Gauteng Directorate of Nature Conservation
Permits Office

Glencairn Building, Corner Eloff and Market Street, Johannesburg
Postal Address: P.O. Box 8769, Johannesburg, 2000
Tel (011) 355-1207 & Fax (011) 355-1239

APPLICATION FOR A PERMIT TO IMPORT LIVE WILD ANIMALS (CPB6)

Please note:

- Application forms must be completed in legible block letters.
- It is the applicant's responsibility to confirm receipt of an application form.
- **Fifteen 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.
- **Permits will not be faxed, as faxed copies are invalid.**

APPLICANT'S DETAILS (Owner must apply)			
Surname			
Additional Names & Title			
Residential Status (Tick appropriate option)	SA citizen		
	Permanent Resident		
	Foreigner		
ID Number (Passport number in the case of non-South Africans)			
Telephone (work)		Telephone (home)	
Cell Phone		Fax	
E-mail			
Physical Address		Postal Address	

PERMIT HOLDER'S DETAILS **(i.e. person who will be importing animals on behalf of the owner if not the owner)**			
Surname			
Additional Names & Title			
Residential Status (Tick appropriate option)	SA citizen		
	Permanent Resident		
	Foreigner		
ID Number (Passport number in the case of non-South Africans)			
Telephone (work)		Telephone (home)	
Cell Phone		Fax	
E-mail			
Physical Address		Postal address	

Please Turn Over

DETAILS OF ANIMALS THAT ARE TO BE IMPORTED					
Quantity			Description	Common Name	Scientific Name
M	F	Tot			
Size of area where animals will be kept					
Please indicate (by ticking the appropriate option) whether these animals are:				Wild caught	
				Captive bred	

ADDITIONAL INFORMATION	
Origin	
Destination	
Port of import	
Reason for import	

PERMIT COLLECTION	
Please indicate (by ticking the appropriate option) whether you will:	Collect your permit
	Receive it by post
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:

Application processing fees: (**Not refundable**): **R 50.00 per application**

Banking details

Bank: **Absa Bank** Branch Name: **Public Sector-Gauteng West**

Bank Account: **DACEL Cost Recovery-Trading**

Bank Account number: **4064930912**

Bank Code: **637-956** Permit Code: **CPB6**

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

Please contact, tel: (011) 355 1207 for further details.