



agriculture, forestry & fisheries

Department:
Agriculture, Forestry and Fisheries
REPUBLIC OF SOUTH AFRICA

Private Bag X2, Roggebaai, 8012

Tel: 086 000 3474

Website: www.daff.gov.za

APPLICATION IN TERMS OF SECTION 21 OF THE MARINE LIVING RESOURCES ACT, 1998 (ACT NO. 18 OF 1998) FOR THE TRANSFER OF A RIGHT TO UNDERTAKE COMMERCIAL FISHING

NB. *Kindly note the information requested in this application form are mandatory for the consideration of your application and **must** be provided. Failure to provide the information as requested may lead to the rejection of your application.*

SECTION A (To be completed by the transferor / seller)

COMPLETE IN BLOCK LETTERS (WHERE APPLICABLE)

1. NAME OF TRANSFEROR (No trade names):

2. IDENTITY NUMBER (individual) / REGISTRATION NUMBER (company / close corporation):

3. POSTAL ADDRESS:

POSTAL CODE:

4. STREET ADDRESS:

POSTAL CODE:

5. TELEPHONE NO.:

6. FACSIMILE NO.:

7. FISHING SECTOR (S):

.....

8. Complete the *table below and provide full particulars of shareholders and beneficiaries when the long-term right was first allocated:

FULL NAME	**ID. OR REG. NO	NATIONALITY (e.g. South African)	SHARE-HOLDING (%)	RACE (e.g. Black or white)	SIGNATURE

*Kindly note that if the number of shareholders and beneficiaries exceed the space provided above, please provide the additional information on a separate sheet.

**Please provide certified copies of shareholders and beneficiary ID. Or Reg. No. to verify the entries to be correct.

SECTION B (To be completed by the transferee / purchaser)

COMPLETE THE BLOCK LETTERS (WHERE APPLICABLE)

1. NAME OF TRANSFEREE:

2. IDENTITY NUMBER (individual) / REGISTRATION NUMBER (company / close corporation):

3. POSTAL ADDRESS:

POSTAL CODE:

4. STREET ADDRESS:

POSTAL CODE:

5. TELEPHONE NO.:

6. FACSIMILE NO.:

7. FISHING SECTOR (S):

.....

8. Complete the *table below and provide full particulars of shareholders and beneficiaries of the transferee / purchaser:

FULL NAME	**ID. / REG. NO	NATIONALITY (e.g. South African)	** SHARE-HOLDING (%)	RACE (e.g. Black or white)	**HISTORY OF INVOLVEMENT IN THE FISHING INDUSTRY	SIGNATURE

* Kindly note that if the number of shareholders and beneficiaries exceed the space provided above, please provide the additional information on a separate sheet.

** Please provide certified copies to verify the entries to be correct.

9. Please indicate whether you or in the case of a company, close corporation and trust, any of your directors, shareholders, members, trustees or beneficiaries were allocated any other commercial fishing rights: YES NO

a. If YES, provide full and certified details of such allocations. In the case of a company, close corporation and trust, please provide full and certified details in respect of each director, shareholder, member, trustee or beneficiary.

10. Please provide full and certified details in respect of the following:

a. How many of your employees receive benefits such as a pension, medical aid, housing subsidies, workmen’s compensation, profit participation schemes, etc? Also indicate how many of your staff are full-time and part-time employed as well as the number of male and female employees

- b. A certified copy of your most recent audited financial statements.

SECTION C *(To be completed by both the transferor and the transferee)*

1. DECLARATION BY THE TRANSFEROR

I, in my capacity as transferor/duly authorized representative, declare and warrant that the information and all documentation submitted to the Department in connection with this application is true, correct and complete and shall form the basis of the application. I am also authorized to act on behalf of the transferor in issues related to this application. I understand that any misleading statement or non-disclosure of information which materially affects the assessment/evaluation of this application may disqualify or render this application void and may also lead to the revocation of any right so transferred on the basis of this application. I hereby irrevocably authorize any institution, organs of state or person who possesses or acquires any information concerning or related to my application to disclose or make available such information to the Department.

SIGNATURE OF THE TRANSFEROR/DULY AUTHORISED REPRESENTATIVE

FULL NAME OF THE TRANSFEROR/DULY AUTHORISED REPRESENTATIVE:

CAPACITY: _____

DATE: _____

2. DECLARATION BY THE TRANSFEREE

I, in my capacity as transferee/duly authorized representative, declare and warrant that the information and all documentation submitted to the Department in connection with this application is true, correct and complete and shall form the basis of the application. I am also authorized to act on behalf of the transferor in issues related to this application. I understand that any misleading statement or non-disclosure of information which materially affects the assessment/evaluation of this application may disqualify or render this application void and may also lead to the revocation of any right so transferred on the basis of this application. I hereby irrevocably authorize any institution, organs of state or person who possesses or acquires any information concerning or related to my application to disclose or make available such information to the Department.

SIGNATURE OF THE TRANSFEREE/DULY AUTHORISED REPRESENTATIVE

FULL NAME OF THE TRANSFEREE/DULY AUTHORISED REPRESENTATIVE

CAPACITY: _____

DATE: _____

