

Gauteng Directorate of Nature Conservation Permits Office

590 Madiba & Government Street, Pretoria Postal Address: P.O. Box 8769, Johannesburg, 2000 Tel (012) 316 1638 & Fax 086 420 2099/ 012 316 1834

APPLICATION FOR A PERMIT TO IMPORT LIVE FISH (CPE4)

Please note:

- Application forms must be completed in legible block letters.
- It is the applicant's responsibility to confirm receipt of an application form.
- Fifteen working days are required to process a permit application.
- Where the space provided is not adequate the information should be attached as an addendum.
- Any additional information, which the applicant deems necessary, should be attached to this application.
- The Department cannot be held responsible for the loss of a permit in the post, if requested to be posted.
- Permits will not be faxed, as faxed copies are invalid.
- **For import of Grass Carp, a certificate of triploid must be submitted with completed application form**

		APPLICANT'S DETA	ILS (Owne	r must ap	ply)	
Surname		Mongals / consultant (Pt	nilip Barnar	d)		
Additional	Names & Title	Company: Larostar (Pty) Ltd			
Residentia	l Status	SA citizen XXX				
(Tick appro	priate option)	Permanent Resident				
		Foreigner				
ID Number	(Passport nu	mber in the case of non-Sou	th Africans)	6806	5225313083	
Telephone	(work)		Telephon	e (home)		
Cell Phone (0847130272 /	Fax:		0865197166	
		0823358029				
E-mail		mongals.mm@gmail.com	/ piusmokg	@gmail.co	m / philip@fishdirect.co.za	
Physical	Plot 19 Boso	chkop Road, Pretoria East,	Postal	N/A		
Address	0001, South	Africa / Portion 691 of	Address			
	portion 23 o	f farm Boschkop 369 JR				
	(25°51'15.1	4" S / 28°27'10.20" E).	1			
			1			
			1			

	PERMIT HOL	DER'S DETAIL	_S	
(i.e. person w	ho will be importing live fi	sh on behalf o	of the owner i	f not the owner)
Surname	Dr Tata Mongalo			
Additional Names & Title	Company: Larostar (Pty) Ltd		
Residential Status	SA citizen XXX			
(Tick appropriate option)	Permanent Resident			
	Foreigner			
ID Number (Passport nur	mber in the case of non-Sou	th Africans)	6806225313	3083
Telephone (work)	N/A	Telephone (h	ome)	

Cell Phone		0847130272 /	Fax		0865197166
		0823358029			
E-mail		mongals.mm@gmail.com /	piusmokg@g	gmail.com / phil	ip@fishdirect.co.za
Physical	Plot 19 Bose	chkop Road, Pretoria East,	Postal		
Address	0001, South	Africa (25°51'15.14" S /	Address		
	28°27'10.20)" E). / Portion 691 of			
	portion 23 o	f farm Boschkop 369 JR			

	DETAILS OF F	ISH TO BE IMPORTED
Quantity	Common Name	Scientific Name
30000 /	Rainbow Trout (eyed eggs),	Oncorhynchus mykiss
every 2 nd	Fingerlings	
month		
	No Broodstock onsite	

		ADDI	TIONAL I	NFORMATIO	N	
Supplier's N	ame	Lunsklip Belegg	ings T/A	Trova Trout		
Supplier's To	elephone No.	083 277 3208				
Supplier's Physical Address	Farm Sabieshoe JT 200 ptn 4 of Old Lydenburg Sabie, 1260.	4,		Supplier's Postal Address	N/A	
Please indic	ate (by ticking t	he appropriate	Wild Ca	ught		
option) whe	ther these fish	are:	Captive	Captive bred - Aquaculture Production and Management		
	The fish w	rill be released into	o a recirc	ulation aquact	ulture system (RAS) which will be	
	Build and	Managed as a 10	0% bio-se	ecure facility.		
Destination	Portion 69	1 of portion 23 of	farm Bos	chkop 369 JR		
Port of impo	rt O.R Tamb	o Airport / Finger	lings trans	sported from N	Mpumalanga	

	PERMIT COLLECTION
Please indicate (by ticking the	Collect your permit XXX
appropriate option) whether you will:	Receive it by post

posted (If it is to be posted)	
	DECLARATION
	rided is complete and correct to the best of my knowledge. I understand build lead to my application being disqualified.

Application processing fees: (Not refundable): R 65.00 per application

Banking details

Please contact Tel: (012) 316 1638 for further details

Bank: FNB (First National Bank)Bank Account Name: AGRIC&RURAL DEV-CONS.SERV.Bank Account

Number: 62567280939Account Type: Cheque Account; Branch: Commercial Account Services; Branch Code: 210-554; Permit Code: CPE4