

## ANNEXURE 3

### APPLICATION FOR AN EXPORT PERMIT FOR RESEARCH OTHER THAN BIOPROSPECTING



**For office use only**

*Reference number here*

#### NOTES ON COMPLETING OF THE FORM

1. If insufficient space is provided in this form, additional information may be included by way of Annexure.
2. A detailed project proposal must be attached to this application.
3. Kindly note that all information submitted will be treated as confidential in terms of the Promotion of Access to Information Act, 2000 (PAIA).
4. Documentation required with the application form:
  - 4.1 Certified copies of identity document / passport of the project leader and duly authorised person of juristic body.
4. Duly authorised person of juristic body and project leader must sign and initial all pages.
5. If you are applying for renewal of your permit, your application must be accompanied by project Annual and Biannual reports.
6. If you are applying for amendment of your permit, your application must be accompanied by a covering letter with a motivation and only complete the sections requiring amendment.
6. Completed documents must be mailed or hand delivered to:  
DIRECTOR: BIOPROSPECTING AND BIODIVERSITY ECONOMY  
DEPARTMENT OF ENVIRONMENTAL AFFAIRS  
Private Bag X447  
**PRETORIA**  
0001  
437 Steve Biko Road  
**Arcadia**  
0083
7. For enquiries and assistance, please contact the Department of Environmental Affairs:  
E-mail address: BABS@environment.gov.za  
Telephone: 012 399 9611/8917/9612/9610



**6. Name of contact person in juristic body (attach a certified copy of ID document):**

|   |  |  |  |  |  |                          |  |  |  |  |  |  |
|---|--|--|--|--|--|--------------------------|--|--|--|--|--|--|
| <b>Name of contact person:</b>                                |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Capacity:</b>  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Identity or Passport No:<br/>(Attach a certified copy)</b> |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Tel No:</b>  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Fax No:</b>  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>E-mail:</b>  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Postal Address:</b>  |  |  |  |  |  | <b>Physical Address:</b> |  |  |  |  |  |  |
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*If applicant is a natural person complete clauses 7 - 9 below*

**7. Name of applicant:**

|   |  |  |  |  |  |                          |  |  |  |  |  |  |
|---|--|--|--|--|--|--------------------------|--|--|--|--|--|--|
| <b>Name of applicant:</b>                                 |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Identity or Passport No: (Attach a certified copy)</b> |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Tel No:</b>  |  |  |  |  |  |                          |  |  |  |  |  |  |
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| <b>Postal Address:</b>                                    |  |  |  |  |  | <b>Physical Address:</b> |  |  |  |  |  |  |
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**8. Is the applicant affiliated to any juristic body?**

|          |          |
|----------|----------|
| <b>Y</b> | <b>N</b> |
|----------|----------|

**9. If yes, please provide the contact details of the juristic body:**

|                               |  |  |  |  |  |                          |  |  |  |  |  |  |
|-------------------------------|--|--|--|--|--|--------------------------|--|--|--|--|--|--|
| <b>Name of juristic body:</b> |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Contact person:</b>        |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Tel No:</b>                |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Fax No:</b>                |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>E-mail:</b>                |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Postal Address:</b>        |  |  |  |  |  | <b>Physical Address:</b> |  |  |  |  |  |  |
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*The rest of this part to be completed by all applicants*

**10. Name and contact details of other collaborators (If any):**

|   |  |  |  |  |  |  |                          |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|
| <b>Name:</b>  |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Identity or Passport No: (Attach a certified copy)</b> |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Tel No:</b>  |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Fax No:</b>  |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>E-mail:</b>  |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Postal Address:</b>                                    |  |  |  |  |  |  | <b>Physical Address:</b> |  |  |  |  |  |  |
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| <b>Name:</b>  |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Identity or Passport No: (Attach a certified copy)</b> |  |  |  |  |  |  |                          |  |  |  |  |  |  |
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| <b>Fax No:</b>  |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>E-mail:</b>  |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Postal Address:</b>                                    |  |  |  |  |  |  | <b>Physical Address:</b> |  |  |  |  |  |  |
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**11. Names and contact details of individuals who will conduct research:**

|                                 |  |  |  |  |  |  |                          |  |  |  |  |  |  |
|---------------------------------|--|--|--|--|--|--|--------------------------|--|--|--|--|--|--|
| <b>Name :</b>                   |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Identity or Passport No:</b> |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Citizenship:</b>             |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Tel No:</b>                  |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Cellphone No:</b>            |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Fax No:</b>                  |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>E-mail:</b>                  |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Postal Address:</b>          |  |  |  |  |  |  | <b>Physical Address:</b> |  |  |  |  |  |  |
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| <b>Name :</b>                   |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Identity or Passport No:</b> |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Citizenship:</b>             |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Tel No:</b>                  |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Cellphone No:</b>            |  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Fax No:</b>                  |  |  |  |  |  |  |                          |  |  |  |  |  |  |
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**12. RESEARCH PROJECT SPONSORS**

