**APPLICATION FOR THE REGISTRATION OF LAND FOR KEEPING BUFFALO (ADDENDUM A)**

**In terms of Regulation 20A (2) of the Animal Diseases Act, 1984 (Act No. 35 of 1984) as published in Government Gazette Notice No. R. 2358 of 10 December 1993 and the Buffalo Veterinary Procedural Notice.**

**TO BE SUBMITED TO THE RESPONSIBLE STATE VETERINARIAN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mark as applicable:

New application □ Change of ownership □ Amendment to current registration □

**Details of owner / manager / responsible person:**

|  |  |
| --- | --- |
| Owner of land: | ID number: |
| Responsible person (if not owner): | ID number: |
| Postal address: | Code: |
| Email: | Tel /cell no: ( ) |

**Registered farm name(s) & number(s) & co-ordinates:**

Farm name and portion: Farm number: Geographical co-ordinates:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_° \_\_\_' \_\_\_ ''E \_\_\_ ° \_\_\_ ‘\_\_\_ ''S

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ ° \_\_\_ ‘\_\_\_ ''E \_\_\_ ° \_\_\_ ‘\_\_\_ ''S

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ ° \_\_\_ ‘\_\_\_ ''E \_\_\_ ° \_\_\_ ‘\_\_\_ ''S

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ ° \_\_\_ ‘\_\_\_ ''E \_\_\_ ° \_\_\_ ‘\_\_\_ ''S

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ ° \_\_\_ ‘\_\_\_ ''E \_\_\_ ° \_\_\_ ‘\_\_\_ ''S

**(Attach separate signed sheet for additional records)**

|  |  |
| --- | --- |
| Magisterial district: | Local Municipality: |
| **Buffalo health status:**  Specific Infection Free ⬜ CD infected ⬜  FMD + CD infected ⬜ | **Type of system:**  Free ranging ⬜ In captivity ⬜  Size of land to be registered: \_\_\_\_\_\_\_\_\_\_ ha |
| **Animal(s) known to be infected or possibly infected with:**  TB ⬜ Brucellosis ⬜ | **Number of buffalo intended to keep initially:**\_\_\_\_\_\_\_\_\_  Precise ⬜ Estimated ⬜ |

**The following documents must be attached as marked below**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Proof of ownership (Title Deed or Transfer Deed) and authorization |  | Letter of Nature Conservation confirming adequate fencing |  | Map of land to be registered |  |

**APPLICATION FOR THE REGISTRATION OF LAND FOR KEEPING BUFFALO (ADDENDUM A)**

**In terms of Regulation 20A (2) of the Animal Diseases Act, 1984 (Act No. 35 of 1984) as published in Government Gazette Notice No. R. 2358 of 10 December 1993 and the Buffalo Veterinary Procedural Notice.**

|  |
| --- |
| **I,** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name and surname)**,** the **APPLICANT** **hereby confirm that:**   1. **All the information supplied by me on this application form, is to the best of my knowledge true;** 2. **I have received, read and understood the Buffalo Veterinary Procedural Notice (VPN) as referred to above and will abide by it;** 3. **I am the legal owner of the land or have been authorised by the owner to make this application on his/her behalf; and** 4. **Where the maintenance of a section(s) of the required fence is currently not my responsibility, I hereby declare that I shall take full responsibility for that section(s) of the fence when it is no longer being maintained. In the case of double fences being required, I hereby confirm to erect the required new fence(s).**   Signature of applicant:\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I, DR** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, **STATE VETERINARIAN OF** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **hereby confirm that:**   1. **All the information supplied to me on the application form by the owner/manager of the land, is to the best of my knowledge true;** 2. **The fence and isolation facility comply with the requirements of the Buffalo VPN and Provincial Nature Conservation Authorities; and** 3. **There are no cattle on the same land where the buffalo are going to be kept.**   Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Provincial State Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **I, DR** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **, Provincial Executive Officer (PEO) of Veterinary Services**  **of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province, hereby recommend the registration of the land as applied for, to keep buffalo. I confirm that sufficient resources are available to monitor the conditions on the above mentioned land on a regular basis (at least once a year), that all buffalo movements onto and off the land can be controlled appropriately, and that it will be possible to follow up irregularities promptly.**  Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_  Signature of PEO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |

**Official National Registration no:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of National State Veterinarian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_