

APPLICATION FORM G



KWAZULU-NATAL
AMAFA
& RESEARCH INSTITUTE

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

PERMIT APPLICATION IN TERMS OF THE KZN AMAFA AND RESEARCH INSTITUTION ACT (SECTION 40(8)) FOR THE TRADE IN, EXPORT OR ATTEMPT TO EXPORT FROM THE PROVINCE OF ANY CATEGORY OF ARCHAEOLOGICAL OBJECT, ANY PALAEOLOGICAL MATERIAL, ANY ECOFACT, ANY OBJECT WHICH MAY REASONABLY BE REGARDED AS HAVING BEEN RECOVERED FROM A BATTLEFIELD SITE, ANY MATERIAL CULTURAL ARTIFACT, OR ANY METEORITE

PLEASE NOTE: IT IS AN OFFENCE IN TERMS OF THE KWAZULU-NATAL HERITAGE ACT, 2008 TO MAKE ANY FALSE STATEMENT OR FAIL TO PROVIDE REQUIRED INFORMATION IN THIS APPLICATION. THE ONUS IS ON THE APPLICANT TO ENSURE THAT THE CURRENT APPLICATION FORM IS USED. Application forms are available on the website www.heritagekzn.co.za - "Permits" – Form G

ALL APPLICATION FORMS, PHOTOGRAPHS, MOTIVATION, AND PROOF OF PAYMENT ARE TO BE DELIVERED TO: The KwaZulu-Natal Amafa and Research Institute, 195 LANGALIBALELE (LONGMARKET) STREET, PIETERMARITZBURG, 3201 OR POSTED TO: BOX 2685 PIETERMARITZBURG 3200. Enquiries 033-394 6543 or Fax 033-394 6552 (For proof of payment not applications)

A. DECLARATION BY OWNER

I, _____
(full names of owner/person authorized to sign) undertake strictly to observe the terms, conditions, restrictions, by-laws and directions under which Amafa aKwaZulu-Natali may issue the permit to me.

Signature _____

Place _____ Date _____

(The owner of the object must fill in these details and sign this document and any other documents submitted in support of this application)

B. DESCRIPTION OF THE OBJECT/S:

Name of object:

Origin of object:

Museum/Collection of which object/s form part

Museum/Collection classification/documentation/inventory no.

C. SIGNIFICANCE OF THE OBJECT/S:

1. Type of object:

| | | | | | |
|------------------------------|--|-----------------------|--|------------------|--|
| Object from Battlefield site | | Archaeological object | | Palaeontological | |
|------------------------------|--|-----------------------|--|------------------|--|

| | | | | |
|---------|--|----------------------------|-----------|--|
| | | | object | |
| Ecofact | | Material Cultural artefact | Meteorite | |

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| 2. HISTORICAL/MILITARY SIGNIFICANCE: |
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| References |
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| 3. ARCHAEOLOGICAL SIGNIFICANCE: |
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| References |
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| 4. PALAEOONTOLOGICAL SIGNIFICANCE: |
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| References |
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| 5. ECOLOGICAL SIGNIFICANCE: |
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| References |
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| 6. MATERIAL CULTURAL SIGNIFICANCE: |
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| References |
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| 7. METEORITE SIGNIFICANCE: |
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| References |
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D. PROPOSED ACTION

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

| | | | | | |
|-----------------------------------|--------------------------|------------------------------------------------------------|--------------------------|--------------------------------------------|--------------------------|
| Trade | <input type="checkbox"/> | Export for temporary exhibition purposes | <input type="checkbox"/> | Export for purposes of scientific analysis | <input type="checkbox"/> |
| Expatriation to country of origin | <input type="checkbox"/> | Export as part of permanent agreement between institutions | <input type="checkbox"/> | Export due to owner emigrating from S A | <input type="checkbox"/> |

2. Motivation for proposed action (Please motivate fully)

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4. Detail of the proposed action:

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5. Location to which Object/s will be sent:

Name of Institution/New Owner:

Physical Address where object is to be housed:

Country:

6. Export Permit No.

7. Import Permit No.

E. CONTACT DETAILS

1. SHIPPING AGENT/CONTRACTOR (the person who will do the work)

| |
|------|
| NAME |
|------|

| | |
|-------------------------------------------|----------------|
| POSTAL ADDRESS | |
| | POST CODE |
| TEL | FAX/EMAIL |
| CELL | QUALIFICATIONS |
| REGISTRATION OF INDUSTRY REGULATORY BODY: | |

2. HERITAGE PRACTITIONER/CONSERVATOR

| | |
|----------------|----------------|
| NAME | |
| POSTAL ADDRESS | |
| | POST CODE |
| TEL | FAX/EMAIL |
| CELL | ASAPA REG. NO. |
| SIGNATURE | DATE |

