

APPLICATION FOR A PERMIT TO IMPORT AND TRANSPORT A WILD ANIMAL (NOT GAME) INTO THE PROVINCE

New Application

Renewal

Current permit no:

Expiry date of current permit:

- PLEASE NOTE:**
- 1) Application form must be completed in full, in legible block letters with black ink
 - 2) A signed information document must accompany this application
 - 3) A proof of payment of the non-refundable administration fee must accompany this application
 - 4) Where the space provided is not adequate, the information should be attached as an addendum

MARK WITH A 'X' WHERE APPLICABLE

Buy

Receive as Donation

Temporary Import

Other*

*If "Other", specify purpose of import and transport:

DETAILS OF PERSON AND PROPERTY WHERE WILD ANIMAL(S) WILL BE TRANSPORTED FROM:

Full Name & Surname (OWNER)		<input type="text"/>	
ID no.	<input type="text"/>		
Farm name and no. as it appears on Title Deed:		<input type="text"/>	
Physical address:		Postal address:	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Postal code:		Postal code:	
<input type="text"/>		<input type="text"/>	
Tel.	<input type="text"/>	Cell No.	<input type="text"/>
Fax No.	<input type="text"/>	Email	<input type="text"/>

OWNER'S PROOF OF LEGAL ORIGIN FOR WILD ANIMAL(S) CONTAINED IN THIS APPLICATION:

Certificate of Adequate Enclosure No.	EXPIRY DATE THEREOF:
or Captivity Permit No.	EXPIRY DATE THEREOF:
or Export Permit No.	EXPIRY DATE THEREOF:
or Transport Permit No.	EXPIRY DATE THEREOF:
or TOPS Permit No.	EXPIRY DATE THEREOF:

DETAILS OF PERSON AND PROPERTY WHERE WILD ANIMAL(S) WILL BE TRANSPORTED TO:

Full Name & Surname (RECEIVER)			
ID no.			
Farm name and no. as it appears on Title Deed:			
Physical address:		Postal address:	
Postal code:		Postal code:	
Tel.		Cell No.	
Fax No.		Email	

DETAILS OF PERSON AND VEHICLE RESPONSIBLE FOR TRANSPORT OF WILD ANIMAL(S) TO DESTINATION:

Full Name & Surname (TRANSPORTER)			
ID no.			
Name of Business:			
Physical address:			
Cell no.			
Email:			
Vehicle Make:			
Vehicle Model:			
Vehicle Description:			
Vehicle Registration No.			

DETAILS OF RECEIVER'S ENCLOSURE FOR WILD ANIMAL(S) CONTAINED IN THIS APPLICATION:

Captivity Permit No.	EXPIRY DATE THEREOF:		
Dimension of Enclosure in centimeters:	Length:	Height:	Width:
Material of which enclosure is constructed:			
Species and quantity currently being kept in enclosure:			

LIST OF SPECIES AND DETAILS OF WILD ANIMAL(S) WHICH YOU ARE APPLYING FOR:

Common Name	Scientific Name	Length (m) or Weight (kg)	INDICATE THE QUANTITIES OF EACH			
			Adult	Juvenile / Egg	Male	Female

Date on which the wild animal(s) will be transported: FROM: _____ TO: _____

PERMIT COLLECTION: INDICATE WITH A 'X' WHETHER YOU WILL

Collect your permit Receive it by post* Receive it by email

** CapeNature cannot be held responsible for the loss of a permit in the post*

I, the receiver, hereby declare that all the information supplied herewith is true and correct. I understand that the submission of false information in this application constitutes an offence.

SIGNATURE OF RECEIVER

DATE

I, the transporter, hereby declare that all the information supplied herewith is true and correct. I understand that the submission of false information in this application constitutes an offence.

SIGNATURE OF TRANSPORTER

DATE

ACCOUNT HOLDER:	WESTERN CAPE NATURE CONSERVATION BOARD
BANK:	NEDBANK
BRANCH CODE:	145 209
ACCOUNT TYPE:	CURRENT ACCOUNT
ACCOUNT NUMBER:	145 205 7117
REFERENCE:	800490_(insert your surname)
ADMINISTRATION FEE:	R 150

COMPLETE APPLICATIONS CAN BE FORWARDED TO:

TEL: 021-483-0000 E-MAIL: permits.fax@capenature.co.za POST: Private Bag x29, Gatesville, 7766