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	Mymoena Ikamalie
ID Number	0304280668084
Facility Owner	Moosa Kamalie
Full Names	
ID Number	7111025008085
Business or Company Name (*if applicable*)	Kamalie's Place

Address of Applicant	
Postal Address	24 Kraal rd schaapKraal (Kamalies place) Postal Code
Province	western Cape
Telephone Number	
Cell phone number	084 715 2533
Email address	Kamaliesplace
Fax Number	

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

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

Name of the facility	Kamalies place
Postal Address	24 Kraal Rd schaapKraal Postal Code
Physical Address	24 Kraal Rd schaapKraal (Kamalie place) Postal Code
Province	western cape

Telephone Number	084 715 2533
Fax Number	
Email address	Icamaliesplace
District/Local Municipality	
GPS co-ordinates *or* What3Words	S____° ____' ____" E____° ____' ____" .....

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

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
Tortoises	4	Y ☑ N ☐	Y ☐ N ☐
marmoset monkeys	4	Y ☑ N ☐	Y ☐ N ☐
Snakes	2	Y ☑ N ☐	Y ☐ N ☐
FOR FILM INDUSTRY			
Species and breed	Number	Born in captivity	Caught in wild
~~Ball~~ python	1	~~Y ☐~~ N ☐	Y ☐ N ☐
~~Corn~~ Snake	1	~~Y ☐~~ N ☐	Y ☐ N ☐
		Y ☐ N ☐	Y ☐ N ☐
FOR SAFEGUARDING			
Species and breed	Number		

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	
Specify Applicable qualification	

11. Declaration

I Mymoena Kamalie (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 ..... on the 24th day of February 2023

Year qualification obtained	
Experience summary	

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)
marmoset	2 days a week		
Tortoises	2 days a week		
Reptiles	2 days a week		

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

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

Name of veterinarian:	Dr NADINE APTEKER, CAPE COMPANIONS VET. CLINIC
SAVC Registration no:	D20/16978 ✓ D20/12877
Telephone numbers:	~~0847~~ 060 7180157
Fax number:	
Email address:	capecompanions@gmail.com
Physical address:	KLEIN JOOSTENBERG FARM MULDERSVLEI 7606

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:

02.03.2023

N. Apteker

Practice stamp:

Cape Companions Veterinary Clinic
SC20 / 1625
Klein Joostenberg Farm,
R304, Muldersvlei
Cell: 060 718 0157
Email: capecompanions@gmail.com

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