

DETAILS OF SPECIALIST AND DECLARATION OF INTEREST

	(For official use only)
File Reference Number:	
NEAS Reference Numb	er:
Date Received: Date allocated:	
Responsible Official:	
Responsible Official.	
	ation in terms of the National Environmental Management Act, 1998 (Act No. 107 and the Environmental Impact Assessment Regulations, 2010
PROJECT TITLE	
Specialist:	
Contact person:	
Postal address:	
Postal code:	Cell:
Telephone: E-mail:	Fax:
Professional	
affiliation(s) (if any)	
(/ () /	
Project Consultant:	
Contact person:	
Postal address:	
Postal code:	Cell:
Telephone: E-mail:	Fax:
E-IIIdll:	

ENVIRONMENTAL IMPACT MANAGEMENT Private Bag X20801 Tel: 051-400 48/42/19 Bloemfontein Fax: 051-400 4842/11

9300 E-mail: Mkhosana@dteea.fs.gov.za



4.2 The	specialist appointed in terms of the Regulations_
l,	, declare that
General decla	ration:
 I will perf views and l declare work; I have export the Action of th	ne independent specialist in this application form the work relating to the application in an objective manner, even if this results in a findings that are not favourable to the applicant that there are no circumstances that may compromise my objectivity in performing such pertise in conducting the specialist report relevant to this application, including knowledges, regulations and any guidelines that have relevance to the proposed activity; ply with the Act, regulations and all other applicable legislation; and will not engage in, conflicting interests in the undertaking of the activity; ke to disclose to the applicant and the competent authority all material information in my on that reasonably has or may have the potential of influencing - any decision to be taken ect to the application by the competent authority; and - the objectivity of any report, planent to be prepared by myself for submission to the competent authority; riculars furnished by me in this form are true and correct; and that a false declaration is an offence in terms of Regulation 71 and is punishable in terms in 24F of the Act.
Signature of t	he specialist:
Name of com	pany (if applicable):
Date	