



**agriculture, land reform
& rural development**

Department:
Agriculture, Land Reform and Rural Development
REPUBLIC OF SOUTH AFRICA

WRITTEN APPLICATION: GRANTING OF A LICENCE

**PERFORMING ANIMALS PROTECTION ACT, 1935 (ACT NO 24 OF 1935) AS AMMENDED BY
PERFORMING ANIMALS PROTECTION ACT, 2016 (ACT NO 4 OF 2016)**

**DEPARTMENT OF AGRICULTURE, LAND REFORM AND RURAL DEVELOPMENT
DIRECTORATE: VETERINARY PUBLIC HEALTH**

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

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

This application form is valid from 1 April 2024 to 31 March 2025

No.	Purpose	Amount
1.	Application fee for Performing Animals Protection Act (PAPA) license	R540.00 each
2.	Fee for re-issue lost/stolen/damaged PAPA license	R540.00 each
3.	Application fee for appeal process	R5550.00 each
NOTICE: APPLICATION FEE WILL INCREASE EVERY YEAR ON 1 APRIL		

Bank account details:

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

For official purposes only

Receipt Number: _____

Date application received: _____

Date inspection completed: _____

Licence issued Yes No

Date of issued: _____

Licence Number: _____

Expiry date: _____

Purpose of Licence: <input type="checkbox"/> To exhibit <input type="checkbox"/> To train <input type="checkbox"/> To use animals for safeguarding	Previous/Current Licence	Complete where applicable
	Existing Licence Number	
	Expiry Date	
	Previous licence numbers related to either the facility or the applicant	
New Application Yes <input type="checkbox"/> No <input type="checkbox"/> Annual Renewal (Attach copy of Existing Licence) Yes <input type="checkbox"/> No <input type="checkbox"/> Amendment of existing licence (Attach copy of Existing Licence) Yes <input type="checkbox"/> No <input type="checkbox"/>		

1. Details of the applicant

The applicant is the owner the accountable official (*please tick where applicable*).
(*where an application is made on behalf of the owner, both the applicant and owner's information is required*)

Details of Applicant	
Full Names	
ID Number	
Facility Owner	
Full Names	
ID Number	
Business or Company Name	

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, provide applicable details)	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Regulatory Body	
Registration Number	

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"/>	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			
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"/>	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 FILM INDUSTRY			
		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"/>	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		

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

Name of trainer	
Specify Applicable qualification	
Year qualification obtained	
Experience summary	

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 make myself available to 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, with the consent of the owner. 	
Signature:	Practice stamp:
Date:	

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

10. Proof of Payment attached Yes No

11. Declaration

I(Full name of owner or accountable official) the undersigned, hereby apply for a licence to **exhibit / film / 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 undertake to ensure that appointments for at least 2 annual visits by the facility veterinarian are scheduled, at an interval of at least 4 months apart.

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.

Applicant's signature:

Signed at on the day of20...