the person named in **Interpreter's Statement and Signature**. I understand each and every question and instruction on this form, as well as my answer to each question.

I certify, under penalty of perjury under the laws of the United States of America, that the information provided with this application is all true and correct. I certify also that I have not withheld any information that would affect the outcome of this application.

I authorize the release of any information from my records that U.S. Citizenship and Immigration Services (USCIS) needs to determine eligibility for the benefit I am seeking.

Signature (Applicant)	Print Your Full Name	Date (mm/dd/yyyy)	Daytime Phone Number (include area code)
	Stefan Jaques Bekker	8/30/11	(661) 364-9720

**NOTE:** If you do not completely fill out this form or fail to submit required documents listed in the instructions, you may not be found eligible for the requested benefit, and this application may be denied.

**Interpreter's Statement and Signature**

I certify that I am fluent in English and the below-mentioned language.


**Language Used (language in which applicant is fluent)**

I further certify that I have read each and every question and instruction on this form, as well as the answer to each question, to this applicant in the above-mentioned language, and the applicant has understood each and every instruction and question on the form, as well as the answer to each question.

Signature (Interpreter)	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)

**Part 6. Signature of Person Preparing Form, If Other Than Above**

I declare that I prepared this application at the request of the above applicant, and it is based on all information of which I have knowledge.

Signature	Print Your Full Name	Date (mm/dd/yyyy)	Phone Number (include area code)
	Grace R. Alano	10/28/2011	(415) 413-8472

**Firm Name and Address**

The Law Offices of Grace R. Alano  
598 Bosworth Street, Suite 3  
San Francisco, CA 94131

**E-Mail Address (if any)**

grace@alanoimmigrationlaw.com



**FORM I-485 CONTINUATION PAGE**

**Page 3, Part 3. Question 1B.**

- a. Have you ever ben arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?

Yes:

1. 2002(A) VC-M  
Date: 06/21/2007 (arraignment)  
3 days jail  
3 years probation
2. VC 23152(B) 7/27/2009  
5 days jail  
5 years probation  
Fine imposed
3. PC 647(f)  
10 days custody stayed pending 80 hours community service  
3 years probation 8/2/11  
Fine imposed

  
\_\_\_\_\_  
Stefan J. Bekker

  
\_\_\_\_\_  
DATED

**G-325A, Biographic Information**

(Family Name) <b>Bekker</b>	(First Name) <b>Stefan</b>	(Middle Name) <b>Jaques</b>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy) <b>10/07/1988</b>	Citizenship/Nationality <b>South Africa</b>	File Number <b>A 200321236</b>
All Other Names Used (include names by previous marriages)			City and Country of Birth <b>Pretoria, South Africa</b>		U.S. Social Security # (if any) <b>623 79 6950</b>	
Family Name	First Name	Date of Birth (mm/dd/yyyy)	City, and Country of Birth (if known)		City and Country of Residence	
Father <b>Bekker</b>	<b>Christiaan</b>	<b>04/30/1961</b>	<b>Pretoria, South Africa</b>		<b>Tehachapi, USA</b>	
Mother (Maiden Name) <b>Labuschagne</b>	<b>Christa</b>	<b>09/21/1963</b>	<b>Boksburg, South Africa</b>		<b>Lafayette, USA</b>	
Current Husband or Wife (If none, so state) Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	City and Country of Birth	Date of Marriage	Place of Marriage	
<b>Lovenguth</b>	<b>Amanda</b>	<b>10/05/1984</b>	<b>Hanford, USA</b>	<b>12/31/2010</b>	<b>Tehachapi, Ca</b>	
Former Husbands or Wives (If none, so state) Family Name (For wife, give maiden name)	First Name	Date of Birth (mm/dd/yyyy)	Date and Place of Marriage		Date and Place of Termination of Marriage	
<b>None</b>						

Applicant's residence last five years. List present address first.

Street and Number	City	Province or State	Country	From Month	Year	To Month	Year
21501 Circle Drive	Tehachapi	CA	USA	04	2011	Present Time	
21831 Brooke Drive	Tehachapi	CA	USA	08	2004	04	2011
	Tehachapi	CA	USA	02	1996	08	2004

Applicant's last address outside the United States of more than 1 year.

Street and Number	City	Province or State	Country	From Month	Year	To Month	Year
Vonderboom Suit	Pretoria	Pretoria	South Africa	10	1988	07	1998

Applicant's employment last five years. (If none, so state.) List present employment first.

Full Name and Address of Employer	Occupation (Specify)	From Month	Year	To Month	Year
Self-Employed Car Detailer Tehachapi, CA	Car Detailer	08	2010	Present Time	
Tehachapi Auto Collision Repair Tehachapi	Body Man	08	2010	11	2010
Interior Wood Specialties Tehachapi Ca	Cabinetry Shop Foreman	02	2009	08	2010
Otterness Finish Carpentry Bakersfield	Finish Carpentry	08	2007	10	2008

Last occupation abroad if not shown above. (Include all information requested above.)

This form is submitted in connection with an application for: <input type="checkbox"/> Naturalization <input type="checkbox"/> Other (Specify): <input type="checkbox"/> Status as Permanent Resident	Signature of Applicant	Date
	<i>Stefan Bekker</i>	8/30/11

If your native alphabet is in other than Roman letters, write your name in your native alphabet below:

Penalties: Severe penalties are provided by law for knowingly and willfully falsifying or concealing a material fact.

Applicant: Print your name and Alien Registration Number in the box outlined by heavy border below.

