

SOUTH AFRICAN HERITAGE RESOURCES AGENCY 111 HARRINGTON STREET, CAPE TOWN, 8001 PO BOX 4537, CAPE TOWN, 8000 TEL: 021 462 4502 FAX: 021 462 4508

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APPLICATION FOR PERMIT: HERITAGE OBJECTS

(including export of archaeological and palaeontological material and meteorites)

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

and the National Heritage Resources Act of 1999 (Act No.25 of 1999), this application form must be completed by anyone applying bermit to: destroy, damage, disfigure or alter a heritage object or disperse a collection of heritage objects, or carry out any work of restoration or repair of a heritage object of export a heritage object listed in the register of heritage objects held by SAHRA; or export a type of heritage object as listed in the register of heritage objects and declared in the Government Gazette; or trade in or sell for private gain: (1) any category of wreck material or object; or (ii) any other category of archaeological or palaeontological material or object; or (iii) any meteorite. Other application forms are available for archaeological and palaeontological material and sites (302), for shipwrecks (303), for built environment and landscape (307) or the registration of private collections (402). Applicants are advised that without full details no permit may be issued. APPLICANT'S DETAILS Name and address of applicant*: PLANY APPLICANT'S DETAILS Name and address of applicant and museum collection, if the applicant is not the curator scientific research officer in the related field, written approval must be obtained from the institution. Phone: (H) (W) 11 783 1912 (C) 271 342 2670 Fax: 211 284 59 48 E-mail: Plany Call Permit Resource of applicant (or passport): Capacity of applicant. Please circle the appropriate position: Museum curator Archaeologist / Palaeontologist / Geologist
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Name and address of applicant*: ENNY CULVERISE READWORD *In the case of items accessioned in a museum collection, if the applicant is not the curator scientific research officer in the related field, written approval must be obtained from the institution. Phone: (H) (W) 011782 1812 (C) 071342 2670 Fax: 011784 S048 E-mail: PRANYCLIVENDER PRINGE HE ILL OMSE HE Identity number of applicant (or passport): 431110002308 (Capacity of applicant. Please circle the appropriate position: Museum curator Archaeologist / Palaeontologist / Geologist
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Archaeologist / Palaeontologist / Geologist
Owner
Agent for sale or auction
Other*
* Please furnish extra relevant details on a separate sheet of paper (if new applicant)
A touse) in rish care reterain details on a separate sheet of paper (if new approach)
Name and address of owner/ custodian: MISS MMC VAN SCIENTER
HELBRON
9650
Phone: (H) (W) OS885 30057 (C) 082573 3471 Fax: E-mail: riang Cherron Produmail CC
Fax: E-mail: riana Chevrom Pvodamailico
Identity number of owner/ custodian:

DETAILS OF HERITAGE OBJECT(S)							
Description and number of objects*:	TH PICKNESS						
KUSTENBUR	G KLOOF						

* Please supply full description & motivation on a sept please include comment from the scientific officer in the i	arate sheet of paper. For archaeological and palaeontological m related field and details of the project and project manager.						
	irca 1930						
Museum or University accession number:							
Museum or University loan number:							
wuseum or Oniversity toan number:	***************************************						
For palaeontological and archaeological mat	terials and meteorites give geographical situation of						
object:							
Province:							
Magisterial district:	1: 50 000 Map no. & name (or SAN chart):						
Latitude & Longitude:	Recording method (GPS, Trig., Other):						
Farm Name and No.: /	Town:						
Nearest Town:	Street address & Erf#:						
If it is a listed type or declared heritage object	the number of the object or type of object in the regis						
	with manner of the object of type of object in the regis						
normage objects.							
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,	uston 2196						
_	ect(s) destined for permanent export with a suitable sca						
Sce disc							
DETAILS FOR APPLICATION TO EXPO	ORT						
Name and address of person/institution to who	um it is being experted. BONHAMS						
101 NEW ROAD	ST						
1/10/2011	VIS ISR						
V. Ciccion	20 44 20 44						
Phone: (H) (W)	707. 4P8 8322. (c)						
Fax:207.468.5.8.3.9. E-mail:	giles peppiate banhams con						
Please indicate whether for permanent or temp	orary export and reasons for export:						
Temporary Export: For: Identification Analysis	Dating Restoration Exhibition ² Sale Other ¹						
Permanent Export: For: Identification Analysis	Dating Restoration Exhibition Sale Other						
1 Please circle relevant words and supply full description	on a separate sheet of paper.						
	rseas for exhibition please supply copy of loan agreement.						

15.	Please supply documentation indicating the present condition of the object.
16.	Please supply written undertaking of South African cultural institution that the object will be returned in
	the same condition.
17.	In the case of temporary export, for what period will the object be exported?:
	From: To:
D. DIS	DETAILS FOR APPLICATION TO DESTROY, DAMAGE, DISFIGURE, ALTER OR PERSE
18.	Reason for application (Please supply full motivation):
19.	Name and address of person who will do the work:
20.	Destination of objects to be dispersed:
21.	For what period will the permit be required?: From To
E.	DETAILS FOR APPLICATION TO TRADE IN OR SELL FOR PRIVATE GAIN
22.	Reason for application (Please supply full motivation on separate sheet):
23.	Address from which items will be sold or traded:
24.	Destination of items to be traded or sold :
25.	For what period will the permit be required?: From To To
Ι,	PENELOPE ANNE CULVERWELL
under which	take strictly to observe the terms, conditions, restrictions, regulations and guidelines, under the Council may issue the permit to me.
₩.	ture: MUMUST Place: Lando
be inclu	are of Applicant. Note: if neither the applicant nor the Institution qualifies as the owner then a letter of approval from the owner must ded in the documentation) Date:
Where	e the object(s) reside in a public institution:
(South A	African institution/ responsible department, where the applicant is based) y state that I support the application.
Signat	ure: Date:

Online Banking Page 1 of 1

Pay Recipients

Account		Date	Total	Processe	d Failed	Pending	
Encore Portfolio	- 50370039742	2012-08-16	1500.00		1	0	0
Recipient Name	Recipient Account	Recipient Reference	Pay & Clear Now	Pay Amount	Reference	Payment Details	Status
S A Heritage Resourc	4064160070	Culverwell	No	1500.00	VODSWK7MPT5B	<u>Download</u> / print	V

Azaa Mkosana form Penny W. Kind regende 0214624509