



# PERMIT APPLICATION FORM



APPLICATION FOR PERMIT/S AND OR LICENCES IN TERMS OF:

THE NATIONAL ENVIRONMENTAL MANAGEMENT: BIODIVERSITY ACT (ACT 10 OF 2004) AUTHORIZING RESTRICTED ACTIVITY/-IES INVOLVING LISTED THREATENED OR PROTECTED SPECIES (TOPS) AND THE NATAL NATURE CONSERVATION ORDINANCE, 15 OF 1974.

**BEFORE YOU START: IF YOU PLAN TO UNDERTAKE THE FOLLOWING ACTIVITIES: KEEP ANIMALS IN CAPTIVITY; REGISTRATION IN TERMS OF TOPS; UNDERTAKE SCIENTIFIC RESEARCH OR IMPORT, EXPORT OR RE-EXPORT IN TERMS OF CITES REGULATIONS, PLEASE COMPLETE THE NECESSARY APPLICATION FORMS OBTAINABLE FROM EZEMVELO KZN WILDLIFE PERMITS CALL CENTRE 033 845 1324**

Please note:

- Application forms must be completed in legible block letters.
- It is the applicant's responsibility to confirm receipt of an application form.
- Where the space provided is not adequate the information should be attached as an addendum.
- Please attach a copy of the import permit from the receiving province if animal species are to be exported to another province.
- Please attach a copy of the export permit from the exporting province if plant species are to be imported into this province.
- Any additional information, which the applicant deems necessary, should be attached to this application
- An application is considered incomplete if not accompanied by a proof of payment of the necessary administration fees or when additional information is requested and not submitted. Additional information not supplied within three months will result in the application being cancelled and applicants will need to submit a new application thereafter.
- Application fees are not refundable in the event of the application being declined or additional requested information not being provided within three months.
- If the application is linked to a company, the company details must be supplied together with the applicable staff member's details
- GPS co-ordinates are not required when a valid street address is provided.
- Sections marked with an asterix (\*) are compulsory

APPLICATION REFERENCE NUMBER<sup>1</sup>: \_\_\_\_\_

IS THIS A RENEWAL OF AN EXISTING PERMIT: YES / NO, IF YES PERMIT NO: 

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WHAT

A. \* PLEASE PROVIDE A FULL DESCRIPTION OF ACTIVITY/S TO BE UNDERTAKEN:

Eg 1: Hunt a Common Reedbuck, **temporary possess** the carcass, **transporting** the trophy to the Taxidermist and **transporting** the meat to the applicants residence.  
 Eg 2: **Receive** a cycad, **Transport** such cycad from one property to another, **temporary possess** the cycad.  
 (Please provide as much information as possible)


TICK TO CONFIRM PREVIOUS PERMIT RETURNS HAVE BEEN SUBMITTED:  OR N/A

(eg. hunting; capture; aviary; or in terms of conditions of previous permits issued to you.)

WHEN

B. \* REQUESTED PERIOD OF VALIDITY OF PERMIT

FROM: (dd/mm/year)	TO: (dd/mm/year)
/ /	/ /
/ /	/ /

<sup>1</sup> Issued to applicant when application is received

C. \* WHERE DO YOU WANT THIS TO TAKE PLACE:

PROPERTY ONE OR FROM WHERE

PROPERTY NAME																								
PHYSICAL ADDRESS:																								
CODE																								
GPS CO-ORDINATES OF PROPERTY (DD/MM/SS) (Homestead, entrance gate or centre of property)																								
° ' " S ° ' " E																								
ERF NO (as per Title Deed) – where applicable																								
LOCAL MUNICIPALITY																								
PROVINCE																								
OWNER OF PROPERTY (as per ID Book)																								
FIRST NAMES:															TITLE:									
SURNAME / TRADING NAME																								
IDENTITY NO. OR PASSPORT NO. OR COMPANY NO.																								
TEL NO:																								
FAX NO:																								
CELL NO:																								
E-MAIL:																								
LANDOWNER / FACILITY PERMIT NUMBER (if issued)																								
POSTAL ADDRESS: (if different from physical address)																								
CODE																								

PROPERTY TWO OR DESTINATION

TICK IF NOT APPLICABLE

PROPERTY NAME																								
PHYSICAL ADDRESS:																								
CODE																								
GPS CO-ORDINATES OF PROPERTY (DD/MM/SS)																								
° ' " S ° ' " E																								
ERF NO (as per Title Deed) – where applicable																								
LOCAL MUNICIPALITY																								
PROVINCE																								
OWNER OF PROPERTY (as per ID Book)																								
FIRST NAMES:															TITLE:									
SURNAME / TRADING NAME																								







**I. OFFICIAL USE**

**KIND OF PERMIT / LICENCE APPLIED FOR (Please tick):**

<input type="checkbox"/>	ORDINANCE PERMIT / LICENCE	<input type="checkbox"/>	
<input type="checkbox"/>	ORDINARY TOPS PERMIT	<input type="checkbox"/>	STANDING PERMIT
<input type="checkbox"/>	POSSESSION PERMIT	<input type="checkbox"/>	PERSONAL EFFECTS PERMIT BOOK
<input type="checkbox"/>	GAME FARM HUNTING PERMIT BOOK	<input type="checkbox"/>	NURSERY POSSESSION PERMIT BOOK
<input type="checkbox"/>	AMENDMENT OF EXISTING PERMIT/REGISTRATION	<input type="checkbox"/>	

**KIND OF RESTRICTED ACTIVITY/IES APPLIED FOR (Please provide):**


**IF THE APPLICATION APPLIES TO A STANDING PERMIT ISSUED IN TERMS OF THREATENED OR PROTECTED SPECIES REGULATIONS (Please tick):**

<input type="checkbox"/>	VETERINARIAN	<input type="checkbox"/>	SCIENTIFIC INSTITUTION
<input type="checkbox"/>	CAPTIVE BREEDING OPERATION	<input type="checkbox"/>	REHABILITATION FACILITY
<input type="checkbox"/>	SANCTUARY	<input type="checkbox"/>	NURSERY
<input type="checkbox"/>	COMMERCIAL EXHIBITION FACILITY	<input type="checkbox"/>	WILDLIFE TRADER - GAME CAPTURER
<input type="checkbox"/>	REGISTERED GAME FARM	<input type="checkbox"/>	WILDLIFE TRADER – CURIO DEALER
<input type="checkbox"/>	WILDLIFE TRADER - TAXIDERMIST	<input type="checkbox"/>	
<input type="checkbox"/>	REGISTRATION NUMBER (If issued)	<input type="checkbox"/>	

**EXTRA CONDITIONS REQUIRED AND ATTACHED: YES  NO**

<b>NAME OF INSPECTION OFFICIAL</b>	<b>SIGNATURE OF INSPECTION OFFICIAL</b>	<b>DATE:</b>	<b>APPROVED / DECLINED</b> <input type="checkbox"/> <input type="checkbox"/>
<b>IN THE EVENT OF REFUSAL, PLEASE PROVIDE THE FOLLOWING:</b>			
<b>DATE OF SUBMISSION TO SUPERVISOR:</b>			
<b>REASONS FOR SUCH REFUSAL ATTACHED:</b>			

**APPROVED PERIOD OF VALIDITY OF PERMIT**

<b>FROM:</b> (dd/mm/year)	<b>TO:</b> (dd/mm/year)
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<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 / DECLINED</b>
<b>REASON FOR REFUSAL:</b>					