Complete This Box (Family Name)	(Given Name)	(Middle Name)	(Alien Registration Number)
<b>Bekker</b>	<b>Stefan</b>	<b>Jaques</b>	<b>A 200321236</b>



C2217797  
DEPARTMENT HOME AFFAIRS  
REPUBLIC OF SOUTH AFRICA

83/BI-5  
XXXXXX  
BI-19

20090823636

PARTICULARS FROM THE POPULATION REGISTER I.R.O.:

# UNABRIDGED BIRTH CERTIFICATE

CHILD  
SURNAME: BEKKER  
FORENAMES: STEFAN JAKUES  
IDENTITY NUMBER: 8810075251086

GENDER: MALE DATE OF BIRTH: 1988-10-07  
PLACE OF BIRTH: PRETORIA  
COUNTRY OF BIRTH: SOUTH AFRICA

FATHER  
IDENTITY NUMBER: 6104305088084

SURNAME: BEKKER  
FORENAMES: CHRISTIAAN

DATE OF BIRTH: 1961-04-30  
PLACE OF BIRTH: SOUTH AFRICA  
COUNTRY OF BIRTH: SOUTH AFRICA

MOTHER  
IDENTITY NUMBER: 6309210072087

MAIDEN NAME: LABUSCHAGNE  
FORENAMES: CHRISTA CATHARINA

DATE OF BIRTH: 1963-09-21  
PLACE OF BIRTH: SOUTH AFRICA  
COUNTRY OF BIRTH: SOUTH AFRICA

ENDORSEMENTS:  
NONE

*Bosch*

DIRECTOR-GENERAL: HOME AFFAIRS  
C.M. BOSCH

DATE PRINTED: 20090814 ISSUED BY: YBD271

DEPARTMENT OF HOME AFFAIRS

PRIVATE BAG X114  
PRETORIA 0001

2009-08-17

OFFICIAL DATE STAMP

HEAD OFFICE (47)

Numero di partenza

670029517 05

Servizio d' Immigrazione e  
Naturalizzazione

I-94

Dati di partenza

N-2  
Aug 19 1999

14. Cognome BECKER		16. Data di nascita (g/m/a) 19.07.88
15. Nome STEVEN J		
17. Paese di nazionalità S. AFRICA		

Vedere dietro

STAPLE HERE

Avviso - Un non-immigrante che accetta impiego non autorizzato e' soggetto a deportazione.

**Importante** - Conservare questo permesso; *da restituire alla partenza dagli USA*. In caso di non conformita', la prossima entrata negli USA puo' essere ritardata.

Siete autorizzato a rimanere negli USA soltanto fino alla data scritta in questo modulo. Permanere oltre alla data fissata senza il permesso delle autorita' d'immigrazione, costituisce un' infrazione alla legge.

**Restituire questo permesso alla partenza dagli USA:**

- per via mare o via aerea, alla compagnia di trasporto;
- alla frontiera canadese a un funzionario canadese;
- alla frontiera messicana a un funzionario statunitense.

Per gli studenti che rientrano negli USA entro 30 giorni per ritornare nella stessa scuola, vedere "Arrivo-Partenza" alla pagina 2 del modulo I-20 **prima di consegnare questo permesso.**

**Record of Changes**

Port:

Departure Record

Date:

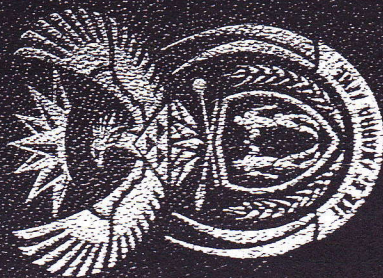
Carrier:

Flight #/Ship Name:

