

## 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 IMPORT PROTECTED AND/OR SPECIALLY PROTECTED PLANTS (CPF4)

## 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								
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)			Telephone (home)					
Cell Phone			Fax					
E-mail			·					
Physical	•		Postal					
Address	SS		Address					
Name and physical								
address of research								
institution								

TIMING OF THE FIFTEEN WORKING DAYS START WHEN FULLY COMPLETED FORMS HAVE BEEN SUBMITTED TOGETHER WITH PROOF OF PAYMENT.

DETAILS OF PLANTS TO BE IMPORTED								
Quantity	Description		Common	Name	Scientific Name			
Please indicate (by ticking the appropriate			Wild Coll	ected				
option ) wh	option) whether these plants are:			Cultivated				
ADDITIONAL INFORMATION								
Where will plants be								
collected?								
Reason for	collection							
PERMIT COLLECTION								
Please indicate (by ticking the Co			llect your permit					
<u> </u>			Receive it by post					
Address to which permit should be								
posted (If it is to be posted)								
DECLARATION								
I declare th	nat all the informa	ation provided is			best of my knowledge. I understand			
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.								
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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

Bank Code: 25 50 05 Permit Code: CPF4

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: <a href="mailto:patience.mthembu!@gauteng.gov.za">patience.mthembu!@gauteng.gov.za</a>