



APPLICATION FORM G

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 36(8)) FOR THE TRADING AND EXPORTING OF ANY CATEGORY OF ARCHAEOLOGICAL OBJECT, ANY PALAEOLOGICAL MATERIAL, ANY ECOFACT, ANY OBJECT WHICH MAY REASONABLY BE REGARDED AS HAVING BEEN RECOVERED FROM A BATTLEFIELD SITE, ANY MATERIAL CULTURAL ARTIFACT, OR ANY METEORITE

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 - "Permits" – Form G

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. DESCRIPTION OF THE OBJECT/S:

1. Name of object: _____
2. Origin of object: _____
3. Museum/Collection of which object/s form part _____
4. Museum/Collection classification/documentation/inventory no. _____

C. SIGNIFICANCE OF THE OBJECT/S:

1. Type of object:

Object from Battlefield site		Archaeological object		Palaeontological object	
Ecofact		Material Cultural artefact		Meteorite	

3. Historical/Military Significance: _____

References _____

4. Archaeological Significance: _____

References _____

5. Palaeontological Significance: _____

References _____

6. Ecological significance: _____

References _____

7. Material Cultural significance: _____

References _____

8. Meteorite significance: _____

References

D. PROPOSED ACTION

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

Trade		Export for temporary exhibition purposes		Export for purposes of scientific analysis	
Expatriation to country of origin		Export as part of permanent agreement between institutions		Export due to owner emigrating from S A	

2. Motivation for proposed action (Please motivate fully) _____

4. Detail of the proposed action:

5. Location to which Object/s will be sent:

Name of Institution/New Owner: _____

Physical Address where object is to be housed: _____

Country: _____

6. Export Permit No. _____

7. Import Permit No. _____

E. CONTACT DETAILS

1. SHIPPING AGENT/CONTRACTOR (the person who will do the work)

NAME	
POSTAL ADDRESS	
	POST CODE
TEL	FAX
CELL	QUALIFICATIONS

2. HERITAGE ARCHITECT/HERITAGE PRACTITIONER/CONSERVATOR

NAME	
POSTAL ADDRESS	
	POST CODE
TEL	FAX
CELL	SACAP/ASAPA REG. NO.
Author's Drawing Nos.	
SIGNATURE	DATE

3. OWNER OF PROPERTY (Owner or delegated person to sign on the front of this form)

NAME	
POSTAL ADDRESS	
	POST CODE
TEL	FAX

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)

NAME	
TEL	FAX

F. 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

G. PUBLIC PARTICIPATION: (Contact details of Interested and Affected Parties Consulted - written opinion to be attached to form and drawings to be signed by I & A P. See Guidelines)

Name _____
Telephone _____ Fax _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION**YES NO**

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & PLANS AUTHOR)		
MOTIVATION/INCEPTION REPORT		
PHOTOGRAPHS		
ORIGINAL DRAWINGS		
PLANS (X2 SETS) - NUMBERED AND COLOURED		
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		
PUBLIC PARTICIPATION WRITTEN OPINIONS		

