

For office use only:

File Reference Number:	Date Received:			

# APPLICATION FOR A LICENCE REGARDING ACTIVITIES CONDUCTED IN A STATE FOREST [SECTION 23 (1)(b) OF THE NATIONAL FORESTS ACT, 84 of 1998, AS AMENDED]

## PLEASE READ CAREFULLY

# Complete this form

If you want to -

(a) Conduct any activities that may be licensed in a State forest in terms section 23 (1)(b) of the National Forests Act, 1998.

The form must be completed in PRINTED LETTERS and BLACK INK and sent or delivered to the nearest Forestry office of the Department of Forestry, Fisheries and the Environment.

## **Exemptions from licensing**

Certain of the abovementioned activities, or parts of a protected tree or its products, may from time to time be exempted from licensing, as published in the Government Gazette Notice number: 30947, 11 April 2008. Enquiries regarding exemptions can be made at the nearest Forestry office of the Department of Forestry, Fisheries and the Environment.

### Fees

A license fee may be levied for certain activities; the fee is to be guided by the Departmental tariffs. Enquiries regarding tariffs can be made at the nearest Forestry office of the Department of Forestry, Fisheries and the Environment.

### Other laws

A license issued under the National Forests Act, 1998, does not exempt you from the provisions of other laws.

# Please mark the applicable box with "x"

New	Renewal	Amendment/ cancellation
application	provide licence number	
	Licence No.:	

Α	PARTICULARS	OF APPLICANT AND GENERAL INFORMATION
Nan	ne of applicant	



ID Number / Passport Num	ber									
Postal address										
Residential address										
Fax number										
Telephone number										
Cellular phone number										
E-mail address		_		l D: 1		140.5	1	0 1 1		
Gender (For M	F	Rac		Black		White		Coloured		Indian
statistical purposes):		(Mar	k with <b>X</b> )							
(Mark with X)  † ATTACH A CERTIFIED CO	PY OF YO	OUR IT	DENTITY D	OCUME	NT /	PASSPO	RT T	O THIS API	PLICAT	TON FORM
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Describe the forest where	the act	ivity	will he c	onduc	tad:	i				
Describe the forest where	tile act	ivity	WIII DE C	onauc	icu.	ı				
Supply as much as possibl	e detail	ed	State F	orest.						
information about the State		cu	Otato I	01031.						
affected	7101000		District	t:						
anostoa										
			Local municipality:							
			Town:							
			Province	20:						
			Pioville	C <del>C</del> .						
			_							
For what period is a licence	e requi	red?								
Who will be the beneficiar	ies of th	nis lic	cense? (	indica	te w	ith an .	X be	low pleas	se)	
-							7			
	Applica									
A Com										
Organiz										
Other (s <sub>i</sub>			ify)							
If applicable, name the c	ommur	nity (	or organ	isatior	1 th	at will	ben	efit from	the	proposed
activity or project.										
В		DESC	CRIPTIO	N OF T	HE	ACTIV	ITY			

a) For what purpose is a licence required?

	ve a brief description of the area prior to the commencementural forest or plantation).	t of the activity (e.g. grassland,
)	Describe the anticipated environmental impacts and propo	sed mitigation measures
)	Is this an application for a license under a granted servitu	de?
		Mark with X Yes No.
		Mark with X Yes No
)	Has authorization been granted in terms of other applicabl CARA, MPRDA, etc.) <i>Please attach proof of authorization.</i>	
		Mark with X Yes No
	DESCRIPTION OF ACTIVITY (THE FELLING OF TREES TO BE LICENSED	AND REMOVAL OF TIMBER)
	a) Give a brief description of the area prior to the compared grassland, natural forest or plantation).	mencement of the activity (e.g.



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b	Describe the anticipated environmental impacts and prop	oosed mitigation	measures
_			
C	) Describe the type of trees/ timber/ forest resource/ produtable below.	uct to be remove	ed as per th
	Name of the Tree(s) / other Forest Produce/ Products	Volume or	Amount
d	Will you carry out the activity in accordance with an appr management plan? (If yes, please attach the Harvesting		forest
		Mark with <b>X</b>	Yes No
<u>DECLAR</u>	ATION BY APPLICANT		
I, the und and corre	ersigned, declare that all the particulars furnished by me in ct.	this application f	orm are tru
SIGNATU	JRE:DAT	TE:	
For office	e use only		
RECOM	MENDATIONS BY DAFF OFFICIAL:		
Signatu	re:	Date:	



APPROVED/NOT APPROVED:		
Signature:	Date:	