

SOUTH AFRICAN HERITAGE RESOURCES AGENCY 111 HARRINGTON STREET, CAPE TOWN, 8001 PO BOX 4637, CAPE TOWN, 8000 TEL: 021 462 4502 FAX: 021 462 4509

FOR OFFICIAL USE ONLY:
File No.: 3/3/8/1/4/340
Date received: 10 AUCUST 2012
Date approved:
Applicant: 50/HAMS CA
Site/Object: 90/12/09/001/70

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.

	erms of the National Heritage Resources Act of 1999 (Act No.25 of 1999), this application form must be completed by anyone applying							
(a)	a permit to: destroy destroy (Act No.23 of 1999), this application form must be completed by anyone applying							
(b)	carry out any work of restoration or repair of a heritage object; or export a heritage object listed in the pair of a heritage object; or							
(c)								
(d) (e)	d) export a type of heritage object as listed in the register of heritage objects held by SAHRA; or e) trade in or sell for private gain:							
(0)	(i) any category of wreek metallic and accurate in the Government Gazette; or							
	(ii) any other category of archaeological or palaeontological material or object; or any meteorite.							
*********	Other application forms are available for any							
	Other application forms are available for archaeological and palaeontological material and sites (302), for shipwrecks (303), for burials (305), for the built environment and landscape (307) or the registration of private collections (402). Applicants are advised that without full details are							
	Applicants are advised that without full details no permit may be issued.							
	APPLICANT'S DETAILS							
	Name and address of applicant*: PENNY CULVER WIFT							
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	10 10 535							
	KENMORE							
	2010							
	*In the case of items accessioned in							
	*In the case of items accessioned in a museum collection, if the applicant is not the curator/scientific research officer in the							
	approve must be obtained from the metitation							
	Phone: (H) (W) 011 783 1813 (C) 071 342 26							
	Fax: 0117845048 E-mail: Penny culver Well & felkoms							
	Identity number of applicant (or passport): 431110002308/							
	Capacity of applicant. Please circle the appropriate position:							
	Museum curator							
	Archaeologist / Palaeontologist / Geologist							
	Owner							
Ĭ	Agent for sale or auction							
•	Other*							
	* Please furnish extra relevant details on a separate sheet of paper (if new applicant)							
	and victum details on a separate sheet of paper (if new applicant)							
	$\Lambda_{\Lambda} \circ \mathcal{T}_{\Lambda} \circ \Lambda$							
	Name and address of owner/custodian: MR JODIE ALLO							
	YIG LOW STAN TRANS							
	Name and address of owner/custodian: MR JODIE ALLIN JELOW STAL TRASING							
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. B.	Description and number of objects*: ALEXIS RELEASE.								
4.	Description and number of objects*: INTEXTS INTERCOLUMN ORTECTS								
	A FOLIO OF PREPARATORY SWETCHES AND ETGURE STUDIES Please supply full description & motivation on a separate sheet of paper. For archaeological and palaeontological materials Please supply full description & motivation on a separate sheet of paper. For archaeological and palaeontological materials Please supply full description & motivation on a separate sheet of paper. For archaeological and palaeontological materials								
5.	Era/period/age/date of object(s) D 1945 2 1928 - 1948								
6.	Museum or University accession number:								
7.	Museum or University loan number:								
8.	For palaeontological and archaeological materials and meteorites give geographical situation of site / 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#:								
10.	Gazette:								
11.	Present location of object(s): 35 CLEVELAND ROAD								
	SANDAURST SANDTON 2196								
12.	Please supply a photograph or drawing of object(s) destined for permanent export with a suitable scale.								
c.	DETAILS FOR APPLICATION TO EXPORT								
13.	Name and address of person/institution to whom it is being exported: BONITAMS								
	101 NEW BOND STREET								
	SZIZIW WOGNES								
	Phone: (H) (W) 207 448 8355 (C) Fax: 207 468 5839 E-mail: GLIES PEPPLATE @bonhams Com								
14.	·								
	Temporary Export: For: Identification Analysis Dating Restoration Exhibition Sale Other								
	Permanent Export: For: Identification Analysis Dating Restoration Exhibition Sale Other								
	l Please circle relevant words and supply full description on a separate sheet of paper.								
	2 In the case of significant heritage objects travelling overseas for exhibition please supply copy of loan agreement.								

15.	Please supply documentation indicating the present condition of the object.						
16.	6. Please supply written undertaking of South African cultural institution that the object will be returned in						
	the same condition.						
17	In the case of terms are supported to the state of the st						
17.	17. In the case of temporary export, for what period will the object be exported?:						
	From: To:	······································					
D. DISP	DETAILS FOR APPLICATION TO DESTROY, DAMAGE, PERSE	DISFIGURE, ALTER OR					
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 FO	OR PRIVATE GAIN					
22.	Reason for application (Please supply full motivation on separate s						
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						
Ι,	PENCLOPE ANNE CULVERNE	L					
	ertake strictly to observe the terms, conditions, restrictions, reth the Council may issue the permit to me.	egulations and guidelines, under					
	W Vice is	Laudtor					
(Signati	ature of Applicant. Note: if neither the applicant nor the Institution qualifies as the ow	ner then a letter of approval from the owner must					
be inclu	cluded in the documentation) Da	te: 7/8/2012					
Wher	ere the object(s) reside in a public institution:						
	Head of						
	h African institution/ responsible department, where the applicant is based) by state that I support the application.						
Signa	ature: Da	te:					

Online Banking

Pay Recipients

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

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