

2. HERITAGE PRACTITIONER/CONSERVATOR

NAME	
POSTAL ADDRESS	
	POST CODE
TEL	FAX
CELL	ASAPA REG. NO.
SIGNATURE	DATE

3. OWNER OF PROPERTY (Owner or delegated person to sign on the front of this form)

NAME SUSTEN BRADFELD	
POSTAL ADDRESS House 10, BUNTZNA Rd. Campus	
UNIVERSITY of SOPIWESBURG	POST CODE 2006
TEL 077 659 8874	FAX

4. DELEGATED AUTHORITY (The name of the person authorized to act on behalf of a company or institution – Power or Attorney/proof of authorization to be attached)

NAME	
TEL	FAX

F. SUBMISSION FEE: R800.00 (subject to annual increment on the 1 April)
 The submission fee is payable to the KwaZulu-Natal Amafa And Research Institute by bank deposit/internet banking (EFT) and proof of payment must be submitted with the application.
ACCOUNT DETAILS:
ABSA BANK: Branch: ULUNDI Bank Code: 630330
 Account in the name of **AMAFI AKWAZULU-NATALI**
 Account No. 40-5935-6024
 USE FARM/TRIBAL AUTHORITY AREA NAME AS REFERENCE

G. PUBLIC PARTICIPATION: (Contact details of Interested and Affected Parties Consulted - written opinion to be attached to form and drawings to be signed by I & A P. See Guidelines)

Name _____
 Telephone _____ Fax _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION YES NO

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & REPORT AUTHOR)	✓	
MOTIVATION/INCEPTION REPORT	✓	
PHOTOGRAPHS		
ORIGINAL DRAWINGS		
PLANS (X2 SETS) - NUMBERED AND COLOURED		
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		
PROOF OF PUBLIC PARTICIPATION – WRITTEN OPINIONS ATTACHED		
PAYMENT/PROOF OF PAYMENT	✓	

D. PROPOSED WORK

1. Purpose of Application (Indicate the reason by marking the relevant box)

Exhumation		Removal from original position		Damage	✓
Destruction		Change of ownership		Collection	

2. Summary of Motivation for proposed work (A full report must accompany this application)

WE CURRENTLY DO NOT KNOW WHAT ANIMALS PEOPLE WERE SELECTING TO MAKE BONE TOOLS - WE DO NOT KNOW WHETHER AND TO WHAT EXTENT TECHNOLOGICAL VS MECHANICAL CONSIDERATIONS PLAYED IN THE CHOICE OF RAW MATERIALS. THE WAY TO ESTABLISH THIS IS WITH ISOTOPES. SEE DETAILED PROPOSAL ATTACHED

5. Summary of Details of the proposed work: (A full report must accompany this application)

~~EXTRACTED~~ SAMPLES OF 2 1MG POWDER WILL BE EXTRACTED FROM EACH BONE FRAGMENT BY MYSELF AT WZTS UNIVERSITY AND THE EXTRACTED 1MG OF POWDER SENT TO UNIVERSITY OF YORK FOR COLLAGEN ISOTOPE ANALYSIS.

E. CONTACT DETAILS

1. CONTRACTOR (the person who will do the work – other than the heritage practitioner)

NAME		PROF M. COLLINS	
POSTAL ADDRESS		UNIVERSITY OF YORK, BIOLOGY BUILDING	
WENTWORTH WAY, YORK.		POST CODE YO10 5DD	
TEL	019 04 32 82 82	FAX	
CELL		QUALIFICATIONS	PHD.
REGISTRATION OF INDUSTRY REGULATORY BODY:			

C. SIGNIFICANCE:

1. Status of the Site:

Battlefield site		Archaeological site	✓	Rock Art Site		Palaeontological site	
Meteorite Site				Meteorite Impact Site			

2. Historical/Military Significance:
References
3. Archaeological Significance: <i>LOW: BROKEN FRAGMENTS OF WORKED BONE ARE NOT UNUSUAL FROM THIS TIME PERIOD AND DO NOT YIELD MUCH INFORMATION ABOUT A SITE OR ITS OCCUPANTS.</i>
References
4. Rock Art significance:
References
5. Palaeontological Significance
References
6. Meteor Impact Significance
References

APPLICATION FORM E

KWAZULU-NATAL

AMAFA AND RESEARCH INSTITUTE

THE KZN PROVINCIAL HERITAGE RESOURCES
AUTHORITY

Ref:	
Date Received:	
Application no:	
Approved:	Not Approved:
Date of Permit:	
Permit No:	

APPLICATION IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (SECTION 40(4)) FOR A PERMIT TO EXHUME, REMOVE FROM ORIGINAL POSITION, DISTURB, DAMAGE, OR DESTROY, COLLECT/OWN ARTEFACTS & OBJECTS ASSOCIATED WITH BATTLEFIELD SITES, ARCHAEOLOGICAL SITES, ROCK ART SITES, PALAEOONTOLOGICAL SITES, AN HISTORIC FORTIFICATION, METEORITE OR METEORITE IMPACT SITES

THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED
Form B or C must be used for destruction of graves. Form D must be used for s40(1). Form H must be used for sites permanently protected and included in the Heritage Register or the Schedule of Heritage Sites. Form H(a) must be used for applications for alterations to memorials. Form I must be used if work has commenced/ been completed without a permit.

NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (Consult the attached guidelines before completing this form)

ALL APPLICATION FORMS, REQUIRED SUPPORTING DOCUMENTATION AND PROOF OF PAYMENT MUST BE SUBMITTED TO THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE AS PER THE GUIDELINES ATTACHED,

A. DECLARATION BY OWNER

I, JUSTIN BRADFELD

(full names of owner/person authorized to sign) undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which the KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE may issue the permit to me.

Signature 

Place SOBHEANESBURG Date 15-07-19

(The owner of the property must fill in these details and those in Section E: 3 and sign this document and any plans or other documents submitted in support of this application)

B. PROPERTY DESCRIPTION:

Name of property:	Title Deed No.
Erf/Lot/Farm No:	GPS Co-ordinates
Street Address:	
Local Municipality	District Municipality
Traditional Authority Area	