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 AC, 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 2022 to 31 March 2023

No.	Purpose	Amount
1.	Application fee for Performing Animals Protection Act (PAPA) license	R480.00 each
2.	Fee for re-issue lost/stolen/damaged PAPA license	R480.00 each
3.	Application fee for appeal process	R4900.00 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: DALRRD: 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 Licence: ☐ To exhibit ☐ To train ☐ To use animals for safeguarding	Previous/Current Licence	Complete where applicable
	Existing Licence Number	
	Expiry Date	
	Previous licence numbers related to either the facility or the applicant	
New Application Yes ☐ No ☐ **Annual Renewal** Yes ☐ No ☐ **Amendment of 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 applicant and owner's information is required)*

Details of Applicant	
Full Names :	Leroy John Reynolds
ID Number :	64 1223 3503 8081
Facility Owner	
Full Names :	Leroy John Reynolds
ID Number :	64 1223 3503 8081
Business or Company Name	Cape Union Mart International PTY Ltd

Address of Applicant	Head office - K-way House, 34-40 Barrack Street, Canal Walk Adventure Centre cape Town.
Postal Address	Pod 4 Century City
	Canal Walk Shopping Mall
	Postal Code 7441
Province	Western Cape
Telephone Number	021 555 4692
Cell phone number	073 660 5964
Email address	CWAC@capeunionmart.co.za
Fax Number	N/A

Are you affiliated with an industry body? If yes, indicate the name of the body :	Yes ☐ No ☒

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

Name of the facility	Cape Union Mart Adventure Centre
Postal Address	Pod 4 Century City Canal Walk Shopping Centre Postal Code 7441
Physical Address	Pod 4 Century City Canal Walk Shopping Centre Postal Code 7441
Province	Western Cape
Telephone Number	021 555 4692

18

Fax Number	
Email address	cwac@cumi.co.za
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
Clown fish	3	Y☑ N☐	Y☐ N☐
Zebra eel	1	Y☑ N☐	Y☐ N☐
Sergeant major	1	Y☑ N☐	Y☐ N☐
[illegible]			
Tangs	2	Born in captivity	Caught in wild
Damsel	1	Y☑ N☐	Y☐ N☐
fox face	2	Y☑ N☐	Y☐ N☐
Trigger fish	1	Y☑ N☐	Y☐ N☐
FOR SAFEGUARDING			
Species and breed	Number		

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

Name of trainer		
Specify Applicable qualification		
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)

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.**

Name of veterinarian:
SAVC Registration no:
Telephone numbers:
Fax number:
Email address:
Physical address:
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: ..... Practice stamp: Date: .....

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

10. **Proof of Payment attached** Yes ☑ No ☐

11. Declaration

I Leray Reynolds (Full name of owner or 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~~ N/A

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.

Signed by the applicant at Cape Town on the 18TH day of August 2023