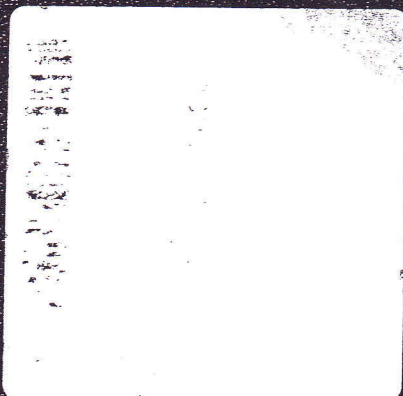
ITALIAN

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Beneficiary's I-94

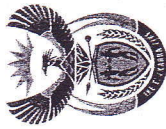


REPUBLIC OF  
SOUTH AFRICA  
REPUBLIQUE  
D'AFRIQUE DU SUD  
PASSEPORT  
PASSEPORT

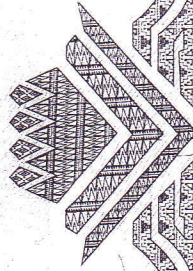


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Beneficiary's Passport



REPUBLIC OF SOUTH AFRICA  
REPUBLIQUE D'AFRIQUE DU SUD

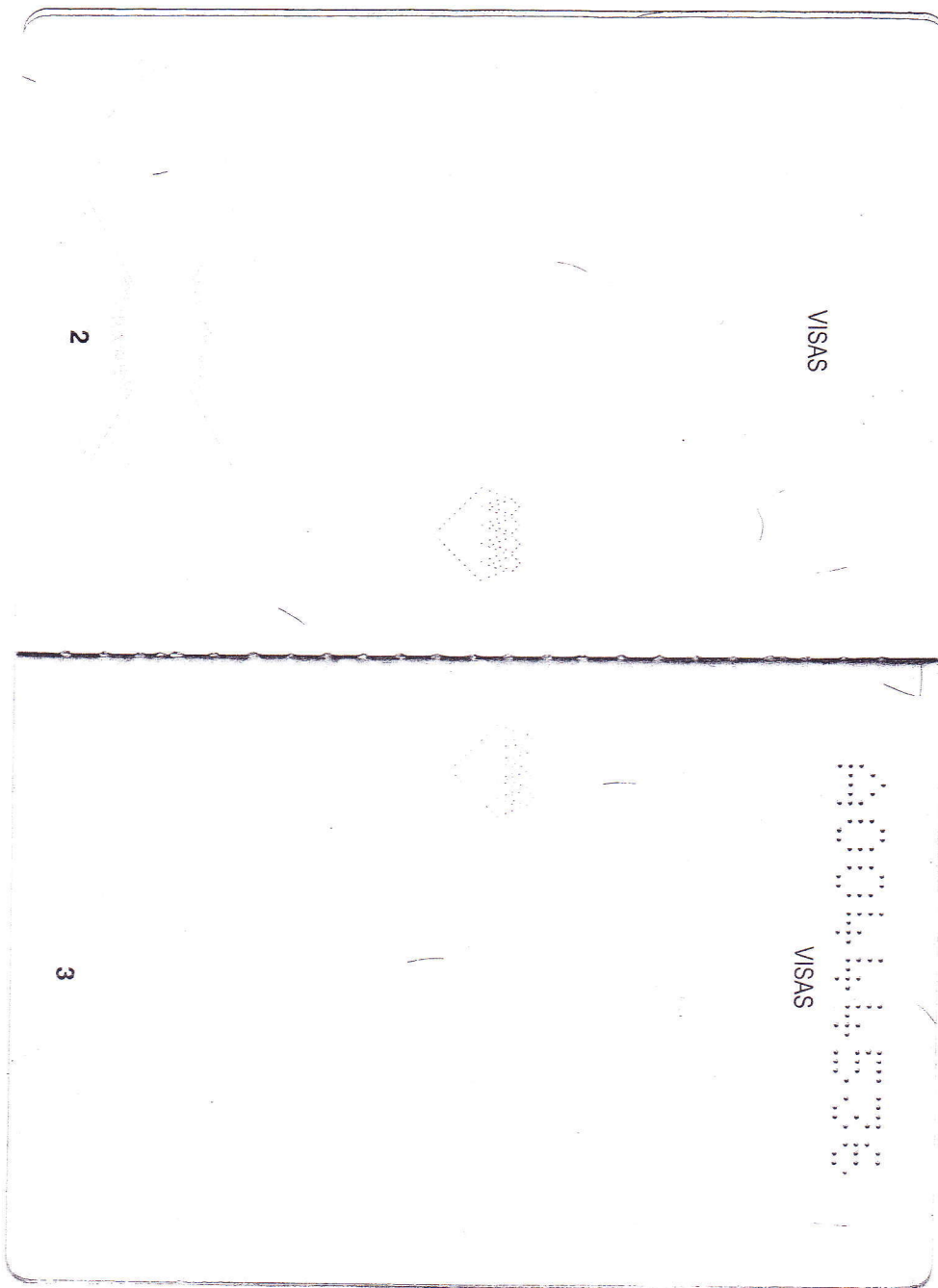


*In the Name of the President  
The President of the Republic of South  
Africa requests all whom it may concern to  
allow the bearer of this passport to pass freely  
without let or hindrance and to afford the  
