Annexure A

agriculture, land reform
& rural development

Department:
Agriculture, Land Reform and Rural Development
REPUBLIC OF SOUTH AFRICA

WRITTEN APPLICATION: GRANTING OF A LICENCE
PERFORMING ANIMALS PROTECTION ACT, 1935 (ACT NO 24 of 1935) AS AMMENDED BY PERFORMING ANIMALS PROTECTION ACT, 2016 (ACT NO 4 OF 2016)
DEPARTMENT OF AGRICULTURE, LAND REFORM AND RURAL DEVELOPMENT
DIRECTORATE: VETERINARY PUBLIC HEALTH
Delpen Building, c/o Annie Botha and Union Streets, Riviera, 0084

Enquiries: Tel: 012 319 7575. **E-mail:** PAPA@Dalrrd.gov.za

This application form is valid from 1 April 2021 to 31 March 2022

No.	Purpose	Amount
1.	Application fee for Performing Animals (PAPA) license	R460.00 each
2.	Fee for re-issue lost/stolen/damaged PAPA license	R460.00 each
3.	Application fee for appeal process	R4700.00 each
4.	Fine for training, exhibition and/ or use of animals without a valid PAPA licence	10% of the commercial value of the animals with a minimum of R2000,00
NOTICE: APPLICATION FEE WILL INCREASE EVERY YEAR ON 1 APRIL		

Bank account details:

Name of account: DAFF: PERF ANIM PROTECT ACT, 1935
Bank: Standard Bank
Type of Account: Business Cheque
Account No: 010285032
Branch: Pretoria
Branch Code: 010045

For official purposes only

Receipt Number: _____
Date application received: _____
Date inspection completed: _____
Licence issued Yes ☐ No ☐
Date of issued: _____
Licence Number: _____

Expiry date: _____

Purpose of Application:	Previous / Current Licensing	Complete where applicable
☐ To exhibit ☐ To film ☐ To train ☒ To use animals for safeguarding	Existing licence number	
	Expiry date	
	Previous licence numbers related to either the facility or the applicant (*if applicable*)	

New Application
Yes ☒ No ☐
Annual Renewal
Yes ☐ No ☐
Amendment of an Existing licence
Yes ☐ No ☐

1. **Details of the applicant**

The applicant is the owner ☑ the accountable official ☐ (*please tick where applicable*).
(*where an application is made on behalf of the owner, both the accountable official and owner's information is required)*

Details of Applicant	
Full Names	JONES TOLO
ID Number	7601019044088
Facility Owner	TRANSNET
Full Names	
ID Number	
Business or Company Name (*if applicable*)	Janet Security PTY LTD

Address of Applicant			
Postal Address	NO 8 CORAL ROAD ALLEN GROVE KEMPTON PARK		
		Postal Code	1620
Province	GAUTENG		
Telephone Number	011970 1850		
Cell phone number	082 741 7262		
Email address	info@janet.co.za		
Fax Number			

Are you affiliated with an industry body? If yes, indicate the name of the body and membership number/details:	Yes ☒ No ☐
PSIRA	

2. **Please provide details of the primary facility for housing animals:**

Name of the facility	DOGS R ALL		
Postal Address	KLIPFONTEINPLAAS PO BOX 47 MALMESBURG	Postal Code	7200
Physical Address	DOGS R ALL KLIPFONTEINPLAAS		
		Postal Code	7299
Province	WESTERN CAPE		

Telephone Number	022 487 3353
Fax Number	086 653 0981
Email address	tobit@dogsandall.co.za
District/Local Municipality	MALMESBURG
GPS co-ordinates or What3Words	S 33° 22' 652" E 18° 42' 023

3. **Please provide details of secondary facilities that may be used during the year:**
(*Where this information is available, note that movement notifications are applicable for all movements to facilities that are not recorded on the license*)

Name of facility	Address	Date of use
Transnet	1 Adderley Street	As per contract
Foreshore	Cnr Jack Cardigan Martin Hammerschlag	
Salt River	97 Voortrekker Road	
Salt River	19 Voortrekker Road	

4. **Please indicate species and breed of animals to be trained / exhibited / used for safeguarding, and where applicable, whether the animals were born in captivity or not.**
(*If insufficient space, a separate list may be attached*)

FOR TRAINING

Species and breed	Number	Born in captivity	Caught in wild
		Y☐ N☐	Y☐ N☐
		Y☐ N☐	Y☐ N☐
		Y☐ N☐	Y☐ N☐

FOR EXHIBITION

Species and breed	Number	Born in captivity	Caught in wild
		Y☐ N☐	Y☐ N☐
		Y☐ N☐	Y☐ N☐
		Y☐ N☐	Y☐ N☐

FOR FILM INDUSTRY

Species and breed	Number	Born in captivity	Caught in wild
		Y☐ N☐	Y☐ N☐
		Y☐ N☐	Y☐ N☐
		Y☐ N☐	Y☐ N☐

FOR SAFEGUARDING

Species and breed	Number
K9 CANINE (DOGS! German Shepard.)	4

GSD = German Shepherd Dog

5. **Experience and training of the trainer with regard to the training / exhibition / use of animals for safeguarding with full particulars of species of animals and duration and nature of experience.**

Name of trainer	MARC SMITH
Specify Applicable qualification	SACSCIA

Year qualification obtained	2008/9
Experience summary	SASSCTA (1) 2009 - Handle service dog to deter crime and protection. 2009 Catering for the welfare of a service dog (3) patrol dog (4) 2008 - Sniffer dog

