LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

ECONOMIC DEVELOPMENT, ENVIRONMENT AND TOURISM

Environmental Compliance Officer, Wildlife, Trade and Regulation. PO Box 3567, MOKOPANE, 0600
Tel: 014 717 1055 Fax014 717 5200

APPLICATION FOR A PERMIT TO IMPORT / EXPORT / CONVEY LIVE WILD ANIMALS: NATIONAL

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.

ORIGIN/EXPORTER OF WILD ANIMALS **(i.e. particulars of owner selling the wild animals listed on this application)**			
Name & Surname			
Company Name			
Farm Name			
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	
SIGNATURE OWNER		**DATE**	

DETAILS OF BUYER/IMPORTER **(i.e. particulars of the destination of wild animals listed on this application)**			
Name & Surname			
Company			
Registered name of farm			
Farm Number			
Size of area where wild animals will be introduced			
Magisterial 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	

DETAILS OF TRANSLOCATER OF WILD ANIMALS			
Name & Surname			
Company Name			
Registration Number			
ID Number (Passport number in the case of non-South Africans)			
Telephone (work)		Telephone (home)	
Cell Phone		Fax	
E-mail			
Physical Address		Postal Address	

DETAILS OF ANIMALS THAT ARE TO BE TRANSLOCATED						
Quantity			Description	Common Name	Scientific Name	Transponder number
M	F	Tot				

Please indicate (by ticking the appropriate option) whether these animals are:	Wild caught	
	Captive bred	

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:

Recommended / Not recommended / Approved / Not approved	
SIGNATURE **Environmental Compliance Officer**	**DATE**
Recommended / Not recommended / Approved / Not approved	
SIGNATURE **Deputy Manager**	**DATE**
Recommended / Not recommended / Approved / Not approved	
SIGNATURE **Manager**	**DATE**
Recommended / Not recommended / Approved / Not approved	
SIGNATURE **Authorization Officer**	**DATE**
Permit number	
Valid from	
Valid to	