bearer all necessary assistance and protection.*

*Shw Nomm du Président  
Le Président de la République d'Afrique  
du Sud, prie tous ceux que les présentes  
peuvent concerner de laisser passer  
librement et sans entrave le titulaire du  
présent passeport et de lui accorder  
toute aide et secours en cas de besoin.*

DHA-110

A00444536



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VISAS

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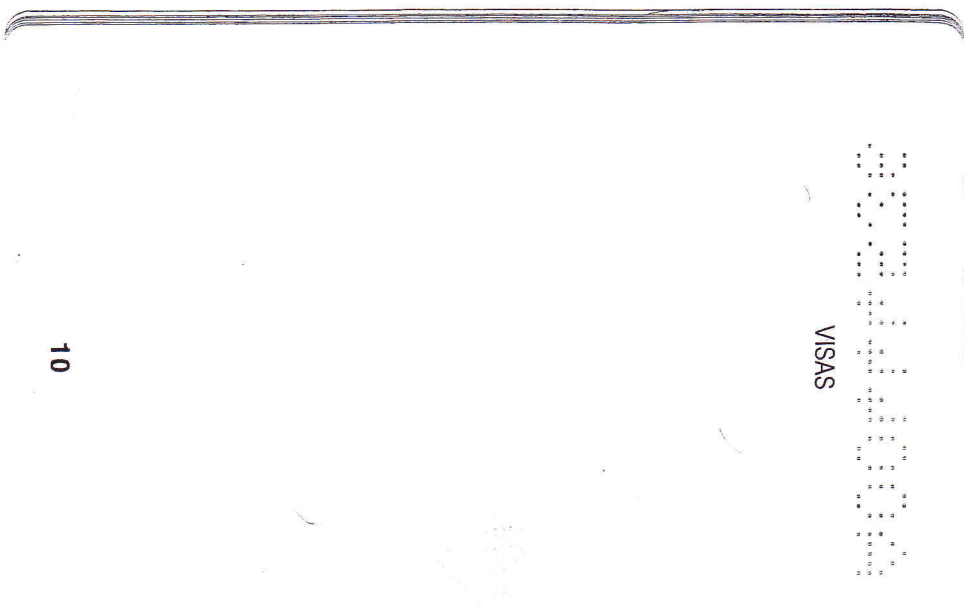
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VISAS

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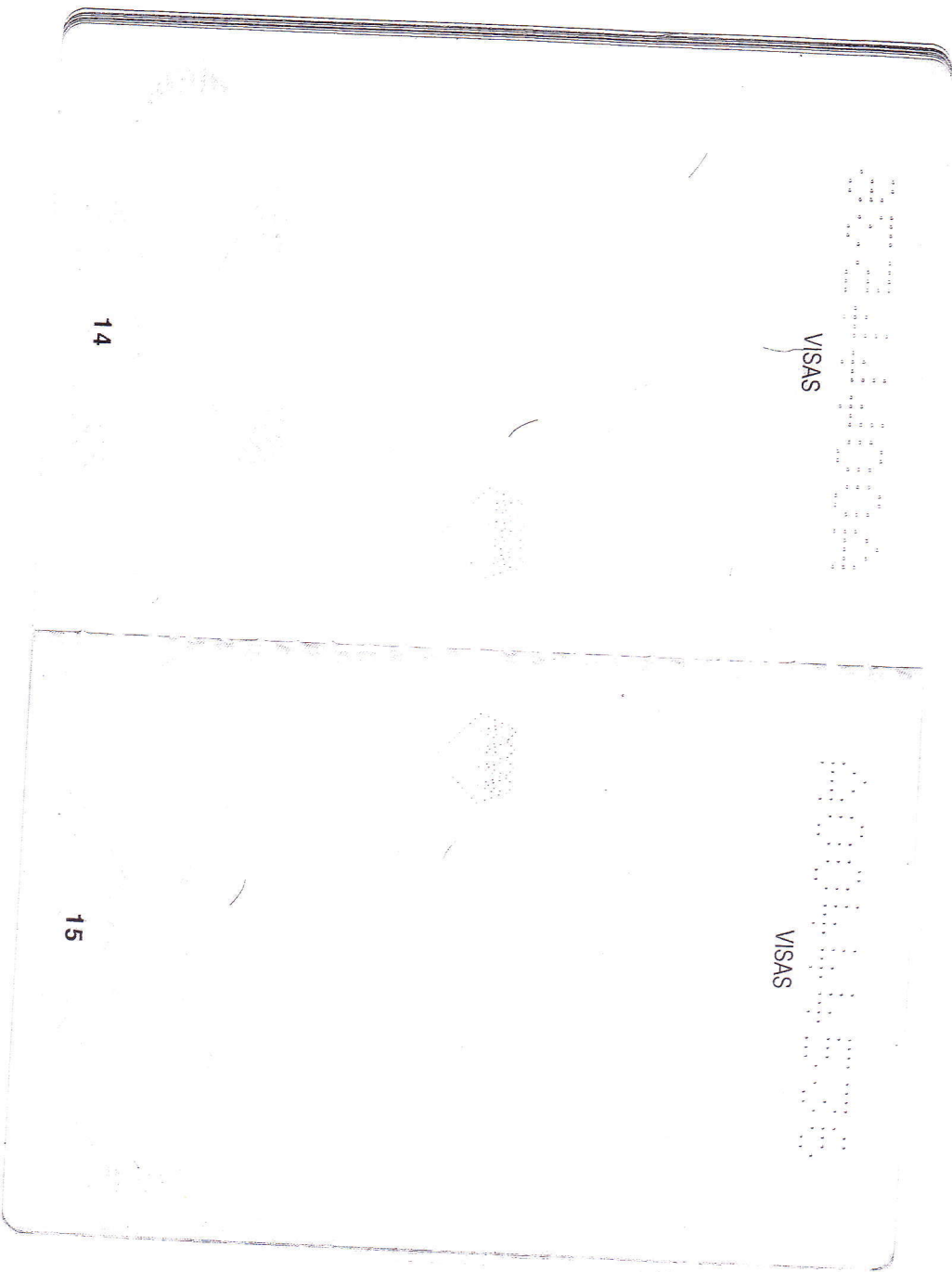


