



# LIMPOPO

## PROVINCIAL GOVERNMENT

REPUBLIC OF SOUTH AFRICA

Form 2/1

### DEPARTMENT OF ECONOMIC DEVELOPMENT, ENVIRONMENT & TOURISM

#### APPLICATION FOR P3-EXEMPTION

#### Please note:

- Application forms must be completed in legible block letters.
- It is the applicant's responsibility to confirm receipt of an application form.
- Thirty working days are required to process a permit application.
- Where the space provided is not adequate the information should be attached as an addendum.
- Any additional information, which the applicant deems necessary, should be attached to this application.

|                         |             |
|-------------------------|-------------|
| NEW APPLICATION         |             |
| APPLICATION FOR RENEWAL |             |
| PERMIT NUMBER           | EXPIRY DATE |

| TYPE OF EXEMPTION |  |
|-------------------|--|
| CATEGORY A        |  |
| CATEGORY B        |  |
| CATEGORY C        |  |
| BOW HUNTING       |  |

| PART A                                                            |  |                  |    |
|-------------------------------------------------------------------|--|------------------|----|
| PARTICULARS OF LAND-OWNER                                         |  |                  |    |
| Name & Surname                                                    |  |                  |    |
| Company Name                                                      |  |                  |    |
| Farm Name                                                         |  |                  |    |
| Size of enclosed area                                             |  |                  |    |
| District                                                          |  |                  |    |
| Province                                                          |  |                  |    |
| ID Number (Passport number in the case of non-South Africans)     |  |                  |    |
| Telephone (work)                                                  |  | Telephone (home) |    |
| Cell Phone                                                        |  | Fax              |    |
| E-mail                                                            |  |                  |    |
| Physical Address                                                  |  | Postal Address   |    |
|                                                                   |  |                  |    |
|                                                                   |  |                  |    |
| Are you the sole owner of the farm? If not please complete part B |  | Yes              | No |
| SIGNATURE OWNER                                                   |  | DATE             |    |

## PART B

**SECTION 102: POWER OF THE MEC WHERE LAND IS HELD BY MORE THAN ONE PERSON, PARTNERSHIP OR OTHER BODY** Where land is held -

- More than one person in undivided shares;
- A partnership;
- A body corporate or incorporate

Limpopo Environmental Management act (7 of 2003) 45. (1)Whenever the owner of enclosed land applies for exemption of any or all of the provisions of this Chapter, excluding section 31 (1)(f)(*Hunting of Schedule five game under certain conditions*), and if such owner submits a written application and environmental management plan on the prescribed forms, the MEC may after having considered the application, grant such owner of land or any other person indicated in the application, such exemption.

A meeting was held on \_\_\_\_\_ 200\_ whereby all the members have decided that

Mr/Mrs ..... be appointed as the person that will exercise the powers, functions and duties on behalf of the owner/s, of the following farms:

[illegible]

The person who will be appointed as the plenipotentiary for the above-mentioned company is:

|                                                               |  |                  |  |
|---------------------------------------------------------------|--|------------------|--|
| Name & Surname                                                |  |                  |  |
| ID Number (Passport number in the case of non-South Africans) |  |                  |  |
| Telephone (work)                                              |  | Telephone (home) |  |
| Cell Phone                                                    |  | Fax              |  |
| E-mail                                                        |  |                  |  |
| Physical Address                                              |  | Postal Address   |  |
|                                                               |  |                  |  |
|                                                               |  |                  |  |

## PART C

### WILD ANIMAL SPECIES OCCURRING ON FARM

[illegible]

**PLEASE ADD THE FOLLOWING TO YOUR APPLICATION**

**Detailed map / drawing of your farm indicating;**

**(a) Roads**

**(b) Water points**

**(c) Neighboring farms (names and locality)**

| PERMIT COLLECTION                                                     |                     |                          |  |
|-----------------------------------------------------------------------|---------------------|--------------------------|--|
| Please indicate (by ticking the appropriate option) whether you will: | Collect your permit | <input type="checkbox"/> |  |
|                                                                       | Receive it by post  | <input type="checkbox"/> |  |
| Address to which permit should be posted (If it is to be posted)      |                     |                          |  |
|                                                                       |                     |                          |  |
|                                                                       |                     |                          |  |
|                                                                       |                     |                          |  |

| DECLARATION                                                                                                                                                                                        |       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| I declare that all the information provided is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified. |       |
| Signature:                                                                                                                                                                                         | Date: |

|                                                         |  |          |  |
|---------------------------------------------------------|--|----------|--|
| OFFICIAL USE ONLY                                       |  |          |  |
| Category of exemption                                   |  |          |  |
| The following species are recommended for exemption:    |  |          |  |
|                                                         |  |          |  |
|                                                         |  |          |  |
|                                                         |  |          |  |
|                                                         |  |          |  |
|                                                         |  |          |  |
|                                                         |  |          |  |
|                                                         |  |          |  |
|                                                         |  |          |  |
|                                                         |  |          |  |
|                                                         |  |          |  |
|                                                         |  |          |  |
|                                                         |  |          |  |
| Recommended / Not recommended / Approved / Not approved |  |          |  |
|                                                         |  |          |  |
| SIGNATURE<br>Environmental Compliance Officer           |  | DATE     |  |
| Recommended / Not recommended / Approved / Not approved |  |          |  |
|                                                         |  |          |  |
| SIGNATURE<br>Deputy Manager: District                   |  | DATE     |  |
| Recommended / Not recommended / Approved / Not approved |  |          |  |
|                                                         |  |          |  |
| SIGNATURE<br>Manager: District                          |  | DATE     |  |
| Permit number                                           |  |          |  |
| Valid from                                              |  | Valid to |  |
| Receipt number                                          |  |          |  |