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 ADRESS:	**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:	

…….. **……**

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)

NAME OF PERMIT OFFICIAL	**SIGNATURE OF PERMIT OFFICIAL**	**DATE:**	**AMOUNT PAID**	**RECEIPT NR**	**APPROVED / REFUSED**
REASON FOR REFUSAL:					