



**the detea**  
 the department of economic  
 development, tourism and  
 environmental affairs  
 FREE STATE PROVINCE

## INTEGRATED GENERAL PERMIT 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 AND ACTIVITIES INVOLVING INDIGENOUS OR EXOTIC SPECIES MENTIONED IN THE FREE STATE ORDINANCE  
 ON NATURE CONSERVATION (ORD. 8 OF 1969)**

**For payment procedures the permit office must be contacted at Tell. 051 – 4009526/7 or Fax 051 –  
 4009523 or 051- 4009538. Permits will not be issued if payment is not received.**

**NO PAYMENT NO PERMIT**

**A. APPLICANT DETAILS:**

NAME:	
IDENTITY OR PASSPORT NO:	
TEL NO:	
FAX NO:	
E-MAIL:	
POSTAL ADDRESS:	PHYSICAL ADDRESS:
<b>Is the farm a proclaimed Private Nature Reserve? (Attach proof)</b>	

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

<input type="checkbox"/> ORDINARY	<input type="checkbox"/> STANDING	
<input type="checkbox"/> POSSESSION	<input type="checkbox"/> PERSONAL EFFECTS PERMIT	
<input type="checkbox"/> GAME FARM HUNTING PERMIT	<input type="checkbox"/> NURSERY POSSESSION PERMIT	
<input type="checkbox"/> RENEWAL (SUPPLY OLD PERMIT)	<input type="checkbox"/> AMENDMENT (SUPPLY PERMIT)	
<input type="checkbox"/> INDIGENOUS SPECIES	<input type="checkbox"/> EXOTIC SPECIES	

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

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

**D. KIND OF RESTRICTED ACTIVITY APPLIED FOR (see section H in the case of a hunt):**

<input type="checkbox"/> POSSESSION	<input type="checkbox"/> HUNT
<input type="checkbox"/> CATCH	<input type="checkbox"/> CAPTURE
<input type="checkbox"/> GATHER	<input type="checkbox"/> COLLECT
<input type="checkbox"/> IMPORT	<input type="checkbox"/> EXPORT
<input type="checkbox"/> TRANSPORT /CONVEY	<input type="checkbox"/> SELL/DONATE
<input type="checkbox"/> GROW	<input type="checkbox"/> BREED
<input type="checkbox"/> PROCESS	<input type="checkbox"/> OTHER (SPECIFY)

**E. PROPERTY WHERE RESTRICTED ACTIVITY (AS IN D) WILL TAKE PLACE**

PHYSICAL ADDRESS:	POSTAL ADDRESS

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

FROM:	TO:
ID NUMBER:	ID NUMBER:
PHYSICAL ADDRESS:	PHYSICAL ADDRESS:
TEL NO:	TEL NO

**G. SPECIES INVOLVED:**

SCIENTIFIC NAME	COMMON NAME	QUANTITY INVOLVED	QUANTITY IN POSSESSION	PARTICULARS OF SPECIMEN (such as sex, size, age, markings, derivatives etc.)

**ELEPHANT AND RHINO PRODUCTS**

SCIENTIFIC NAME	COMMON NAME	PRODUCT	LENGTH	BASE	MARKINGS

**H. ADDITIONAL INFORMATION FOR HUNT:**

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

HUNTING CLIENT NAME:
PASSPORT NUMBER:
PHYSICAL ADDRESS:

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

HUNTING OUTFITTER	PROFESSIONAL HUNTER
NAME:	NAME:
ID NO:	ID NO:
TEL NO:	TEL NO:
PERMIT NO:	PERMIT NO:
EXPIRY DATE:	EXPIRY DATE:

(iii) DURATION OF HUNTING TRIP:

ARRIVAL DATE: (dd/mm/year)	DEPARTURE DATE: (dd/mm/year)

(iv) WEAPON AND METHOD OF HUNT:

WEAPON	METHOD

I. ADDITIONAL INFORMATION FOR STANDING PERMITS:

REGISTRATION NUMBER:	
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Signature of applicant

.....  
Date of application

J. OFFICIAL USE

NAME OF INSPECTION OFFICIAL	SIGNATURE OF INSPECTION OFFICIAL	DATE:	RECOMMENDED/NOT RECOMMENDED:
REASONS:			

K. PERIOD OF VALIDITY OF PERMIT

FROM: (dd/mm/year)	TO: (dd/mm/year)
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NAME OF PERMIT OFFICIAL	SIGNATURE OF PERMIT OFFICIAL	DATE:	AMOUNT PAID	RECEIPT NR	APPROVED / REFUSED
REASON FOR REFUSAL:					

Notes:

For any enquiries please contact the permit office at 051 4009526/7

Application must be completed in full.

Applications will be returned if incomplete.

Scientific names must be entered into appropriate spaces.

Application must be signed by applicant.

Appropriate fees must be paid before any attention will be given to application.

For payment procedures the permit office may be contacted at Tell. 051 – 4009526/7 or Fax 051 – 4009523 or 051-4009538.

Permits are only issued on Tuesdays after they have been evaluated by the Permit Evaluation Committee.

Further permit motivations are allowed on a separate page if necessary.

This application is made up of 4/four pages.