

KWAZULU-NATAL**APPLICATION FORM E****AMAFA AND RESEARCH INSTITUTE**THE KZN PROVINCIAL HERITAGE RESOURCES
AUTHORITY

Ref:
Date Received:
Application no:
Approved: Not Approved:
Date of Permit:
Permit No:

APPLICATION IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (SECTION 40(4)) FOR A PERMIT TO EXHUME, REMOVE FROM ORIGINAL POSITION, DISTURB, DAMAGE, OR DESTROY, COLLECT/OWN ARTEFACTS & OBJECTS ASSOCIATED WITH BATTLEFIELD SITES, ARCHAEOLOGICAL SITES, ROCK ART SITES, PALAEOONTOLOGICAL SITES, AN HISTORIC FORTIFICATION, METEORITE OR METEORITE IMPACT SITES

THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. APPLICATIONS ON NON-COMPLIANT FORMS WILL NOT BE PROCESSED
Form B or C must be used for destruction of graves. Form D must be used for s40(1). Form H must be used for sites permanently protected and included in the Heritage Register or the Schedule of Heritage Sites. Form H(a) must be used for applications for alterations to memorials. Form I must be used if work has commenced/ been completed without a permit.

NB: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE ACT (5/2018) TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION (Consult the attached guidelines before completing this form)

ALL APPLICATION FORMS, REQUIRED SUPPORTING DOCUMENTATION AND PROOF OF PAYMENT MUST BE SUBMITTED TO THE KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE AS PER THE GUIDELINES ATTACHED,

A. DECLARATION BY OWNERI, LYNETTE WADLEY

(full names of owner/person authorized to sign) undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which the KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE may issue the permit to me.

Signature L WadleyPlace MELKRIUIER Date 4th October 2019

(The owner of the property must fill in these details and those in Section E: 3 and sign this document and any plans or other documents submitted in support of this application)

B. PROPERTY DESCRIPTION:

N/A

Name of property: BORDER CAVETitle Deed No.

Erf/Lot/Farm No:

GPS Co-ordinates

Street Address:

Local Municipality

District Municipality

Traditional Authority Area

C. SIGNIFICANCE:

1. Status of the Site:

Battlefield site		Archaeological site	X	Rock Art Site		Palaeontological site	
Meteorite Site				Meteorite Impact Site			

2. Historical/Military Significance:

N/A

References

3. Archaeological Significance:

The sand from the site needs to be chemically tested for iron oxide and various elements
The site is being excavated with a permit from Amwaka

References

Backwell et al 2018 J. Field Archaeology

4. Rock Art significance:

N/A

References

5. Palaeontological Significance

N/A

References

6. Meteor Impact Significance

N/A

References

D. PROPOSED WORK

1. Purpose of Application (Indicate the reason by marking the relevant box)

Exhumation		Removal from original position		Damage	
Destruction		Change of ownership		Collection	X

2. Summary of Motivation for proposed work (A full report must accompany this application)

The full report is on line.
 Border Cave sand (4 teaspoons) was collected for chemical testing by SEM-EDS. We do not have this instrument at Wits, so collaborator Dr D. Rosso will do the analysis in France.

5. Summary of Details of the proposed work: (A full report must accompany this application)

The full report is on line
 3 archaeological layers have sieved sand for chemical testing (a few grams from each)
 1 sample is of the geological roof spall.
 These will be chemically tested using SEM-EDS.

E. CONTACT DETAILS

1. CONTRACTOR (the person who will do the work – other than the heritage practitioner)

NAME		N/A	
POSTAL ADDRESS			
			POST CODE
TEL	FAX		
CELL	QUALIFICATIONS		
REGISTRATION OF INDUSTRY REGULATORY BODY:			

The person to whom the samples will be sent in France

2. HERITAGE PRACTITIONER/CONSERVATOR

NAME DR DANIELA ROSSO	
POSTAL ADDRESS Univ. Côte d'Azur	
24 Ave des Diablos Bleus, Nice, France	POST CODE F 06357
TEL 33(0)4-89-15-23-76	FAX N/A
CELL	ASAPA REG. NO. N/A
SIGNATURE Not available - she is in France	DATE 4 th Oct 2019

3. OWNER OF PROPERTY (Owner or delegated person to sign on the front of this form)

NAME L. WADLEY	
POSTAL ADDRESS PO Box 1139 VAALWATER	
	POST CODE 0530
TEL 083 609 1464	FAX —

4. DELEGATED AUTHORITY (The name of the person authorized to act on behalf of a company or institution - Power or Attorney/proof of authorization to be attached)

NAME N/A	
TEL	FAX

F. SUBMISSION FEE: R800.00 (subject to annual increment on the 1 April)

The submission fee is payable to the KwaZulu-Natal Amafa And Research Institute by bank deposit/internet banking (EFT) and proof of payment must be submitted with the application.

ACCOUNT DETAILS:

ABSA BANK: Branch: ULUNDI Bank Code: 630330
 Account in the name of **AMAFA AKWAZULU-NATALI**
 Account No. 40-5935-6024
 USE FARM/TRIBAL AUTHORITY AREA NAME AS REFERENCE

G. PUBLIC PARTICIPATION: (Contact details of Interested and Affected Parties Consulted - written opinion to be attached to form and drawings to be signed by I & A P. See Guidelines)

Name N/A
 Telephone _____ Fax _____

H. CHECKLIST OF SUPPORTING DOCUMENTATION

	YES	NO
APPLICATION FORM (COMPLETED & SIGNED BY OWNER & REPORT AUTHOR)	✓	
MOTIVATION/INCEPTION REPORT	✓	
PHOTOGRAPHS	✓	
ORIGINAL DRAWINGS	N/A	
PLANS (X2 SETS) - NUMBERED AND COLOURED	N/A	
PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card)	N/A	
PROOF OF PUBLIC PARTICIPATION - WRITTEN OPINIONS ATTACHED	N/A	
PAYMENT/PROOF OF PAYMENT	✓	