

ANNEXURE 1



APPLICATION FORM

**APPLICATION FOR PERMIT/S IN TERMS OF THE NATIONAL ENVIRONMENTAL MANAGEMENT:
BIODIVERSITY ACT (ACT 10 OF 2004) AUTHORISING RESTRICTED ACTIVITY/-IES INVOLVING
LISTED THREATENED OR PROTECTED SPECIES**

A. APPLICANT DETAILS:

NAME:	
IDENTITY OR PASSPORT NO:	
TEL NO:	
FAX NO:	
E-MAIL:	
POSTAL ADDRESS:	PHYSICAL ADDRESS:

B. KIND OF PERMIT APPLIED FOR (Tick off):

☐	ORDINARY	☐	STANDING	☐
☐	POSSESSION	☐	PERSONAL EFFECTS PERMIT	☐
☐	GAME FARM HUNTING PERMIT	☐	NURSERY POSSESSION PERMIT	☐
☐	RENEWAL	☐	AMENDMENT	☐

C. IF THE APPLICATION APPLIES TO A STANDING PERMIT (Tick off):

☐	PROVINCIAL DEPARTMENT	☐	NATIONAL DEPARTMENT	☐
☐	PROTECTED AREA M.A.	☐	VETERINARIAN	☐
☐	CAPTIVE BREEDING OPERATION	☐	SCIENTIFIC INSTITUTION	☐
☐	SANCTUARY	☐	REHABILITATION FACILITY	☐
☐	COMMERCIAL EXHIBITION FACILITY	☐	NURSERY	☐
☐	GAME FARM	☐	WILDLIFE TRADER - GAME CAPTURER	☐
☐	WILDLIFE TRADER - TAXIDERMIST	☐	WILDLIFE TRADER – CURIO DEALER	☐

D. KIND OF RESTRICTED ACTIVITY APPLIED FOR (see section G in the case of a hunt):

E. PROPERTY WHERE RESTRICTED ACTIVITY WILL TAKE PLACE

Possession / Hunt / Catch / Capture / Gather / Collect/ Grow / Breed/ Other applicable restricted activity:

PHYSICAL ADDRESS:	POSTAL ADDRESS

F. Transport / Convey / Export / Import / Buy / Sell / Donate/ Other applicable restricted activity:

FROM:	TO:
PHYSICAL ADDRESS:	PHYSICAL ADDRESS:

G. SPECIES INVOLVED:

SCIENTIFIC NAME	COMMON NAME	QUANTITY	PARTICULARS OF SPECIMEN (such as sex, size, age, markings, derivatives etc.)

H. ADDITIONAL INFORMATION FOR HUNT:

(i) HUNTING CLIENT AND APPLICANT DETAILS (if applicable):

HUNTING CLIENT NAME:
PASSPORT NUMBER:
PHYSICAL ADDRESS:

(ii) HUNTING OUTFITTER AND PROFESSIONAL HUNTER DETAILS (if applicable):

HUNTING OUTFITTER	PROFESSIONAL HUNTER
NAME:	NAME:
TEL NO:	TEL NO:

(iii) DURATION OF HUNTING TRIP:

ARRIVAL DATE: (dd/mm/year)	DEPARTURE DATE: (dd/mm/year)

(iv) WEAPON AND METHOD OF HUNT:

WEAPON	METHOD

I. ADDITIONAL INFORMATION FOR STANDING PERMITS:

REGISTRATION NUMBER:	
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Signature of applicant

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Date of application

J. OFFICIAL USE

NAME OF INSPECTION OFFICIAL	SIGNATURE OF INSPECTION OFFICIAL	DATE:	APPROVED / REFUSED
REASONS FOR REFUSAL:			

K. PERIOD OF VALIDITY OF PERMIT

FROM: (dd/mm/year)	TO: (dd/mm/year)
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NAME OF PERMIT OFFICIAL	SIGNATURE OF PERMIT OFFICIAL	DATE:	AMOUNT PAID	RECEIPT NR	APPROVED / REFUSED
REASON FOR REFUSAL:					