

APPLICATION FORM G

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:	

PERMIT APPLICATION IN TERMS OF THE KZN AMAFA AND RESEARCH INSTITUTE ACT (SECTION 40(8)) FOR THE TRADE AND EXPORT IN OR ATTEMPT TO EXPORT FROM THE PROVINCE OF ANY CATEGORY OF ARCHAEOLOGICAL OBJECT, ANY PALAEOONTOLOGICAL MATERIAL, ANY ECOFACT, ANY OBJECT WHICH MAY REASONABLY BE REGARDED AS HAVING BEEN RECOVERED FROM A BATTLEFIELD SITE, ANY MATERIAL CULTURAL ARTIFACT, OR ANY METEORITE

**PLEASE NOTE:** IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL HERITAGE ACT, 2008 TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION. THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. Application forms are available on the website [www.heritagekzn.co.za](http://www.heritagekzn.co.za) - "Permits" – Form G

ALL APPLICATION FORMS, PHOTOGRAPHS, MOTIVATION, AND PROOF OF PAYMENT ARE TO BE DELIVERED TO: The KwaZulu-Natal Amafa and Research Institute, 195 LANGALIBALELE (LONGMARKET) STREET, PIETERMARITZBURG, 3201 OR POSTED TO: BOX 2685 PIETERMARITZBURG 3200. Enquiries 033-394 6543 or Fax 033-394 6552 (For proof of payment not applications)

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 Amafa aKwaZulu-Natali may issue the permit to me.

Signature 

Place Johannesburg Date 15-07-19

(The owner of the object must fill in these details and sign this document and any other documents submitted in support of this application)

B. DESCRIPTION OF THE OBJECT/S:

Name of object: ASSORTED WORKED BONE FRAGMENTS

Origin of object: ASSORTED SITES. SEE PROPOSAL

Museum/Collection of which object/s form part NATAL MUSEUM; AMAFA

Museum/Collection classification/documentation/inventory no. 'WORKED BONE'

C. SIGNIFICANCE OF THE OBJECT/S:

1. Type of object:

Object from Battlefield site	Archaeological object	<input checked="" type="checkbox"/>	Palaeontological object	
Ecofact	Material Cultural artefact		Meteorite	

2.	HISTORICAL/MILITARY SIGNIFICANCE: <b>NONE</b>
	References
3.	ARCHAEOLOGICAL SIGNIFICANCE: <b>LOW: WORKED BONE IS NOT UNUSUAL AT THESE SITES. THE PIECES I AM LOOKING AT ARE <del>BE</del> BROKEN FRAGMENTS OF WORKED BONE. THEIR OVERALL SIGNIFICANCE IS LOW TO NONE.</b>
	References
4.	PALAEONTOLOGICAL SIGNIFICANCE: <b>NONE</b>
	References
5.	ECOLOGICAL SIGNIFICANCE: <b>NONE</b>
	References
6.	MATERIAL CULTURAL SIGNIFICANCE: <b>LOW: THE PIECES OF BONE HAVE BEEN MODIFIED BY HUMANS, BUT THEY ARE BROKEN, SO WE CANT IDENTIFY WHAT THEY WERE. WORKED BONE IS NOT UNUSUAL AT THIS PERIOD</b>
	References
7.	METEORITE SIGNIFICANCE: <b>NONE</b>
	References



**D. PROPOSED ACTION**

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

Trade	Export for temporary exhibition purposes	Export for purposes of scientific analysis	✓
Expatriation to country of origin	Export as part of permanent agreement between institutions	Export due to owner emigrating from S A	

2. Motivation for proposed action (Please motivate fully)

WE CURRENTLY DO NOT KNOW WHAT ANIMALS PEOPLE WERE SELECTING TO MAKE TOOLS FROM. WE DO NOT KNOW IF WHETHER AND TO WHAT EXTENT ZOOLOGICAL VS. MECHANICAL CONSIDERATIONS PLAYED IN THE CHOICE OF RAW MATERIAL. THE ONLY WAY TO ESTABLISH THIS IS WITH ZOOMS. SEE MY DETAILED PROPOSAL ATTACHED.

4. Detail of the proposed action:

EXTRACTED SAMPLES OF THE BONE FRAGMENTS WILL BE SENT TO UNIVERSITY OF YORK FOR COLLAGEN ISOTOPE ANALYSIS.

POWDER EXTRACTION WILL BE DONE AT WZTS DENTAL SCHOOL, JOHANNESBURG.

5. Location to which Object/s will be sent:

Name of Institution/New Owner: UNIVERSITY OF YORK

Physical Address where object is to be housed: BIOLOGY 5-BLOCK; WENTWORTH WAY YORK, YO10 5DD

Country: UK

6. Export Permit No.

7. Import Permit No.

**E. CONTACT DETAILS**

1. SHIPPING AGENT/CONTRACTOR (the person who will do the work)

NAME		PROF M. COLLINS	
POSTAL ADDRESS		UNIVERSITY OF YORK, WENTWORTH WAY	
YORK, YO10 5DD		POST CODE	
TEL	01904 328282	FAX	
CELL		QUALIFICATIONS	PHD
REGISTRATION OF INDUSTRY REGULATORY BODY:			

2. HERITAGE PRACTITIONER/CONSERVATOR

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

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

NAME DR JUSTEN BRADFELD	
POSTAL ADDRESS House 10 ; BUNZING ROAD CAMPUS.	
UNIVERSITY OF JOHANNESBURG	POST CODE 2006
TEL 072 659 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 NAME OF OWNER-TRADE/EXPORT 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 REPORT	✓	
PHOTOGRAPHS		
LETTER FROM NEW OWNER/TRANSFER OF OWNERSHIP DOCUMENT	✓	
TEMPORARY EXPORT PERMIT		
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)		✗
PROOF OF PUBLIC PARTICIPATION – WRITTEN OPINIONS ATTACHED		✗
PAYMENT/PROOF OF PAYMENT	✓	