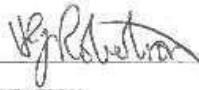


8. DETAILS OF THE COLLABORATING INSTITUTION WHERE MATERIALS AND RECORDS WILL BE STORED AND CURATED

- 8.1 Name of the collaborating institution: **Iziko South African Museum**
- 8.2 Name of Head of the collaborating institution: **Dr Hamish Robertson, Director, Natural History Collections Department**
- 8.3 Identity number of the Head of the collaborating institution: **59104235020080**
- 8.4 Address: **Iziko Museums, Box 61 Cape Town**
- 8.5 Postal code: **8001**
- 8.6 Telephone area code: **(021)** Telephone number: **481 3800**
- 8.7 Facsimile area code: **(021)** Facsimile number: **481 3993**
- 8.8 Cellular phone number: **073 1796708**
- 8.9 E-mail: **hrobertson@iziko.org.za**
- 8.10 Declaration of the Head of the collaborating institution: I, Dr Hamish Robertson in my capacity as (Director) of the Natural History Collections Department, Iziko Museum hereby declare that the collaborating institution has an official written collections policy and undertakes to store and curate the material and records from this project, once completed.

Signature of Head of the collaborating institution:  Date: **13/5/16**

9. DOCUMENTATION TO ACCOMPANY THIS APPLICATION

- 9.1 LOCALITY PLAN showing where the site is and a SITE PLAN showing the layout of the property and pertinent features relevant to the planned action.

See attached Figures 1 and 2.

- 9.2 SITE DESCRIPTION (see 1.3).