



**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 AMENDED 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?	Yes ☒ No ☐
If yes, indicate the name of the body :	P.S.I.R.A.

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

Name of the facility	LJ. Le Roux Industries (PTY) LTD.
Postal Address	
	Postal Code
Physical Address	Frankdale Rd. Visserhok Wilnerton.
	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)

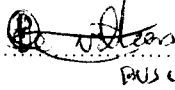
Species	Duration of exhibition (hours per day/week)	Duration of training (hours per day/week)	Duration of safeguarding (hours per day/week)
Dogs	—	—	12 hour per day Max 48 hour per week

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 Le Roux
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	
- I will make myself available to visit the facility at least twice per year at an interval of at least 4 months apart. - I undertake to inform the officer of any suspicious mortalities, illnesses and welfare problems within 24 hours of becoming aware of them. - I will inform the officer if my services are terminated by the facility for any reason whatsoever. - 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: 23/12/2022	BRACKENFELL Animal Clinic/Dierekliniek brackvet.info@gmail.com Tel: (021) 981 3811

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

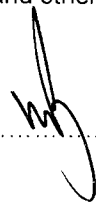
10. Proof of Payment attached Yes ☒ No ☐

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:

Date of issue: 21 JUL 2022

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 90 11 90

119390142





Handwritten signature

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 POLISIEMENS

GEMEENSKAPDIENSTCENTRUM

2022-09-26

COMMUNITY SERVICE CENTRE

SOUTH AFRICAN POLICE SERVICE