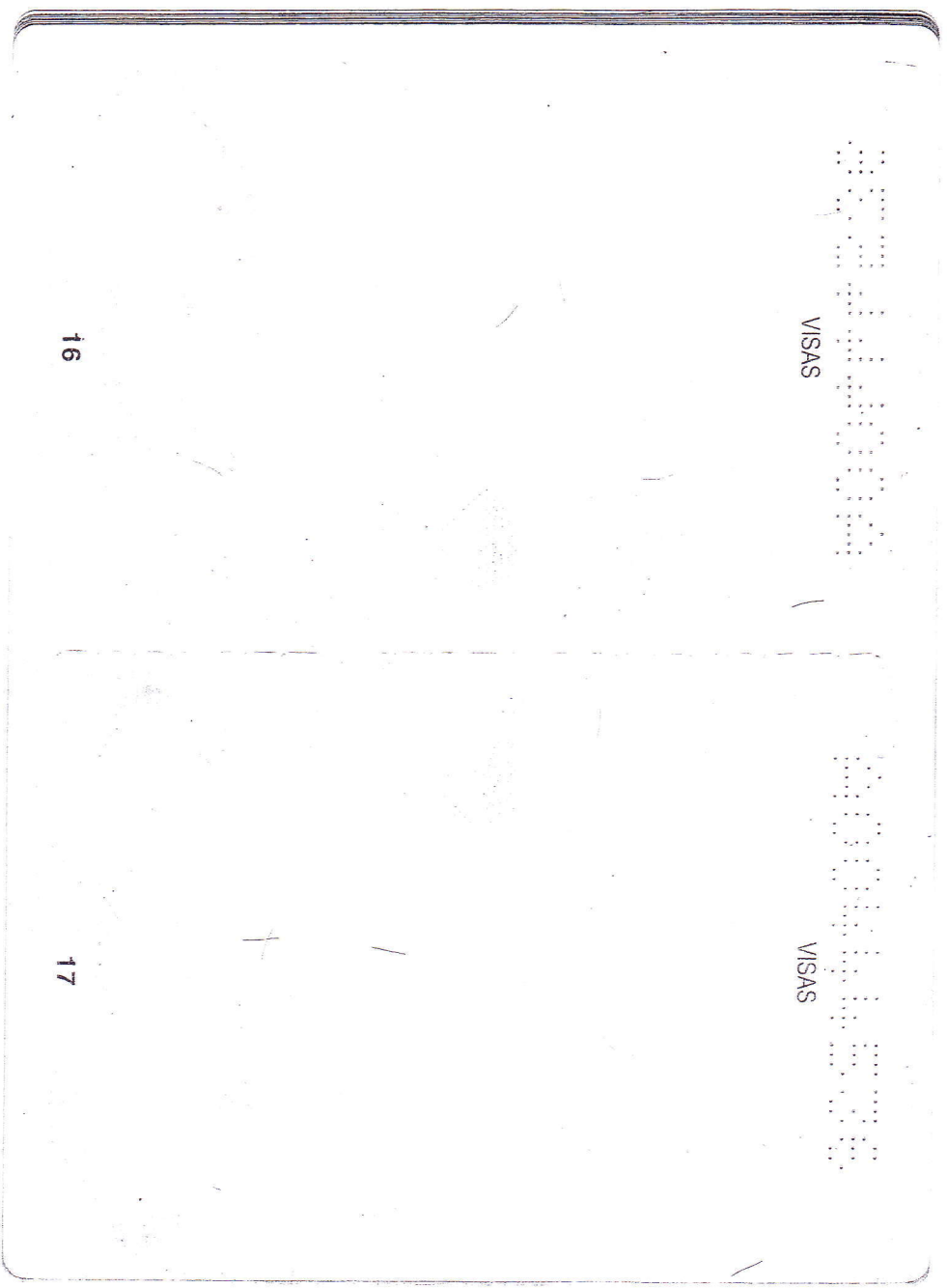
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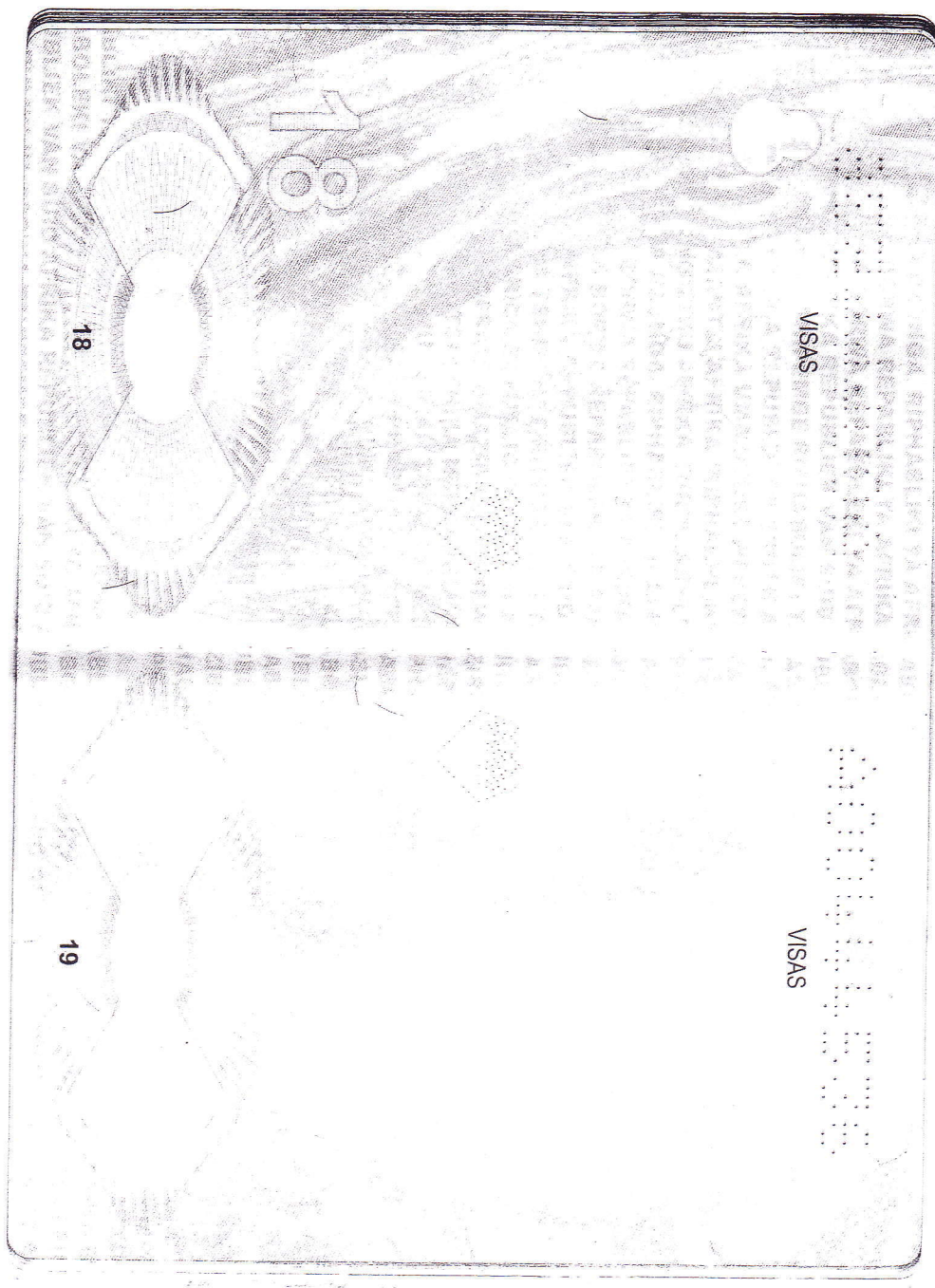


