



Gauteng Directorate of Nature Conservation Permits Office

Glencairn Building, Corner Eloff and Market Street, Johannesburg
Postal Address: P.O. Box 8769, Johannesburg, 2000
Tel (011) 355-1207 & Fax (011) 355-1239

APPLICATION FOR A PERMIT TO CONVEY WILD/EXOTICS ANIMALS (CPB2)

Please note:

- Application forms must be completed in legible block letters.
- It is the applicant's responsibility to confirm receipt of an application form.
- **Fifteen working days** are required to process a permit application.
- Where the space provided is not adequate the information should be attached as an addendum.
- Any additional information, which the applicant deems necessary, should be attached to this application.
- **Permits will not be faxed, as faxed copies are invalid.**

APPLICANT'S DETAILS (Owner must apply)			
Surname			
Additional Names & Title			
Residential Status (Tick appropriate option)		SA citizen	
		Permanent Resident	
		Foreigner	
ID Number (Passport number in the case of non-South Africans)			
Telephone (work)		Telephone (home)	
Cell Phone		Fax	
E-mail			
Physical Address			Postal Address

PERMIT HOLDER'S DETAILS (i.e. person who will be transporting the animals on behalf of the owner if not the owner)			
Surname			
Additional Names & Title			
Residential Status (Tick appropriate option)		SA citizen	
		Permanent Resident	
		Foreigner	
ID Number (Passport number in the case of non-South Africans)			
Telephone (work)		Telephone (home)	
Cell Phone		Fax	
E-mail			
Physical Address			Postal Address

Please Turn Over

DETAILS OF ANIMALS THAT ARE TO BE TRANSPORTED						
Quantity			Description	Common Name	Scientific Name	
M	F	Tot				
Do these species already occur on the destination farm or not?						
Size of destination farm (ha)						
Are any of these animals atypical colour variants e.g. white?						
TRANSPORT DETAILS						
From (Origin)			To (Destination)		Date of trip	
Vehicle Registration						
PERMIT COLLECTION						
Please indicate (by ticking the appropriate option) whether you will:			Collect your permit			
			Receive it by post			
Address to which permit should be posted (If it is to be posted)						
DECLARATION						
I declare that all the information provided is complete and correct to the best of my knowledge. I understand that any false information supplied could lead to my application being disqualified.						
Signature:				Date:		

Application processing fees: **(Not refundable) R50.00 per application**

Banking details

Bank: **Absa Bank**

Branch Name: **Public Sector-Gauteng West**

Bank Account: **DACEL Cost Recovery-Trading**

Bank Account number: **4064930912**

Bank Code: **637-956**

Permit Code: **CPB2**

No cash or cheques will be accepted at the Department's Service Centres

Please contact, tel: (011) 355 1207 for further details.