

## 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:**

<b>NAME:</b>	
<b>IDENTITY OR PASSPORT NO:</b>	
<b>TEL NO:</b>	
<b>FAX NO:</b>	
<b>E-MAIL:</b>	
<b>POSTAL ADDRESS:</b>	<b>PHYSICAL ADDRESS:</b>

**B. KIND OF PERMIT APPLIED FOR (Tick off):**

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

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

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

**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:**

<b>PHYSICAL ADDRESS:</b>	<b>POSTAL ADDRESS</b>

**F. Transport / Convey / Export / Import / Buy / Sell / Donate/ Other applicable restricted activity:**

<b>FROM:</b>	<b>TO:</b>
<b>PHYSICAL ADDRESS:</b>	<b>PHYSICAL ADDRESS:</b>

**G. SPECIES INVOLVED:**

<b>SCIENTIFIC NAME</b>	<b>COMMON NAME</b>	<b>QUANTITY</b>	<b>PARTICULARS OF SPECIMEN (such as sex, size, age, markings, derivatives etc.)</b>

**H. ADDITIONAL INFORMATION FOR HUNT:**

**(i) HUNTING CLIENT AND APPLICANT DETAILS (if applicable):**

<b>HUNTING CLIENT NAME:</b>
<b>PASSPORT NUMBER:</b>
<b>PHYSICAL ADDRESS:</b>

(ii) **HUNTING OUTFITTER AND PROFESSIONAL HUNTER DETAILS (if applicable):**

<b>HUNTING OUTFITTER</b>	<b>PROFESSIONAL HUNTER</b>
<b>NAME:</b>	<b>NAME:</b>
<b>TEL NO:</b>	<b>TEL NO:</b>

(iii) **DURATION OF HUNTING TRIP:**

<b>ARRIVAL DATE: (dd/mm/year)</b>	<b>DEPARTURE DATE: (dd/mm/year)</b>

(iv) **WEAPON AND METHOD OF HUNT:**

<b>WEAPON</b>	<b>METHOD</b>

**I. ADDITIONAL INFORMATION FOR STANDING PERMITS:**

<b>REGISTRATION NUMBER:</b>	
-----------------------------	--

.....  
**Signature of applicant**

.....  
**Date of application**

**PERMIT COLLECTION: \*\*PLEASE INDICATE WHETHER YOU WILL\*\***

<b>COLLECT YOUR PERMIT</b>		<b>RECEIVE BY POST (please provide postal address)</b>	
----------------------------	--	--	--

- The Department cannot be held responsible for the loss of a permit in the post, if requested to be posted.

**J. OFFICIAL USE**

<b>NAME OF INSPECTION OFFICIAL</b>	<b>SIGNATURE OF INSPECTION OFFICIAL</b>	<b>DATE:</b>	<b>APPROVED / REFUSED</b>
<b>REASONS FOR REFUSAL:</b>			

**K. PERIOD OF VALIDITY OF PERMIT**

<b>FROM:</b>	<b>TO:</b>
--------------	------------

(dd/mm/year)	(dd/mm/year)
--------------	--------------

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