PERMIT APPLICATION FORM

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

THE NATIONAL ENVIRONMENTAL MANAGEMENT: BIODIVERSITY ACT (ACT 10 OF 2004) AUTHORISING 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 does not imply that authorisation will be granted.
- 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 are mandatory unless a valid street address is provided. Any farm names provided must be as per the Surveyor General.
- Sections marked with an asterix (*) are compulsory.
- It is the applicants responsibility to have read and understood the permit application process procedure.

APPLICATION REFERENCE NUMBER[1]: _____

IS THIS A RENEWAL OF AN EXISITNG PERMIT: YES [ ] / NO [X]

IF YES PROVIDE EXISTING PERMIT NO: [ ]

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)
To keep in a cage as a pet.

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

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

WHEN

B. * REQUESTED PERIOD OF VALIDITY OF PERMIT (Permits cannot be issued for longer than 12 months)

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

[1] Issued to applicant when application is received

WHERE

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

PROPERTY 1 OR SOURCE PROPERTY (Where animals/plants will be coming from or where activity will take place)

PROPERTY NAME	11 Pinedale Place, Malvern, Queesbrugh
PHYSICAL ADRESS	S/A
	CODE 4055
GPS CO-ORDINATES OF PROPERTY (DD/MM/SS) (Homestead, entrance gate or centre of property) *	
° ' " S	° ' " E
ERF NO or Farm Name & Number (as per Title Deed) - where applicable	14 of Erf 1136 Queensbrugh 11 pinedale Place Malvern.
LOCAL MUNICIPALITY	
PROVINCE	Kwa Zulu Natal.
OWNER OF PROPERTY (as per ID Book)	
FIRST NAMES	Cornelius Botha. TITLE Mr
SURNAME / TRADING NAME	Botha
IDENTITY NO. / PASSPORT NO. OR COMPANYNO.	7908125157088
TEL NO	031 465 0018 FAX NO —
CELL NO	082 847 7670
E-MAIL	metroindrollerdoors@gmail.com
LANDOWNER / FACILITY PERMIT NUMBER (if issued)	N/A
POSTAL ADDRESS: (if different from physical address)	N/A
	CODE

* GPS Coordinates are easilly obtainable from a GPS, Smart phone or Google Earth/Map

PROPERTY 2 OR DESTINATION PROPERTY TICK IF NOT APPLICABLE [X]

PROPERTY NAME	
PHYSICAL ADRESS	
	CODE
GPS CO-ORDINATES OF PROPERTY (DD/MM/SS)	
° ' " S	° ' " E
ERF NO or Farm Name & Number (as per Title Deed) - where applicable	
LOCAL MUNICIPALITY	
PROVINCE	
OWNER OF PROPERTY (as per ID Book)	
FIRST NAMES	TITLE
SURNAME / TRADING NAME	
IDENTITY NO./ 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

WHO

D. * WHO IS UNDERTAKING THE ACTIVITY? (If not already listed, then complete below)

TICK IF SAME AS PROPERTY ONE OR SOURCE PROPERTY [X]

TICK IF SAME AS PROPERTY TWO OR DESTINATION [ ]

FIRST NAMES		TITLE	
SURNAME / TRADING NAME			
IDENTITY NO./ PASSPORT NO.OR COMPANY NO			
TEL NO		FAX NO	
CELL NO			
E-MAIL			
LANDOWNER / FACILITY PERMIT NUMBER (if issued)			
RESIDENTIAL ADDRESS			
		CODE	
GPS CO-ORDINATES OF PROPERTY (DD/MM/SS)	° ' " S	° ' " E	
ERF NO (as per Title Deed) - where GPS Co-ordinates not known			
POSTAL ADDRESS: (if different from residential address)			
		CODE	
LOCAL MUNICIPALITY			
PROVINCE			

E. ADDITIONAL INFORMATION:

(ai) HUNTING CLIENT (if applicable):

HUNTING CLIENT NAME	
PASSPORT NUMBER	
PHYSICAL ADDRESS	

(aii) HUNTING OUTFITTER AND PROFESSIONAL HUNTER DETAILS (if applicable):

HUNTING OUTFITTER		PROFESSIONAL HUNTER	
NAME		NAME	
TEL NO		TEL NO	
LICENCE NO:		LICENCE NO	

(aiii) DURATION OF HUNTING TRIP:

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

(aiv) WEAPON AND METHOD OF HUNT:

WEAPON:	METHOD:

(b) ADDITIONAL INFORMATION FOR CAPTURE OF SPECIES

CAPTURE METHOD AND EQUIPMENT: in Cages
GAME CAPTURE OPERATOR, IF NOT SECTION D:
ATTENDING VETERINARIAN (if applicable): Yes Kloof Vet.

VETS TOPS PERMIT NUMBER:	
SCHEDULED DRUGS TO BE UTILISED (if applicable):	—

(c) **ADDITIONAL INFORMATION FOR CONSIDERATION**

Please list any other additional information is attached, that you think will be beneficial for the assessment of this application.

