

APPLICATION FOR THE REGISTRATION OF LAND FOR KEEPING BUFFALO

THIS APPLICATION HAS TO BE ACCOMPANIED BY AN OFFICIAL CERTIFICATE OF ADEQUATE ENCLOSURE ISSUED BY THE NATURE CONSERVATION AUTHORITIES AND A COPY OF A MAP SHOWING EXACT EXTENT OF LAND APPLIED FOR.

For attention: Dr. JOHAN DIPPENAAR Fax: (012) 329-0499

- 1) Owner: _____
- 2) Postal address: _____
_____ Code: _____
- 3) Tel no: (_____) _____
- 4) Farm name(s) & number(s) & co-ordinates according to magisterial district map (1:50 000 scale map):
(Attach separate signed sheet for additional records)

Farm name:	Farm number:	Geographical co-ordinates:
_____	_____	□□ ° □□ ' □□ "E □□ ° □□ ' □□ "S
_____	_____	□□ ° □□ ' □□ "E □□ ° □□ ' □□ "S
_____	_____	□□ ° □□ ' □□ "E □□ ° □□ ' □□ "S
_____	_____	□□ ° □□ ' □□ "E □□ ° □□ ' □□ "S
_____	_____	□□ ° □□ ' □□ "E □□ ° □□ ' □□ "S

- 5) Old Magisterial / New Municipal district: _____ Code (current OIE report code): □□□
- 6) Buffalo status: Breeding Project Addo / Disease free FMD Corridor TB
- 7) Type of system: Free ranging In captivity Size of farm / buffalo camp: _____ ha
- 8) Number of buffalo: _____ Precise Estimated

I, _____ (full name and surname), OWNER OF THE ABOVE MENTIONED FARM(S),
HEREBY CONFIRM THAT ALL THE INFORMATION SUPPLIED BY ME ON THIS APPLICATION FORM, IS TO THE BEST OF MY
KNOWLEDGE A TRUE REFLECTION OF THE NUMBER, ORIGIN AND DISEASE STATUS OF THE BUFFALO BEING KEPT ON
THIS(THESE) FARM(S).

Signature of owner: _____ Date: _____

I, DR _____, THE STATE VETERINARIAN OF _____ HEREBY CONFIRM THAT
ALL THE INFORMATION SUPPLIED TO ME ON THE APPLICATION FORM BY THE OWNER OF THE FARM(S), IS TO THE BEST OF MY
KNOWLEDGE A TRUE REFLECTION OF THE NUMBER, ORIGIN AND DISEASE STATUS OF THE BUFFALO WHICH ARE PRESENT ON THE
PROPERTY(IES).

Remarks: _____

Signature of Provincial State Veterinarian: _____ Date: _____

I, DR _____, IN MY CAPACITY AS THE HEAD / DIRECTOR OF VETERINARY SERVICES IN THE PROVINCE:
_____ HEREBY CONFIRM THAT SUFFICIENT RESOURCES ARE AVAILABLE TO MONITOR THE CONDITIONS ON
THE ABOVE MENTIONED FARM(S) ON A REGULAR BASIS (AT LEAST ONCE A YEAR), THAT ALL BUFFALO MOVEMENTS ONTO AND OFF
THE FARM(S) CAN BE HANDLED APPROPRIATELY, AND THAT IT WILL BE POSSIBLE TO FOLLOW UP IRREGULARITIES PROMPTLY.

Remarks: _____

Signature of Provincial Director: _____ Date: _____

Official National Reg no: _____

Date: _____