Annexure A

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 AC, 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 2022 to 31 March 2023

No.	Purpose	Amount
1.	Application fee for Performing Animals Protection Act (PAPA) license	R480.00 each
2.	Fee for re-issue lost/stolen/damaged PAPA license	R480.00 each
3.	Application fee for appeal process	R4900.00 each
4.	Fine for training, exhibition and/ or use of animals without a valid PAPA licence	10% of the commercial value of the animals with a minimum of R2000,00
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: ☐ To exhibit ☐ To train ☐ 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 ☐ No ☐ **Annual Renewal** Yes ☐ No ☐ **Amendment of existing licence** Yes ☐ No ☐		

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 :	Michael Bertram
ID Number :	7104295214087
Facility Owner	
Full Names :	Michael Bertram
ID Number :	7104295214087
Business or Company Name	Ranger Guard Services (Pty) Ltd.

Address of Applicant			
Postal Address	19 Demisi Str Brooklyn		
		Postal Code	7405
Province	Western Cape		
Telephone Number	021-0233830		
Cell phone number	0725966998		
Email address	Michael@rangerguard.co.za		
Fax Number			

Are you affiliated with an industry body? If yes, indicate the name of the body :	Yes ☑ No ☐
P.S.I.R.A.	

2. **Please provide details of the primary facility for housing animals:**

Name of the facility	L.J. Le Roux Industries (Pty) Ltd.		
Postal Address			
		Postal Code	
Physical Address	Frankdale Rd. Visserhok Milnerton.		
		Postal Code	
Province	Western Cape		
Telephone Number	021-0233830		

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)
Dogs	-	-	12hour per day Max 48 hour per 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 ☐ No ☑	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:	JM LeRoux
SAVC Registration no:	D82/1757
Telephone numbers:	021-9813811
Fax number:	021-9819614.
Email address:	brackvet@Iafria.com
Physical address:	Brackenfell. animal clinic - old Paarl rd Brackenfell.

Declaration: I declare that

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: ..... PAUS C

Practice stamp:

BRACKENFELL
Animal Clinic/Diereklinieк
brackvet.info@gmail.com
Tel: (021) 981 3811

Date: 23/12/2022

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

10. **Proof of Payment attached** Yes ☑ No ☐

11. Declaration

I Michael Bertram (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.

Signed by the applicant at ..... on the 13 day of December 2022.

Conditions:

This card has been issued by the Department of Home Affairs in terms of the Identification Act, Act 68 of 1997

If found please return to the Department of Home Affairs
For enquiry or verification purposes contact 0800 60 11 90

Date of Issue:
21 JUL 2022

119390142

REPUBLIC OF SOUTH AFRICA
NATIONAL IDENTITY CARD

Surname:
BERTRAM
Names:
MICHAEL ARTHUR
Sex:
M
Nationality:
RSA
Identity Number:
7104295214087
Date of Birth:
29 APR 1971
Country of Birth:
RSA
Status:
CITIZEN

Signature:

SUID-AFRIKAANSE POLISIEDIENS
GEMEENSKAPDIENSSENTRUM
2022 -09- 26
COMMUNITY SERVICE CENTRE
SOUTH AFRICAN POLICE SERVICE