

APPLICATION FOR AMENDMENT OF MARINE AQUACULTURE RIGHT

CONDITIONS:

An Amendment will be considered by the Delegated authority in the following circumstances:

- Additional species in an integrated aquaculture system, e.g. Redbait and shellfish or abalone and seaweed.
- Additional species across different categories, e.g. finfish and shellfish. If necessary, the Right Holder may be requested to conduct a Risk Assessment.
- Name changes without any changes to company structure or shareholding.
- Name changes with changes to company structure and shareholding will require extensive supporting documentation. The Department may request additional information or documentation. All changes in shareholding/ ownership must improve the transformation profile of the company
- A motivation for the requested name change must be completed or attached.
- *The Department reserves the right to request further information and documentation.*

PART A: APPLICANT INFORMATION

NAME OF RIGHT HOLDER:				
SPECIES CULTURED/ FARMED:				
POSTAL ADDRESS:				
PHYSICAL OPERATIONAL ADDRESS:				
COMPANY REGISTRATION NUMBER			Right Number (Refer to Right letter)	
CONTACT DETAILS	Telephone	Fax	Cellphone	E-mail
MOTIVATION (PLEASE ATTACH A DETAIL MOTIVATION FOR THE REQUEST IF THERE IS INSUFFICIENT SPACE)				

PART B: DISTRIBUTION OF SHARES

NOTE: Provide full particulars in the table below of the Shareholders / Members / Trustees and Beneficiaries of the Applicant. [(Companies need only list the particulars of the five major shareholders (These particulars do not have to be provided by public companies that are listed on the Johannesburg Stock Exchange (JSE))]. Please attach company registration documents, the relevant Identity documents and shareholders certificates.

	Full Name	Identity No./ Co. Registration No.	Physical or registered address	Nationality	Number of shares, extent of members interest, trustee/beneficiary	% Interest	No. of years in sector
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

**If more, attach annexure(s)

PART C: DECLARATION BY APPLICANT

I, the undersigned, do hereby make oath and declare that the information submitted with and in this application is true, correct and complete and that the copies of the documents submitted are true certified copies of the original documents. I understand that if any information furnished in this application is not true or complete, including: providing false documentation, or the falsification of any documents, or the making of any misleading or false statements, or the non-disclosure of any material information or information which might materially affect the assessment / evaluation of this application, this may disqualify the application, or lead to it being refused or to the revocation, suspension, cancellation, alteration or reduction of any Right, license or permit granted on strength of this application, in terms of Section 28 of the Act. In order to allow for the proper verification of this application I hereby authorise any institution, organ of state, person or body, who possesses or acquires any information concerning or related to this application or to the applicant, to disclose or make same available to the Minister, his delegate or a duly authorised official of the Department of Agriculture, Forestry and Fisheries.

SIGNED AT _____ THIS _____ DAY OF _____ 201...

Applicant's signature (Duly authorised) _____

Full name _____

The deponent declares that he/she knows and understands the contents and implications of the above declaration. The deponent further hereby confirms and verifies his/her authority to make and depose of this application on behalf of the applicant.

Thus signed and dated in my presence

Commissioner of Oaths _____

Full name _____

Designation _____

Office _____

Address _____

If this application is prepared or compiled by, or in consultation or on the advice of, any person or entity (other than the applicant) the following information must be provided in respect of that person or entity:

Name _____

Profession / Occupation / Designation: _____

Signature _____ Date: _____

ID Number/ IT Number/ Company Registration Number (if applicable) _____

Address _____

Telephone number _____

Cellular telephone number _____

E-mail address: _____