

4-4024000	
SOUTH AFRICAN HERITAGE RESOURCES AGENC 111 HARRINGTON STREET, CAPE TOWN, 8001 PO BOX 4937, CAPE TOWN, 8000	3

FOR OFFICE	AL USE ONLY:	
File No.:		
Date received:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Date approved:	*************	
Applicant:		***************************************
Site / Object .		
Permit No	*************************	

APPLICATION FOR PERMIT: ARCHAEOLOGICAL AND PALAEONTOLOGICAL SITES AND METEORITES

Please note: Permit Applications expire one year after the date of receipt.

In terms of Section 35 (4) of the National Heritage Resources Act, 1999 (Act No. 25 of 1999) no person may, without a permit issued by the relevant heritage resources authority, destroy, damage, excavate, alter, deface or otherwise disturb any archaeological or palaeontological site or material or any meteorite; or bring onto, or use at an archaeological or palaeontological site any excavation equipment or any equipment that assists in the detection or recovery of metals or archaeological and palaeontological material or objects, or use such equipment for the recovery of meteorites.

Other application forms are available for shipwrecks, or for the expon or sale of heritage objects including archaeological and palaeontological material and meteorites, for burial grounds and graves, and for the registration of collections.

Applicants are advised that without full details no permit may be issued.

A.	APPLICANT'S DETAILS
j.	Name and address of applicant: Molubogeng Ballon 1028 zone 16 Gra- Kentuwa 0208
	Phone: (H) 017.7033107 (W)
2.	Academic qualifications of applicant:
3.	BSc Honors, Grenetics Previous relevant experience of applicant: Ancient DNA extraction from bone and soft tissue samples
4.	Name and address of a person who can serve as a reference, i.e. a qualified archaeologist, palacontologist or geologist, as relevant: ANDA MEYER, DEPARTMENT OF ANA TOMY, FACULTY OF MEDICINE, UNIVERSITY OF PRETORIA
5.	Name and address of the South African scientific institution with which the applicant collaborates: UNIVERSITY OF PRETORITY
6.	Name and address of the South African scientific institution that will curate the material recovered:
B. 7.	DETAILS OF SITE(S) OR OBJECT(S)
8.	Nature of site or object(s) e.g. archaeological, palacomological, meteorite*: A conaeological
V-1	*Please supply a short description of the site, including, type and approximate date on a separate sheet of paper Period, era, age or date of site or object(s)
9.	Period, era, age or date of site or object(s). AU 1510 - 150 years

0.	Geographical situation of site / object MARK POSITION OF SITE ON A PHOTOSTAT OF A 1:10 000 or 1:50 000 MAP: Province: Limpoρο
	Magisterial district: Santparsberg 1:50 000 Map number: (or SAN chart)
	Latitude & Longitude: Recording method (GPS, Trig., Other):
	Farm Name and No.: / Town :
	Nearest Town: / Street address & Erf#:
i i .	If it is a national or provincial heritage site / object, the number and date of the notice in the Government
	Gazette
c.	PURPOSE OF APPLICATION
12.	Purpose of and reasons for application* Ancient DNA analysis for ancestry - specific
	DNA markes
	* PLEASE SUPPLY FULL MOTIVATION OR RESEARCH PROPOSAL
13	Nature of activity. Please circle the appropriate activities below
	Destruction or Damage* for: Analysis / Dating / Restoration / Security / Other* Excavation or disturbance*
	Alteration*
	Removal from original site*
	Exhumation and re-interment*
	Explore with a metal detector or other equipment**
	Other (e.g. removal of graffiti at rock art site)*
	Picase supply extra details on a separate sheet of paper*:
14.	Period for which permit is required. Permits are not normally issued for periods longer than three years: From March 2013 To March 2014
15.	Have you consulted the landowner about this project? Please supply documentation.
16.	Institutional support (as relevant):
I, (South	Head of Destruct of Lintain the African institution where the applicant will be based while undertaking this project, hereby state that I support the application.
Signa	ature: Date: 2013-04-08
J	MC Bosman Head of Department of Anatomy intion) hereby undertake to store in our institution the material and records from this project once completed.
t, (instit	ution) hereby undertake to store in our institution the material and records from this project once completed.
	ature: Date: 2013.04.08
	Bodiba Molebogeng Kennogetswe
Cou	ertake strictly to observe the terms, conditions, restrictions, regulations and guidelines under which the neil may issue the permit to me.
Sim	ature: Place: Zurich (APPLICANT) Date: 11 March 2013
orgn	(APPLICANT) 11 March 2013
	Date:



Internet Banking: Notice of Payment

12 April 2013

Dear SAHRA

Subject: Notice of Payment: SAHRA

Please be advised that mk bodiba made a payment to your account as indicated below. You can contact mk bodiba at molebo.bodiba@up.ac.za.

Transaction number: 80214C95F4-1

Payment date: 2013-04-12

Payment made by: mk bodiba

Payment made to: **SAHRA**

Beneficiary bank name: **ABSA BANK**

Beneficiary account number: 4064160070

Bank branch code: 632005

For the amount of: R 150.00

Reference on beneficiary statement: MK Bodiba permit

View your account to confirm that you have received this payment as the following apply to Internet Banking payments into non-ABSA bank accounts.

- Payments made on weekdays before 16:00 will be credited to the receiving bank account by midnight of the same day.
- Payments made on weekdays after 16:00 will be credited by midnight the following day.
- Payments made on a Saturday, Sunday or Public holiday will be credited to the account by midnight of the 1st following weekday.

If you need more information or assistance, please call us on 08600 08600 or +2711 276 7900 (International calls).

Yours sincerely

General Manager: Digital Channels

This document is intended for use by the addressee and is privileged and confidential. If the transmission has been misdirected to you, please contact us immediately. Thank you.

Authorised Financial Services Provider

Absa Bank Limited, Reg No 1986/004794/06

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Directors: