environment & tourism

Department:
Environmental Affairs and Tourism
REPUBLIC OF SOUTH AFRICA

RIGHTS VERIFICATION UNIT

SAB&T inc. CHARTERED ACCOUNTANTS (S.A.)

Deloitte.

COMMENT FORM: HAKE HANDLINE NEW ENTRANTS

Please complete one form per applicant comment

To: Deputy Director General
CONTACT DETAILS:
Fax No: 021-670-1782
Postal Address: P.O. Box 44963, CLAREMONT, 7735

DETAILS OF PERSON COMMENTING:

Full Name: _____

Contact telephone number: _____ Have you applied for fishing rights? Yes ☐ No ☐

If "Yes", in which sector(s) have **YOU** applied and what is your application number(s):

_____

Name and application number (as per commentary list) of the applicant on who you are commenting:

_____ ( )

Application number

Please tick which Option(s) you are commenting on as listed below (you may tick more than one):

Option 1. Applicant was involved as Crew Member/Skipper during Medium Term Period ☐

Option 2. Applicant is more than 50% reliant on Hake Handline ☐

Number of pages of document, including this page: _____

MY COMMENTS WITH REGARD TO SUCCESSFUL APPLICANT IN RELATION TO THE OPTIONS ABOVE

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Please complete one form per applicant comment

GENERAL COMMENTS

SWORN AFFIDAVIT

I the undersigned, do hereby make oath and declare that the information submitted is true and correct

Signed at …….. on this ……..…..day of ……..……2

Full Name:

Signature:

I certify that before administering the oath/ affirmation I asked the deponent the following questions and marked his/her answer:

1. Do you know and understand the contents of this statement	YES/NO
2. Do you confirm that the content thereof is true	YES/NO
3. Do you have any objection to taking the prescribed oath	YES/NO
4. Do you consider the oath to be binding on your conscience	YES/NO

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declarartion which was sworn to/affirmed before me and that the deponent signed it in my presence.

Signature

Full Names: _____

Commissioner of Oaths for the Republic of South Africa

Designation: _____

Address: _____