**12.1 Are there South African and / or international sponsors to the project?**

|               |   |   |
|---------------|---|---|
| South Africa  | Y | N |
| International | Y | N |

**12.2 Please provide contact details of the sponsor(s)**

|                        |                          |
|------------------------|--------------------------|
| <b>Name:</b>           |                          |
| <b>Contact Person:</b> |                          |
| <b>Tel No:</b>         |                          |
| <b>Cellphone No:</b>   |                          |
| <b>Fax No:</b>         |                          |
| <b>E-mail:</b>         |                          |
| <b>Postal Address:</b> | <b>Physical Address:</b> |
|                        |                          |
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|                        |                          |

**RECIPIENT OF INDIGENOUS BIOLOGICAL RESOURCES BEING EXPORTED (IMPORTER)**

**13. Details of the recipient/Importer:**

|   |  |  |  |  |  |                          |  |  |  |  |  |  |
|---|--|--|--|--|--|--------------------------|--|--|--|--|--|--|
| <b>Name:</b>  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Identity or Passport No: (Attach a certified copy)</b> |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Tel No:</b>  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Fax No:</b>  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>E-mail:</b>  |  |  |  |  |  |                          |  |  |  |  |  |  |
| <b>Postal Address:</b>                                    |  |  |  |  |  | <b>Physical Address:</b> |  |  |  |  |  |  |
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**INDIGENOUS BIOLOGICAL RESOURCES**

14. Set out the type of indigenous biological resources for which a permit is sought, the family, genus and species, the part of the organism to be collected, the quantity of the resources to be collected or obtained and the specific area or source from which each resource is to be collected or obtained.

| Type of organism         | Family, genus or species (scientific and common names) (if possible) | Part of organism to be collected | Quantity | Full locality data (GIS readings if possible) |
|--------------------------|--|----------------------------------|----------|---|
| <i>Example:</i><br>Plant | Aloe ferox   | Leaves                           | 6 kg     | ....  |
|                          |  |                                  |          |   |
|                          |  |                                  |          |   |

**PREVIOUS PERMITS**

15. In respect of the indigenous biological resources set out above, has any other application for a permit in terms of the Act or in terms of any other legislation been submitted, either previously or simultaneously with this application? Y/N

16. If yes, was the application granted, refused or is it still pending?

\_\_\_\_\_

17. If the application was granted, provide the following detail and attach a copy of the permit.

| Permit number | Issuing authority | Date of issue |
|---------------|-------------------|---------------|
|               |                   |               |
|               |                   |               |

If the application is still pending, provide the issuing authority's reference number:

\_\_\_\_\_

**PROJECT PROPOSAL (attach)**

**18.** A detailed project proposal must be attached to this application setting out the following–

- a. the objectives of the research;
- b. the benefits that may result from the project;
- c. the proposed methodology;
- d. the proposed time-frames(i.e. required period of validity of permit);
- e. any relevant environmental considerations including impacts of the collection of the resources and proposed steps to minimise or remedy those impacts;
- f. reporting processes;
- g. desired outcomes of the project; and
- h. What will happen to the discarded/ wasted specimens at the end of the study.

**PURPOSE OF EXPORT**

**19.** State the purpose for which the indigenous biological resource/s are to be exported:

|  |
|--|
|  |
|  |
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|  |

**FEES**

|  |    |
|--|----|
| <b>R200 application fee paid</b>         |    |
| Yes                                      | No |
| If yes (attach copy of proof of payment) |    |

**Signature of applicant for permit:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Capacity of signatory:** \_\_\_\_\_

**Endorsement of juristic body, if applicable:**

**Name of juristic body:**  
\_\_\_\_\_

**Signature of duly authorised officer from juristic body:** \_\_\_\_\_

Date: \_\_\_\_\_