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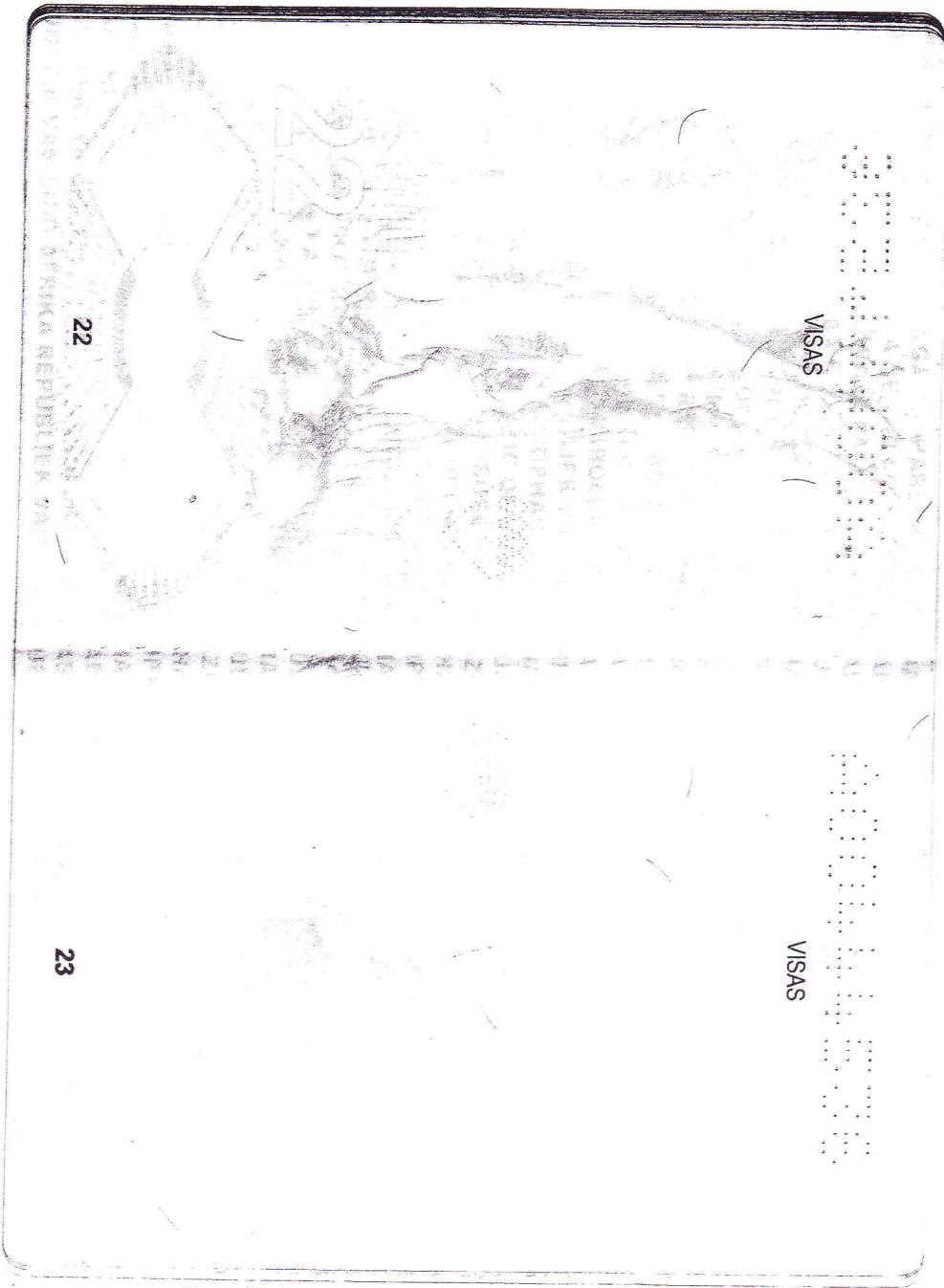


