

Rofhiwa Nethanani: Mavis Matsho: **Enquiries**: 012 309 8739 012 309 8763

## **Beekeeper Registration Form**

The information on this form is collected under the authority of the **Agricultural Pests Act**, **1983 (Act No. 36 of 1983)** and **Control Measures R1511 of 22 November 2019** relating to Honeybees. Any person who keeps, owns, or is in charge of a colony of honey-bees, whether for commercial, hobbyist or as a bee removal service provider is **legally** required to register **Every 24 months** with the Department of Agriculture, Forestry and Fisheries (DAFF) as a Beekeeper. There is no cost involved.

NB: All fields marked	I with *	are comp	ulsory							
A. Purpose: *	Initial I	Registratio	on		Renewal Reg	gistration			Notice of Change	
B. Information for				1:						
Trading / Business Name (if applicable):					Postal Address (PO Box or Street): *					
Postal Town: *					Postal Code: *					
C. Information of	Conta	ct Perso	n:							
Surname: *					Initials: *			Title: *		
Email Address:					Cellphone N	Lá	Landline No.:			
D. Information of	Beeke	eping O	peration:							
Province: *			Beekeeping Centre(Town Name): *				No. of (	Colo	onies( ±):	
Registration No. if Previously Registered:			Other Registration No(s). In you:			use by	Number of Apiary Sites( ±):			
E. Beekeeping Activ	Beekeeping Activities* Honey F		roduction		Pollination	Bee Re	emovals		Others (Specify):	
F. Type of Business (Beekeeper)	s* [	Commer	cial		Small Scale	Hobbyis	st	Other (Specify):		
G. Types of Bees *	[	Capensi	s (Cape hor	ney l	bee)	Scutella	Scutellata (Africa		honey bee)	
<b>H.</b> If you have sold applicable commer		or have p	urchased	som	neone else's,	please p	orovide f	full	details: / any other	
I. Signed at *						da	v of		20	
J. Signature: * Full Names:									r:	_
			J. F	or C	Office use OI	NLY				
Captured by:			[	Date	ə:	Signature:				
Certificate: Reg	istratic	n Numbe	ər:		Date P	osted:				