

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

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

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

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

(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

.....
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:					

Application processing fee:
(Not refundable) R50.00

Banking Details:

Bank: **FNB**
Bank Account: **DACEL Cost Recovery**
Bank Account: **622 99 35 1446**
(Global Transactional Services Jhb)

Branch Code: **25 50 05**

No cash or cheques will be accepted at the Department's Services Centres

For further details please contact Lezani 083 389 2260
lezani@exclusivecycads.com

OR

Send completed application to:

Johannesburg region E-mail:

patience.mthembu!@gauteng.gov.za
victoria.magabe@gauteng.gov.za
siphiwe.khumalo@gauteng.gov.za
thabo.mbhele@gauteng.gov.za

Pretoria region E-mail:

violet.ndongeni@gauteng.gov.za
Isaac.kgokane@gauteng.gov.za

**Send proof of payment WITH filled in application form to one or a few of these e-mail addresses and call afterwards to get reference number.
Always keep proof and follow up.**

Application for a POSSESSION permit:

Section A: Complete this section

Section B: Mark "Possession" block

Section D: Write Possession

Section E: Complete this section

Section G: Provide the **complete** description of the Cycads in your garden. Cycad stems smaller than 15cm are considered to be seedlings and only need to be counted and indicated on the application.

*Remember to sign the application and date it

*Dwarf species (*Encephalartos caffer*, *humilis*, *cupidus*, *cerinus*, *umbeluziensis*, *ngoyanus*)