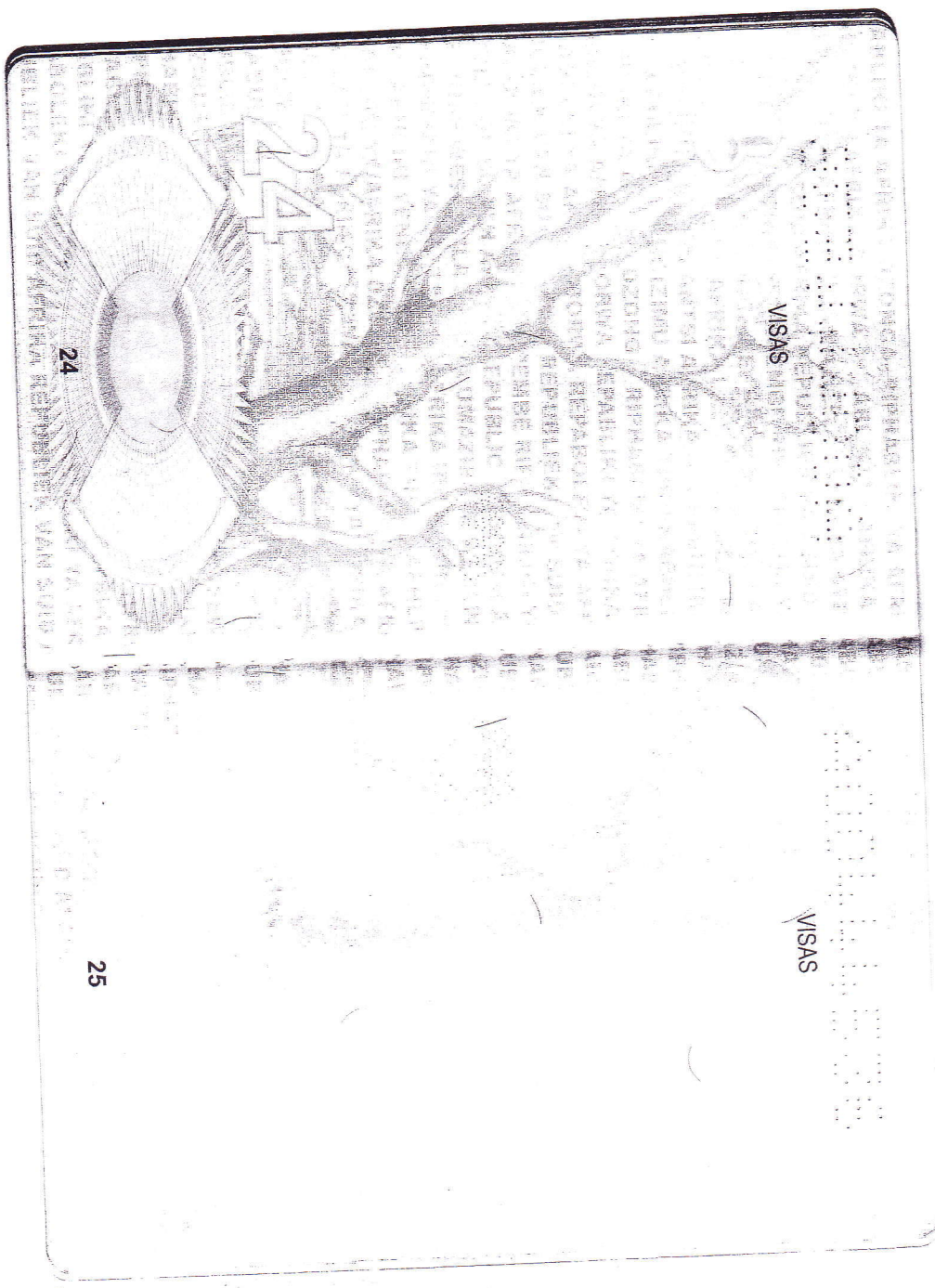


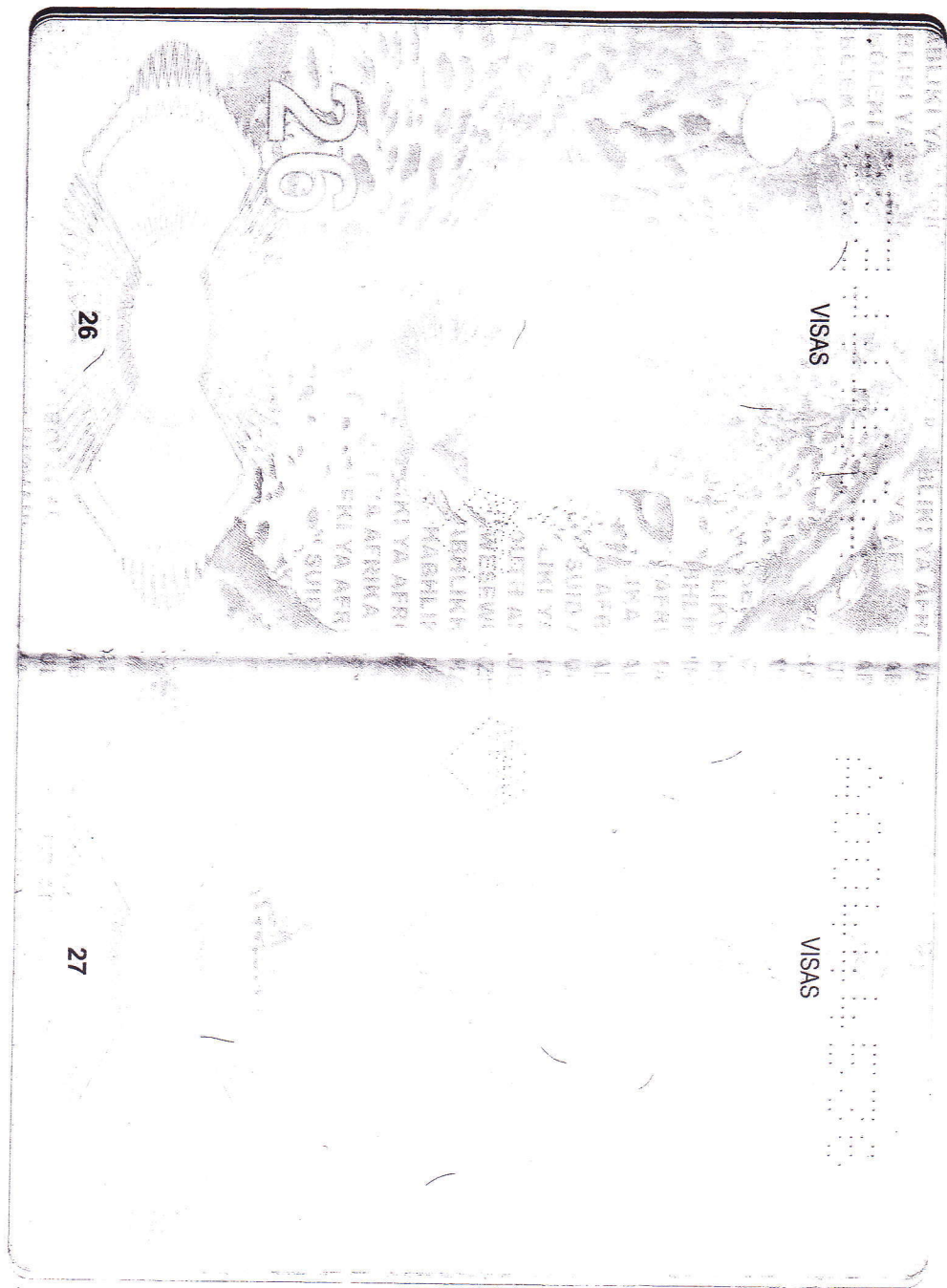












## ENDORSEMENT

### FOREIGN TRAVEL ALLOWANCE

1. Allowance may be used only for travel subsistence purposes abroad.
2. Unused amounts must be resold to your banker in South Africa.
3. All information relative to travel allowances may be obtained from any commercial bank in South Africa.
4. Contravention of 1 or 2 above is a criminal offence.

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## CONDITIONS OF ISSUE

This passport remains the property of the Government of the Republic of South Africa and may, in terms of the provisions of the South African Passports and Travel Documents Act, 1994 (Act 4 of 1994), be withdrawn or cancelled and shall in that event forthwith be surrendered by the bearer to the said Government.

If the passport is found in the possession of an unauthorized person or is mutilated in any way or if any amendment, endorsement or addition is made by any person other than a duly authorized official, it is liable to be impounded.

The passport must be produced on demand of the authorized officer at the place of departure from and return to the Republic of South Africa.

### CAUTION

This passport is a valuable document, and should not be allowed to pass into the possession of any unauthorized person. Travelers are advised to retain their passports on their person at all times. The passport must be kept in a safe place when not in use. If the passport is lost or destroyed, the fact should be reported immediately to the Department of Home Affairs, or to the nearest South African Representative and to the local police authorities. In such cases a new passport can be issued only after exhaustive inquiries.

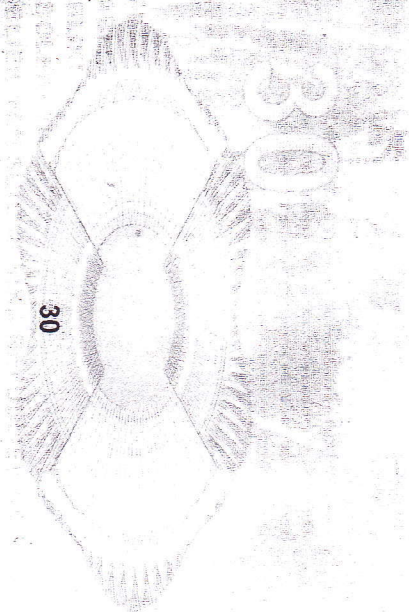
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**ENDORSEMENTS AND OBSERVATIONS**  
**ENDOSSEMENTS ET OBSERVATIONS**

This passport is valid for all countries unless otherwise endorsed (subject to the visa, permit or other entry requirements of each country).

Ce passeport est valable pour tous pays sauf mention spéciale (sous réserve des formalités des visas, permis ou autres exigences d'entrée de chaque pays).



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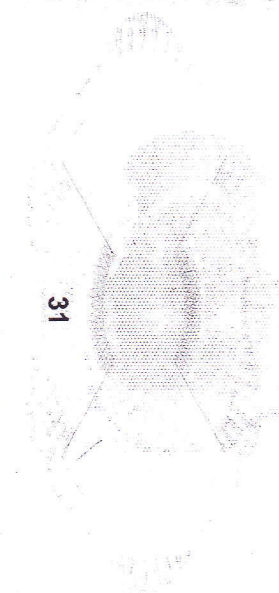
THE BEARER MUST COMPLETE THE PARTICULARS BELOW:  
LE TITULAIRE EST PRIÉ DE COMPLÉTER LES DÉTAILS CI-DESSOUS:

Bearer's place of permanent residence:  
Résidence principale du titulaire:

Street - Rue	
Place - Lieu	
Country - Pays	Telephone - Téléphone

In case of accident or death notify:  
En cas d'accident ou de décès, priez d'aviser:

Name - Nom	
Relationship - A titre de	
Street - Rue	
Place - Lieu	
Country - Pays	Telephone - Téléphone



