

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):

<input type="checkbox"/>	ORDINARY	<input type="checkbox"/>	STANDING	<input type="checkbox"/>
<input type="checkbox"/>	POSSESSION	<input type="checkbox"/>	PERSONAL EFFECTS PERMIT	<input type="checkbox"/>
<input type="checkbox"/>	GAME FARM HUNTING PERMIT	<input type="checkbox"/>	NURSERY POSSESSION PERMIT	<input type="checkbox"/>
<input type="checkbox"/>	RENEWAL	<input type="checkbox"/>	AMENDMENT	<input type="checkbox"/>

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

<input type="checkbox"/>	PROVINCIAL DEPARTMENT	<input type="checkbox"/>	NATIONAL DEPARTMENT	<input type="checkbox"/>
<input type="checkbox"/>	PROTECTED AREA M.A.	<input type="checkbox"/>	VETERINARIAN	<input type="checkbox"/>
<input type="checkbox"/>	CAPTIVE BREEDING OPERATION	<input type="checkbox"/>	SCIENTIFIC INSTITUTION	<input type="checkbox"/>
<input type="checkbox"/>	SANCTUARY	<input type="checkbox"/>	REHABILITATION FACILITY	<input type="checkbox"/>
<input type="checkbox"/>	COMMERCIAL EXHIBITION FACILITY	<input type="checkbox"/>	NURSERY	<input type="checkbox"/>
<input type="checkbox"/>	GAME FARM	<input type="checkbox"/>	WILDLIFE TRADER - GAME CAPTURER	<input type="checkbox"/>
<input type="checkbox"/>	WILDLIFE TRADER - TAXIDERMIST	<input type="checkbox"/>	WILDLIFE TRADER – CURIO DEALER	<input type="checkbox"/>

D. KIND OF RESTRICTED ACTIVITY APPLIED FOR (see section H 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:					