INDICATE PROOF OF PAYMENT ATTACHED	✓
INDICATE PROOF OF LANDOWNERS WRITTEN PERMISSION IF NOT THE LANDOWNER ATTACHED	
INDICATE IMPORT/EXPORT PROVINCIAL PERMIT ATTACHED (as explained in instruction notes on page 1)	
INDICATE HUNTING RETURN ATTACHED (IF APPLICABLE)	
INDICATE GAME CENSUS ATTACHED (IF APPLICABLE)	
OTHER ATTACHMENTS REQUIRED (DESCRIBE BELOW):	

F. **PROOF OF PAYMENT - PLEASE NOTE THESE HAVE CHANGED IN APRIL 2022**

THE NECESSARY APPLICATION FEE CAN BE DEPOSITED INTO THE FOLLOWING ACCOUNT:
BANK: **STANDARD BANK** ACCOUNT HOLDER: **EZEMVELO KZN WILDLIFE** BRANCH: KINGSMEAD (CODE: 040026)
ACCOUNT NUMBER: **051130300** ACCOUNT TYPE: CHEQUE ACCOUNT
PLEASE USE THE PERMIT APPLICANTS SURNAME AND DATE AS A REFERENCE. RENAME THE POP FILE TO THE FOLLOWING: POP_SURNAME_DATE.pdf

WITH WHAT

G. SPECIES INVOLVED:

If the application involves any colour morphs, hybrids, mutations, splits or intensively bred animals, such must be indicated in the column below

DETAILS OF SPECIES TO BE INVOLVED IN THIS APPLICATION

QUANTITY M	F	U#	TOT	*FULL COMMON NAME Eg: Burchells Zebra	SCIENTIFIC NAME COMPLETION COMPULSORY	Colour morph, hybrid, split, etc	DESCRIPTION OF PRODUCT (LIVE, BANGLES, ETC)	TAG NO / TUSK NO / TRANSPONDER NO / RING NO / MEASUREMENT
X				Bubblegum Botha	Capuchin Monkey	Brown		992003000063661

Unknown sex

H. DECLARATION BY PERSON WHO HAS SUBMITTED APPLICATION

I, in my capacity as Cornelius Botha., the undersigned, hereby declare that the species listed in the above application have been obtained in accordance with the applicable legislation [permits must be available for verification], and that all the information provided is complete and correct to the best of my knowledge. I understand that any false information supplied will lead to this application being disqualified and could result in possible legal action. I further confirm that I have written permission from all persons named in this application to apply on their behalf for the named activities and species to be undertaken.
I confirm that this application consists of 6 pages

PLEASE INDICATE PREFERRED METHOD OF RECEIPT OF PERMIT/LICENCE
FAX [ ] EMAIL [X] POST [ ] COLLECT FROM PERMIT OFFICE [ ]

T. BOTHA
Signature of applicant

Cornelius Marthunis Botha
Name of applicant as per ID Book

11 September 2025
Date of application

082 842 7670
Contact number

7908125151088
ID Number of applicant

metroindrollerdoors@gmail.com
Email address

I. OFFICIAL USE

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

	ORDINANCE PERMIT / LICENCE		
	ORDINARY TOPS PERMIT	STANDING PERMIT	
	POSSESSION PERMIT	PERSONAL EFFECTS PERMIT BOOK	
	GAME FARM HUNTING PERMIT BOOK	NURSERY POSSESSION PERMIT BOOK	
	AMENDMENT OF EXISITNG PERMIT/REGISTRATION		

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):

	VETERINARIAN		
	CAPTIVE BREEDING OPERATION	SCIENTIFIC INSTITUTION	
	SANCTUARY	REHABILITATION FACILITY	
	COMMERCIAL EXHIBITION FACILITY	NURSERY	
	REGISTERED GAME FARM	WILDLIFE TRADER - GAME CAPTURER	
	WILDLIFE TRADER - TAXIDERMIST	WILDLIFE TRADER – CURIO DEALER	
	REGISTRATION NUMBER (If issued)		

EXTRA CONDITIONS REQUIRED AND ATTACHED: YES ☐ NO ☐

			APPROVED / DECLINED ☐ ☐
NAME OF INSPECTION OFFICIAL	SIGNATURE OF INSPECTION OFFICIAL	DATE:	
IN THE EVENT OF REFUSAL, PLEASE PROVIDE THE FOLLOWING:			
DATE OF SUBMISSION TO SUPERVISOR:			
REASONS FOR SUCH REFUSAL ATTACHED:			

APPROVED PERIOD OF VALIDITY OF PERMIT

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

NAME OF PERMIT OFFICIAL	SIGNATURE OF PERMIT OFFICIAL	DATE:	AMOUNT PAID	RECEIPT NR	APPROVED / DECLINED
REASON FOR REFUSAL:					