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REPUBLIC OF SOUTH AFRICA / REPUBLIQUE D'AFRIQUE DU SUD

Given names / Prénoms

Nationality / Nationalité

Date of birth / Date de naissance

Identity No. / No d'identite

Sex Size

ZAF

Date of issue / Date de délivrance

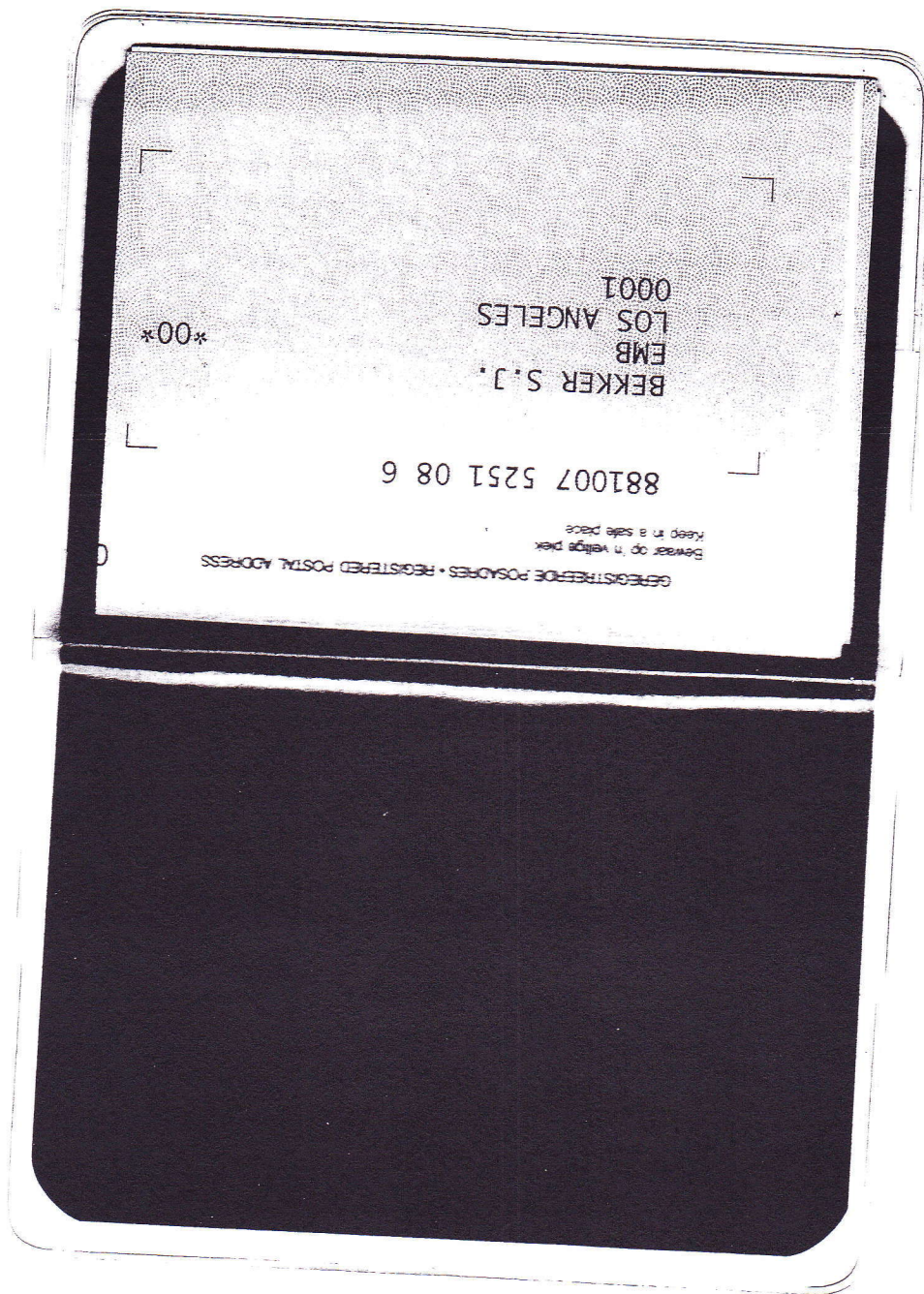
Authority / Autorité

Date of expiry: Date d'expiration

Holder's Signature / Signature du titulaire

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# GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, by straatnaam en/of -nommer, ens. verander het, moet die vorm KENNIGWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of geops word aan die naaste streek- distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

# REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional district office of the DEPARTMENT OF HOME AFFAIRS.

1  
I.D.No. 881007 5251 08 6



S.A.BURGER/S.A.CITIZEN



VAN/SURNAME  
**BEKKER**

VOORNAME/FORENAMES

**STEFAN JAKUES**

GEBORTEDISTRIK OF LAND/  
DISTRICT OF COUNTRY OF BIRTH

**SUID-AFRIKA**

GEBORTE/GEBOORTEDATUM/  
DATE OF BIRTH

**1988-10-07**

DATUM UITGEREIK  
DATE ISSUED

**2009-09-11**

UITGEREIK OF GESAG VAN DIE  
DIREKTEUR-GENERAAL:  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL:  
HOME AFFAIRS



I.D.No. 881007 5251 08 6



S.A. BURGER/S.A. CITIZEN

WATSON/NAME

BEKKER

WATSON/REGISTERED NAME

STEFAN JACQUES

REGISTERED STREET AND  
NUMBER/ REGISTERED ADDRESS

2001-10-01

2001-10-01

1988-10-01

DATE OF ISSUE

2009-09-11

DATE OF EXPIRY

2014-09-11

DATE OF EXPIRY

2014-09-11

DATE OF EXPIRY

2014-09-11

DATE OF EXPIRY

2014-09-11

DATE OF EXPIRY

2014-09-11

DATE OF EXPIRY

2014-09-11

DATE OF EXPIRY

2014-09-11

GEREGISTREDE WOON- EN POSADRES

WATSON/ REGISTERED ADDRESS

WATSON/ REGISTERED ADDRESS

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

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ADDITIONELE VUURWAPENSSENSIE  
ADDITIONAL FIREARM LICENCE

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1110170303

KENNISGEWING VAN ADRESVERANDERING

B12

1. Hou vorm van KENNISGEWING VAN ADRESVERANDERING in hierdie sakke vir aanmelding van 'n adresverandering of van verandering van besonderhede van u huidige adres, by straatnaam en/of -nommers ens.

2. Dien in by of pos aan die naaste streek-distrikadmiroor van die DEPARTEMENT VAN BINNE-LANDSE SAKKE

NOTICE OF CHANGE OF ADDRESS

1. Keep the NOTICE OF CHANGE OF ADDRESS form in this pocket to report a change of address or a change in the particulars of your present address, e.g. name of street and postal number, etc.

2. Hand in at or post to the nearest regional district office of the DEPARTMENT OF HOME AFFAIRS.

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77