**PERMIT APPLICATION FORM**

**Permit No.:**

Phone: +27 43 492 0881

Email: Siyasanga.mabuyane@ecpta.co.za and bulelani.silangwe@ecpta.co.za

Website: www.visiteasterncape.co.za

**Details of applicant and proposed permit holder(s)**

Please supply the following information if you are applying for a permit to conduct an ACTIVITY in a protected area, under the National Environmental Management: Protected Areas Act, 2003(Act No. 57 of 2003) and the regulations in terms of that Act.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Names:** |  | **Company Registration: (If applicable)** |  |
| **Vat Number: (If applicable)** |  | **Trading/Company Name:****Company description:** |  |
| **Business Address:** |  | **Postal Address:** |  |
| **Cell:** |  | **Fax:** |  |
| **Website:** |  | **Email:** |  |

**TYPE OF ACTIVITY e.g. Horse Riding, Cycling, Wedding etc. :**

**NAME OF RESERVE(S):**

**DESCRIPTION OF ACTIVITY**

|  |
| --- |
|  |
| **NUMBER OF PEOPLE** |  | **ADDITIONAL REQUEST(please tick)** |
| **ACCOMMODATION** |  | **CAMPING** |  | **CATERING** |  | **OTHER** |  |
|  |  |  |

|  |  |
| --- | --- |
| **DATE(S) OF ACTIVITY** | **PROPOSED LOCATION or ROUTE****(Attach clear map of the route)** |
|  |  |

**NUMBER OF VHICLE TO BE USED**

Sedan 0-4 Combi/Quantum/Vita 5-13 Sprinter 11-18 Volare/Evica 18-21 Luxury Coach 28-48

# Compliance ()

Public Liability (if applicable) Passenger Liability Road Worthy Tax Registration Amount Cover: Expiry date:

**Affiliated to ()** CTT SATSA Other

A Non-refundable application fee of **R150.00** (Payment Reference: Application Fee Comms) will have to be paid and proof of payment sent with the application form.

Conservation fees at pay points to the nature reserve will have to be paid by each client every time that they enter the nature reserve.

All entrants to the nature reserve will have sign a visitor indemnity and adhere to all entry procedures.

The permit voucher is valid for the duration of the ACTIVITY.

# Declaration ()

The applicant declares that I have been convicted of or am subject to proceedings with regards to

1. S.A Law about the protection, conservation or management of the natural environment or ecological communities; Yes No
2. South African Criminal Law Yes No

# Declaration

Please complete the application form, then read carefully and sign the following declaration.

I, (full name), declare that the information contained in this application is correct to the best of my knowledge.

Signature Date

# Attachments

Please tick to indicate that you have included the following material with your application

 Copy of ID or Passport

 Copy of Tax Clearance Certificate/Tax Registration Certificate

 Proof of qualification (e.g. Tourist Guide ID)

\_\_\_\_\_Proof of Payment of Application Fee

 One copy of all current printed promotional material - pamphlets, brochures

**Bank Details**

FNB

Account Name: ECPTA Revenue Account

Account No.    : 62692245949

Branch Code   : 211021

Send this application and proof of payment to: siyasanga.mabuyane@ecpta.co.za and bulelani.silangwe@ecpta.co.za