

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) 355-1100

APPLICATION FOR A PERMIT TO EXPORT INDIGENOUS/PROTECTED AND/OR SPECIALLY PROTECTED PLANTS (CPF2)

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		SA citizen						
(Tick appropriate option)		Permanent Resident						
		Foreigner						
ID Number (Passport number in the case of non-South Africans)								
Telephone (work)		Te	elephone (ł	(home)				
Cell Phone		Fa	ax					
E-mail								
Physical		Po	ostal					
Address		Ac	ddress					

DETAILS OF PLANTS TO BE EXPORTED								
Quantity	Description		Common Name	Scientific Name				
Please indicate (by ticking the appropriate		Wild Collected						
option) whether these plants are:		Cultivated						

	ORIGIN OF PLANTS							
DETAILS OF RECIPIENT								
Full Names								
Telephone No.								
Physical Address								
		PERMIT CO	DLLECTION					
Please indicate (by ti	•	Collect your permit						
appropriate option) w		Receive it by post						
Address to which per								
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:					
Signature:			Date:					

Application processing fees: (Not refundable): R 50.00 per application

Banking details Bank: FNB Bank

Bank Account: **DACEL Cost Recovery**Bank Account number: **622 99 35 1446**

Branch Code: **25 50 05** Permit Code: **CPF2**

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

Please contact, tel: (011) 355 1207/2 for further details or e-mail:

<u>patience.mthembu!@gauteng.gov.za</u> <u>violet.ndongeni@gauteng.gov.za</u>