6. **Approximate duration of each exhibition / training / safeguarding (per species) and the number of working hours per day or per week.**
(*May attach a work program*)

Species	Duration of exhibition (hours per day/week)	Duration of training (hours per day/week)	Duration of safeguarding (hours per day/week)
dog	N.A	N.A.	8 hours per day

7. **Has the owner of the business or any employees been convicted of cruelty to animals in the Republic of South Africa or elsewhere?**

Please tick

Yes ☐ No ☑	If yes, please give full particulars of the person's name, charge, date, place and outcome of trial

(1) TRANSNET FORESHORE COLLEMBORG (2) SALT RIVER TRANSNET DEPOT

8. **Full particulars of the responsible private/facility veterinarian.**

Name of veterinarian:	Dr F Zöllner
SAVC Registration no:	D86/2553
Telephone numbers:	0825736739
Fax number:	
Email address:	ADMIN@GROENKLOOFDIEREKLINIEK.CO.ZA
Physical address:	8 FAURE ST, MALMESBURY, W/CAPE

Declaration: I declare that

1. I will make myself available to visit the facility at least twice per year at an interval of at least 4 months apart.
2. I undertake to inform the officer of any suspicious mortalities, illnesses and welfare problems within 24hours of becoming aware of them.
3. I will inform the officer if my services are terminated by the facility for any reason whatsoever
4. I will make available clinical records to the officer on request even after the termination of the client/vet relationship, with the consent of the owner.

Signature and date: 28-7-2021

Practice stamp:
Groenkloof Diereklinie
Tel: 022 487 1157
Faurestr. 8, Malmesbury, 7300

28-07-2021

9. **Certified Copy of the applicant's ID attached** Yes ☑ No ☐
10. **Proof of Payment attached** Yes ☑ No ☐

11. Declaration

I JONES TOLO (Full name of owner/accountable official) the undersigned, hereby apply for a licence to **exhibit / film / train animals / use animals for safeguarding*** in terms of the Performing Animals Protection Amendment Act , 2016 (Act No 4 of 2016) and declare that the above particulars are to the best of my knowledge and belief, true, correct and complete and that any misleading or incorrect information supplied by myself in support of this application will, upon the discovery thereof, result in the immediate suspension of my licence.

I give my consent for the facility veterinarian to divulge applicable information about the abovementioned facility /facilities and animals to the officer. I undertake to ensure that appointments for at least 2 annual visits by the facility veterinarian are scheduled, at an interval of at least 4 months apart.

I further declare that I have the means to feed, care for and house all the above mentioned animals and maintain the facilities, transport and other equipment to meet all the animal welfare needs.
(* ***Delete whichever is not applicable***).

Signed by the applicant at KEMPTON PARK on the 14 day of JULY 20 21

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

2. Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek-/distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

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I.D.No. 760101 9044 08 8

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME
TOLO

VOORNAME/FORENAMES
SEKGEKGE JONES

GEBOORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBOORTEDATUM/
DATE OF BIRTH
1976-01-01

DATUM UITGEREIK
DATE ISSUED
2008-08-14

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL: HOME AFFAIRS

EK SERTIFISEER DAT HIERDIE DOKUMENT 'N WARE AFDRUK (AFSKRIF) IS VAN DIE OORSPRONKLIKE DOKUMENT WAT AAN MY VIR WAARNEMING VOORGELÊ IS. EK SERTIFISEER VERDER DAT, VOLGENS MY WAARNEMINGS DAAR NIE 'N WYSIGING OF VERANDERING OP DIE OORSPRONKLIKE DOKUMENT AANGEBRING IS NIE.

I CERTIFY THAT THIS IS A TRUE REPRODUCTION (COPY) OF THE ORIGINAL DOCUMENT WHICH WAS HANDED TO ME FOR AUTHENTICATION. I FURTHER CERTIFY THAT FROM MY OBSERVATIONS, AN AMENDMENT OR A CHANGE WAS NOT MADE TO THE ORIGINAL DOCUMENT.

HANDTEKENING
SIGNATURE .....

PERSALNOMMER
PERSAL NUMBER 2095237 RANG
RANK SGT

NAAM IN DRUKSKRIF
NAME IN PRINT HLATSWAYO S

SOUTH AFRICAN POLICE SERVICE
HUMAN RESOURCE MANAGEMENT
2021 -06- 18
KEMPTON PARK
SUID-AFRIKAANSE POLISIEDIENS

Internet Banking
Standard Bank Centre
5 Simmonds Street, Johannesburg, 2001
P.O. Box 7725, Johannesburg, 2000
Telephone: 0860 123 000
International: +27 11 299 4701
Fax: +27 11 631 8550
Website: www.standardbank.co.za

Dear DAFF: PERF ANIM PROTECT ACT

We confirm that the following payment has been made into your account from delsile:

Reference number	2122845380
Beneficiary name	DAFF: PEEF ANIM PROT
Bank name	Standard Bank
Beneficiary account number	0000000010285032
Beneficiary branch number	000045
Beneficiary reference	JONET SECURITY
Amount	R460.00
Payment date and time	2021-07-14 11h30

If you need more information or have any questions about this payment, please contact:
delsile

Payments to Standard Bank accounts may take up to one business day to reflect.
Payments to other banks may take up to three business days.

Please check your account to confirm you have received this payment.

Yours sincerely,
The Internet Banking Team