APPLICATION FOR THE REGISTRATION OF LAND FOR KEEPING BUFFALO

Regulation 20A (2) of the Animal Diseases Act (Act 35 of 1984) as published in R2358 of 1993-12-10

THIS APPLICATION HAS TO BE ACCOMPANIED BY AN OFFICIAL CEF NATURE CONSERVATION AUTHORITIES AND A COPY OF A MAP SH SUBMITTED TO THE NEAREST State Veterinarian	IOWING EXACT EXTENT OF LAND APPLIED FOR AND
1) Owner:	Tel /cell no: ()
2) Postal address:	Code:
3) Registered farm name(s) & number(s) & co-ordinates acco	ording to a 1:50 000 official map:
Farm name: Farm number:	Geographical co-ordinates:
	°'"E°'"S
	°'"E°'"S
	°'"E°'"S
(Attach separate signed sheet for additional records	s)
4) Magisterial district: Lo	ocal Municipality:
5) Buffalo status: Disease free / Addo FMD + Co	rridor Disease (CD) carriers CD carrier
Animal(s) known to be infected or possibly infected with:	тв 🗌 СА 🔲
6) Type of system: Free ranging In captivity	Size of farm / buffalo camp: ha
7) Number of buffalo intended to keep initially:	Precise Estimated
I, (full name farm(s), hereby confirm that all the information supplied by me on the reflection of the land and number, origin and disease status of the confirm that I am the legal owner of the land and/or have the legal right Signature of owner:	buffalo intended to be kept on this/these farm(s). I also hts over the use of the land.
	ARIAN hereby confirm that
all the information supplied to me on the application form by the ow reflection of the land and number, origin and disease status of the fence, if in a controlled area, is electrified to my satisfaction.	ner of the farm(s), is to the best of my knowledge a true
Remarks: Signature of Provincial State Veterinarian:	B.1
Signature of Provincial State Veterinarian:	Date:
I, DR:, HEAD / DIRECTOR OF hereby recommend the registration of the farm(s) as applied for, available to monitor the conditions on the above mentioned farm(s) movements onto and off the farm(s) can be controlled appropriately promptly.	on a regular basis (at least once a year), that all buffalo
Remarks:	
Signature of Provincial Director:	Date:
Official National Registration no:	Date:
Signature of National State Veterinarian:	