



## APPLICATION FORM C

Ref: \_\_\_\_\_  
Date received \_\_\_\_\_  
Application No \_\_\_\_\_  
Application approved \_\_\_ not approved \_\_\_  
Date of permit/notification \_\_\_\_\_  
Permit No \_\_\_\_\_

### PERMIT APPLICATION IN TERMS OF THE KZN HERITAGE ACT (SECTION 35) FOR THE DAMAGE, ALTERATION, EXHUMATION OR REMOVAL FROM THE ORIGINAL POSITION OR ANY OTHER DISTURBANCE OF A GRAVE/S NOT LOCATED IN A FORMAL CEMETERY (ARCHAEOLOGICAL GRAVES)

#### PLEASE NOTE

IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL HERITAGE ACT, 2008 TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION

THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. Application forms are available on the website [www.heritagekzn.co.za](http://www.heritagekzn.co.za) - "Permits" – Form C

**ALL APPLICATION FORMS, DEVELOPMENT PROPOSALS, PHOTOGRAPHS, MOTIVATION, AND PROOF OF PAYMENT ARE TO BE DELIVERED TO: Amafa aKwaZulu-Natali, 195 LANGALIBALELE (LONGMARKET) STREET, PIETERMARITZBURG, 3201 OR POSTED TO: BOX 2685 PIETERMARITZBURG 3200. Enquiries 033-394 6543 or Fax 033-394 6552 (For proof of payment not applications)**

#### A. DECLARATION BY OWNER

I,

\_\_\_\_\_

(full names of owner/person authorized to sign) undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which Amafa aKwaZulu-Natali may issue the permit to me.

Signature \_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

**(The owner of the property must fill in these details and sign this document and any plans or other documents submitted in support of this application)**

#### B. PROPERTY DESCRIPTION:

1. Name of property: \_\_\_\_\_ Title Deed No. \_\_\_\_\_

2. Erf/Lot/Farm No: \_\_\_\_\_

Street Address: \_\_\_\_\_

Local Municipality \_\_\_\_\_

District Municipality \_\_\_\_\_

GPS Co-ordinates \_\_\_\_\_

3. Current zoning \_\_\_\_\_ Present use \_\_\_\_\_

4. Detail of Graves on site \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**C. SIGNIFICANCE:**

**1. Status of the Site:**

Connected to homestead or site of previous homestead		Connected to spiritual site		Site earmarked for development (rescue)		Other	
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2. Historical Significance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

References \_\_\_\_\_

3. Archaeological Significance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

References \_\_\_\_\_

4. Rock Art Significance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

References \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**D. PROPOSED WORK**

1. Purpose of Application (Indicate the reason by marking the relevant box)

Damage		Alteration	
Exhumation		Removal from original position	

2. Motivation for proposed work (Please motivate fully) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**F. CONTACT DETAILS**

**1. CONTRACTOR/FUNERAL DIRECTOR/HERITAGE PRACTITIONER**

<b>Name</b>		
<b>Address</b>		
		<b>Postal Code</b>
<b>Telephone</b>	<b>Fax</b>	
<b>Qualifications</b>		
<b>Membership of Recognised Professional/Technical Bodies</b>		

**2. OWNER OF PROPERTY**

<b>Name</b>		
<b>Address</b>		
		<b>Postal Code</b>
<b>Telephone</b>	<b>Fax</b>	

**4. DELEGATED AUTHORITY (The name of the person authorized to act on behalf of a company or institution – Power or Attorney/proof of authorization to be attached)**

<b>Name</b>		
<b>Address</b>		
		<b>Postal Code</b>
<b>Telephone</b>	<b>Fax</b>	

**G. SUBMISSION FEE: R500.00 (subject to annual increment on the 1 April)**

The submission fee is payable to **Amafa aKwaZulu-Natali** by cheque or bank deposit/internet banking prior to the processing of this application.

Banking details in case of direct deposits:

**ABSA BANK: Branch: ULUNDI Bank Code: 630330**

Account in the name of **AMAFa AKWAZULU-NATALI**

**Account No. 40-5935-6024**

**NB:** Proof of payment to be forwarded (faxed, posted or delivered) to our office

**H. CHECKLIST OF SUPPORTING DOCUMENTATION**

**YES NO**

<b>APPLICATION FORM (COMPLETED &amp; SIGNED BY OWNER &amp; AUTHOR)</b>		
<b>MOTIVATION</b>		
<b>PHOTOGRAPHS</b>		
<b>ORIGINAL DRAWINGS</b>		
<b>PLANS (X2 SETS) - NUMBERED AND COLOURED</b>		
<b>Proof of Registration with Professional/Technical Bodies</b>		
<b>PAYMENT/PROOF OF PAYMENT</b>		