



# 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)

<b>A.</b> A	APPLICAN	T DETAILS:
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NAME:	
IDENTITY OR PASSPORT NO:	
TEL NO:	
FAX NO:	
E-MAIL:	
POSTAL ADRESS:	PHYSICAL ADDRESS:

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

ORDINARY	STANDING	
POSSESSION	PERSONAL EFFECTS PERMIT	
GAME FARM HUNTING PERMIT	NURSERY POSSESSION PERMIT	
RENEWAL (SUPPLY OLD PERMIT)	AMENDMENT (SUPPLY PERMIT)	
INDIGENOUS SPECIES	EXOTIC SPECIES	

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

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

Private Bag X 20801 Tel +27 (0)51 400 9527
Bloemfontein Fax +27 (0)51 400 9523
9300 e-mail: nel@dteea.fs.gov.za

POSSESSION	HUNT
CATCH	CAPTURE
GATHER	COLLECT
IMPORT	EXPORT

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

GATHER	COLLECT
IMPORT	EXPORT
TRANSPORT /CONVEY	SELL/DONATE
GROW	BREED
PROCESS	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.)
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### **ELEPHANT AND RHINO PRODUCTS**

SCIENTIFIC NAME	COMMON NAME	PRODUCT	LENGTH	BASE	MARKINGS

<b>HUNTING CLIENT NA</b>	ME:		
PASSPORT NUMBER:			
PHYSICAL ADDRESS:			
(ii) HUNTING OUTI	FITTER AND PROFESSION	AL HUNTER DETA	ILS (if applicable):
	OUTFITTER		IONAL HUNTER
NAME:		AME:	
ID NO:		NO:	
TEL NO:		EL NO:	
PERMIT NO:		ERMIT NO:	
EXPIRY DATE:	E	XPIRY DATE:	
(iii) DURATION OF I	HUNTING TRIP:		
ARRIVAL DATE: (dd/r	nm/year) D	EPARTURE DATE:	(dd/mm/year)
TIKKI VILL DITTE: (dd/I	minycar)	ET MATURE DATE.	(uu/iiii/year)
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WEAPON  I. ADDITIONAL IN REGISTRATION NUMBER  Signature of applicant  I. OFFICIAL USE	NFORMATION FOR STAND BER:	ING PERMITS:	
WEAPON  I. ADDITIONAL IN REGISTRATION NUMBER  Signature of applicant	NFORMATION FOR STAND BER:	Date of application	On .

### K. PERIOD OF VALIDITY OF PERMIT

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

#### **Notes:**

- 1. For any enquiries please contact the permit office at 051 4009526/7
- 2. Application must be completed in full.
- 3. Applications will be returned if incomplete.
- 4. Scientific names must be entered into appropriate spaces.
- 5. Application must be signed by applicant.
- 6. Appropriate fees must be paid before any attention will be given to application.
- 7. For payment procedures the permit office may be contacted at Tell. 051 4009526/7 or Fax 051 4009523 or 051 4009538.
- 8. Permits are only issued on Tuesdays after they have been evaluated by the Permit Evaluation Committee.
- 9. Further permit motivations are allowed on a separate page if necessary.
- 10. This application is made up of 4/four.