



agriculture, forestry & fisheries

Department:
Agriculture, Forestry and Fisheries
REPUBLIC OF SOUTH AFRICA

**WRITTEN APPLICATION: GRANTING OF A LICENCE
PERFORMING ANIMALS PROTECTION ACT, 1935 (Act No 24 of 1935) AS AMMENDED BY ACT
NO 4 OF 2016.**

FEES PAYABLE FOR PERFORMING ANIMALS LICENCE SERVICES

DEPARTMENT OF AGRICULTURE, FORESTRY AND FISHERIES

DIRECTORATE: VETERINARY PUBLIC HEALTH

Delpen Building, c/o Annie Botha and Union Streets, Riviera, 0084

Enquiries: Tel: 012 319 7575. E-mail: PAPA@daff.gov.za

This application form is valid from 1 April 2019 to 31 March 2020

No.	Purpose	Amount
1.	Application fee for Performing Animals (PAPA) license	R430.00 each
2.	Fee for re-issue lost/stolen/damaged PAPA license	R430.00 each
3.	Application fee for appeal process	R4402.00 each
4.	Fine for training, exhibition and/ or use of animals without a valid PAPA licence	10% of the commercial value of the animals with a minimum of R2000,00
NOTICE: FEES WILL INCREASE EVERY YEAR ON 1 APRIL		

Bank account details:

Name of account: DAFF:PERF ANIM PROTECT ACT, 1935
Bank: Standard Bank
Type of Account : Business Cheque
Account No: 010285032
Branch : Pretoria
Branch : 010045

For official purposes only

Receipt number: _____

Date application received: _____

Date application completed: _____

Licence issued: Yes No

Date approved: _____

Licence number: _____

Expiry date: _____

Purpose of Application:

- To exhibit
 To train
 To use animals for safeguarding

New Application Yes <input type="checkbox"/> No <input type="checkbox"/>	Amendment of an Existing licence Yes <input type="checkbox"/> No <input type="checkbox"/>
Re-application Yes <input type="checkbox"/> No <input type="checkbox"/>	

Application for:	Complete where applicable
Existing licence number	
Expiry date	
Previous licence numbers related to either the facility or the applicant (<i>if applicable</i>)	

1. Details of the applicant

The applicant is the owner the manager trainer (*please tick where applicable*).
For a facility, both owner and manager information is required.

Name of Applicant	Owner/trainer	Manager:
Identity Number		
Business or Company Name (<i>if applicable</i>)		

Address of Applicant		
Postal Address		
		Postal Code
Province		
Telephone Number		
Cell phone number		
Email address		
Fax Number		

Are you affiliated with an industry body? If yes, indicate the name of the body :	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Please provide details of the primary facility for housing animals:

Name of the facility		
Postal Address		
		Postal Code
Physical Address		
		Postal Code
Province		
Telephone Number		
Fax Number		

Email address	
District/Local Municipality	
GPS co-ordinates or What3Words	S _____ ° _____ ' _____ " E _____ ° _____ ' _____ "

3. Please provide details of secondary facilities that may be used during the year:
(Where this information is available, note that movement notifications are applicable for all movements to facilities that are not recorded on the license)

Name of facility	Address	Date of use

4. Please indicate species and breed of animals to be trained / exhibited / used for safeguarding, and where applicable, whether the animals were born in captivity or not.
(If insufficient space, a separate list may be attached)

FOR TRAINING			
Species and breed	Number	Born in captivity	Caught in wild
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
FOR EXHIBITION/ FILM INDUSTRY			
Species and breed	Number	Born in captivity	Caught in wild
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	
FOR SAFEGUARDING			
Species and breed	Number	Born in captivity	Caught in wild
		Y <input type="checkbox"/> N <input type="checkbox"/>	
		Y <input type="checkbox"/> N <input type="checkbox"/>	

5. Experience and training of the trainer with regard to the training / exhibition / use of animals for safeguarding with full particulars of species of animals and duration and nature of experience.

Name of trainer:
Specify Applicable qualification:
Year obtained:
Experience:

¹

¹ Addendums may be used should there be insufficient space (if there are additional trainers)

6. Approximate duration of each exhibition / training / safeguarding (per species) and the number of working hours per day or per week.

(May attach a work program)

Species	Duration of exhibition (hours per day/week)	Duration of training (hours per day/week)	Duration of safeguarding (hours per day/week)

7. Has the owner of the business or any employees been convicted of cruelty to animals in the Republic of South Africa or elsewhere?

Please tick

Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please give full particulars of the person's name, charge, date, place and outcome of trial

8. Full particulars of the responsible PRIVATE/FACILITY veterinarian.

Name of veterinarian:
SAVC Registration no:
Telephone numbers:
Fax number:
Email address:
Physical address:
Declaration : I declare that <ol style="list-style-type: none"> 1. I will visit the facility at least twice per year at an interval of at least 4 months apart. 2. I undertake to inform the officer of any suspicious mortalities, illnesses and welfare problems within 24hours of becoming aware of them. 3. I will inform the officer if my services are terminated by the facility for any reason whatsoever 4. I will make available clinical records to the officer on request even after the termination of the client/vet relationship.
Signature:
Official practice stamp:

9. Certified Copy of the applicant's ID attached Yes No

10. Proof of Payment attached Yes No

I(Full name) the undersigned, hereby apply for a licence to **exhibit / train animals / use animals for safeguarding*** in terms of the Performing Animals Protection Amendment Act , 2016 (Act No 4 of 2016) and declare that the above particulars are to the best of my knowledge and belief, true, correct and complete and that any misleading or incorrect information supplied by myself in support of this application will, upon the discovery thereof, result in the immediate suspension of my licence.

I give my consent for the facility veterinarian to divulge applicable information about the abovementioned facility /facilities and animals to the officer.

I further declare that I have the means to feed, care for and house all the above mentioned animals and maintain the facilities, transport and other equipment to meet all the animal welfare needs.

(* Delete whichever is not applicable)

Signature of Applicant	
Place	
Date	

For official purposes only

Officer: _____

Designation: _____

Signature: _____

Date: _____ Official stamp

Comments:

Approved / Not approved

.....(please tear)

For official purposes only

Receipt number: _____

Date application received: _____

Signature of receiving official: _____

Official stamp:

