



forestry, fisheries & the environment

Department:
Forestry, Fisheries and the Environment
REPUBLIC OF SOUTH AFRICA

For office use only:

| | | |
|----------------|-----------------------|----------------|
| Date Received: | File Reference Number | Licence Number |
| | | |

APPLICATION FOR A LICENCE REGARDING TREES IN NATURAL FORESTS¹

[SECTION 7(1) OF NATIONAL FORESTS ACT (NFA), 84 of 1998, AS AMENDED]

PLEASE READ CAREFULLY

Complete this form

If you want to –

- (a) Cut, destroy any indigenous tree in a natural forest,
- (b) Disturb, damage any indigenous tree in a natural forest or
- (c) Possess, collect, remove, transport, export, purchase, sell, donate or in any other manner acquire or dispose of any tree, or any forest product derived from a tree in a natural forest.

The form must be completed in full, clearly written 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: 37246, 24 January 2014. Enquiries regarding exemptions can be made at the nearest Forestry office of the Department of Forestry, Fisheries and the Environment.

Other laws

A licence issued under the National Forests Act, 84 of 1998, does not exempt you from the provisions of other laws e.g., NEMA, CARA, Provincial Flora and Fauna Permits.

Please mark applicable box with “x”

| | | | | | |
|------------------------|--------------------------|---|--------------------------|---|--------------------------|
| New Application | <input type="checkbox"/> | Extension² <i>Previous Licence No.</i> | <input type="checkbox"/> | Amendment¹ <i>Previous Licence No.</i> | <input type="checkbox"/> |
| | | | | | |

Previous Licence Number (if applicable): _____

¹ “Natural forest” means a group of indigenous trees-

- (a) whose crowns are largely contiguous; or
- (b) which have been declared by the Minister to be a natural forest under section 7(2); (xxviii)

² Extensions are only applicable for licenses that are still valid. If a licence has already expired, the applicant must tick ‘new application’.

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| A | PARTICULARS OF APPLICANT AND GENERAL INFORMATION |
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| | | | | | | | | | | | |
|--|---|---|-------------------------------|-------|--|-------|--|----------|--|--------|--|
| Name of applicant (Person to whom the licence must be issued) | | | | | | | | | | | |
| Name of business/company (If applicable) | | | | | | | | | | | |
| ID or Passport Number | | | | | | | | | | | |
| Postal address | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Physical address | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| E-mail address | | | | | | | | | | | |
| Telephone number | | | | | | | | | | | |
| Cellular phone number | | | | | | | | | | | |
| Gender: <i>(Mark with X)</i> | M | F | Race: <i>(Mark with X)</i> | Black | | White | | Coloured | | Indian | |

Indicate in the space provided below whether you are the owner of the land on which the trees occur, or of a business engaged in disposing of trees and/or their products, or whether you represent the owner of such land or business *(Mark with X)*.

Owner: Representative:

If not the owner, attach proof that you are a duly authorized representative / proxy of the owner(s), and provide the following particulars of the landowner or owner(s) of a business, where applicable *(indicate with N/A where not applicable)*:

| | | | | | | | | | | | |
|---------------------------------|---|---|-------------------------------|-------|--|-------|--|----------|--|--------|--|
| Name of landowner (similar) | | | | | | | | | | | |
| Name of business/company owner | | | | | | | | | | | |
| ID or Passport Number | | | | | | | | | | | |
| Postal address | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Physical address | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Telephone number | | | | | | | | | | | |
| Cellular phone number | | | | | | | | | | | |
| E-mail address | | | | | | | | | | | |
| Gender: <i>(Mark with X)</i> | M | F | Race: <i>(Mark with X)</i> | Black | | White | | Coloured | | Indian | |

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| D | ACTIVITY APPLIED FOR IN TERMS OF SECTION 7 OF THE NFA |
|----------|--|

| LIST OF POSSIBLE ACTIVITIES IN A NATURAL FOREST | Mark with X | Parts of form to be completed |
|---|-------------|-------------------------------|
| Application for: | | |
| Cut, destroy any indigenous trees | | E |
| Disturb damage any indigenous trees (pruning or trimming) | | F |
| possess, collect, remove transport, export, purchase, sell, donate, or in any other manner acquire or dispose of any tree, or any forest product derived from a natural forest | | G |

| | |
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| E | CUT, DESTROY ANY INDIGENOUS TREES IN A NATURAL FOREST |
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a) For what purpose:

b) Explain method of cutting or destroying of trees (to be stipulated in the licence):

| | |
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| F | DISTURB, DAMAGE ³ANY INDIGENOUS TREES IN A NATURAL FOREST |
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a) For what purpose:

b) Explain method of disturbing or damaging of trees (to be stipulated in the licence):

³ Disturb, Damage includes pruning and trimming

| | |
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| G | POSSESS, COLLECT,⁴ REMOVE⁵, TRANSPORT, EXPORT, PURCHASE, SELL, DONATE, OR IN ANY OTHER MANNER ACQUIRE OR DISPOSE OF ANY TREE, OR ANY FOREST PRODUCT DERIVED FROM A NATURAL FOREST |
|----------|--|

a) For what purpose:

b) Explain method of possessing, collection, removal, transportation or acquiring in any other manner the trees or products (to be stipulated in the licence):

b) Describe the harvesting method:

c) Provide details of transportation: from where? (specify forest, property, owner, and country):

d) To where? (Specify country, destination, buyer, processor, etc.):

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| H | ATTACHMENTS |
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- **Attach a clear and certified copy of applicant's identity document or passport.**

| | | |
|--|-----|----|
| ID copy/passport attached? (Mark with X) | yes | no |
|--|-----|----|

- **Attach a proof that you are a duly authorized representative / proxy of the owner(s).**

| | | |
|-------------------------------|-----|----|
| Proof attached? (Mark with X) | yes | no |
|-------------------------------|-----|----|

- **Attach a clear spatial map with GPS coordinates showing the location of the trees/forest/footprint of the development site (e.g., Google earth, .kml or .kmz)**

⁴ Collect includes harvesting

⁵ Remove includes transplant

| | | |
|------------------------------------|-----|----|
| Map attached? (Mark with X) | yes | no |
|------------------------------------|-----|----|

- ***In case of transport of trees or forest produce of a species protected in SA, but imported from neighbouring countries, attach documentary evidence that such trees or produce was legally obtained and legally imported.***

| | | |
|---|-----|----|
| Copy of licence / documentary evidence attached? (Mark with X) | yes | no |
|---|-----|----|

- ***Attach a list of buyers with their full names, addresses, copies of identities, email addresses and contact particulars, e.g. if you are reselling firewood to retailers.***

| | | |
|--|-----|----|
| List of retailers attached? (Mark with X) | yes | no |
|--|-----|----|

- ***Attach sketch/ approved building plan and description to illustrate how trees will be affected by development.***

| | | |
|--|-----|----|
| Sketch plan attached? (Mark with X) | yes | no |
|--|-----|----|

- ***Attach final approved building/ layout plans and other documentary evidence of compliance with other legislation governing changes in land use***

| | | |
|--|-----|----|
| Documents attached? (Mark with X) | yes | no |
|--|-----|----|

- ***Attach any other authorization/permits/licences as required by other legislation concerning the activity.***

| | | |
|---|-----|----|
| Any other authorization attached? (Mark with X) | yes | no |
|---|-----|----|

DECLARATION BY APPLICANT

I, the undersigned, declare that all the particulars furnished by me in this application form are true and correct.

SIGNATURE: _____ DATE: _____

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| ATTACH ASSESSMENT REPORT AS AN ANNEXURE | |
| Name of the Licensing Officer: | |
| Contact number/Email address: | |
| Signature: | Date: |

| | |
|--------------------------------------|--------------|
| RECOMMENDED /NOT RECOMMENDED: | |
| Name of Evaluator: | |
| Contact number/Email address: | |
| Signature: | Date: |

APPROVED/NOT APPROVED:

Name of Delegated Official:
Contact number/Email address:
Signature:

Date:

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