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

| | |
|----------------|-----------|
| NAME | |
| POSTAL ADDRESS | |
| | POST CODE |
| TEL | FAX/EMAIL |

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 | |
| TEL | FAX/EMAIL |

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 **the KZN Amafa and Research Institute**

Account No. 40-5935-6024

USE NAME OF OWNER-TRADE/EXPORT 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)

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|-----------|
| Name |
| Telephone |
| Fax |

H. CHECKLIST OF SUPPORTING DOCUMENTATION

YES NO

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|-----------------------------------------------------------------|--|--|
| APPLICATION FORM (COMPLETED & SIGNED BY OWNER &/ REPORT AUTHOR) | | |
| MOTIVATION REPORT | | |

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|-----------------------------------------------------------------------|--|--|
| PHOTOGRAPHS OF OBJECTS | | |
| LETTER FROM NEW OWNER/TRANSFER OF OWNERSHIP DOCUMENT | | |
| TEMPORARY EXPORT PERMIT | | |
| PROOF OF PROFESSIONAL ACCREDITATION (e.g. copy of accreditation card) | | |
| PROOF OF PUBLIC PARTICIPATION – WRITTEN OPINIONS ATTACHED | | |
| PAYMENT/PROOF OF PAYMENT | | |

KWAZULU-NATAL AMAFA AND RESEARCH INSTITUTE

THE KZN PROVINCIAL HERITAGE RESOURCES AUTHORITY
(accredited in terms of the National Heritage Resources Act)

GUIDELINES FOR THE PREPARATION OF PERMIT APPLICATIONS IN TERMS OF THE KZN AMAFA AND RESEARCH INSTITUTION ACT (SECTION 40(8)) FOR THE TRADE IN AND EXPORT OR ATTEMPT TO EXPORT FROM THE PROVINCE OF ANY CATEGORY OF ARCHAEOLOGICAL OBJECT, ANY PALAEOLOGICAL MATERIAL, ANY ECOFACT, ANY OBJECT WHICH MAY REASONABLY BE REGARDED AS HAVING BEEN RECOVERED FROM A BATTLEFIELD SITE, ANY MATERIAL CULTURAL ARTIFACT, OR ANY METEORITE

Please detach from the form before submission

APPLICATION FORMS

All applications must be made on the relevant official application form and must be accompanied by the relevant supporting documentation.

Forms B or C must be used for actions that impact on graves.

Form D must be used for permits for destruction, damage, excavate, alter, write or draw upon (trace), or otherwise disturb any battlefield site, archaeological site, rock art site, palaeontological site, historic fortification, meteorite or meteorite impact site.

Form H must be used for work on sites that are proclaimed or on sites protected as Heritage Landmarks (previously National Monuments) and sites listed in the Heritage Register.

Form H(a) must be used if the site contains a memorial.

Form I must be used for approval of work undertaken on a site that was protected at the time the work was started/completed prior to approval, irrespective of who undertook the work.

A. DECLARATION: The owner must sign the form and any accompanying documentation and must consent to submissions by a third party/agent.

B. DESCRIPTION OF THE OBJECT/S: name the objects and provide information on the provenance and current collection documentation/cataloguing numbers, etc.

C. SIGNIFICANCE:

1. **Type of object:** tick the appropriate box
2. **Historical/Military Significance:** give a brief synopsis of the history of the site
3. **Archaeological Significance:** summarise the significance objects and the peoples and period/s associated with it
4. **Palaeontological Significance:** briefly describe the type of fossils and their significance.
5. **Ecological significance of the ecofact:** briefly describe the type of ecofacts and their significance.
6. **Material Cultural Artifact Significance:** give a brief description on the material and its significance
7. **Meteorite Impact Significance:** briefly describe the impact, its extent and impact on the earth.

D. PROPOSED ACTION: Motivate and give full details of the proposed trade or export.

E. CONTACT DETAILS: fill in the required documentation where applicable to the application. All other fields must be completed. **THE OWNERS MUST SIGN THE APPLICATION FORMS!! PERMITS ARE NOT TRANSFERABLE**

F. A SUBMISSION FEE – a service fee determined by the Council of the Institute is payable on submission of all applications. The application will not be registered as submitted if the proof of payment is not attached.

G PUBLIC PARTICIPATION: (Contact details of Interested and Affected Parties Consulted - written opinion to be attached to form). Where possible descendants of the previous owners of the objects must be contacted, and their approval obtained. Local Archaeological and Heritage Societies and Museums must be consulted. Use a separate sheet to list the I & A parties consulted.

1. SUPPORTING DOCUMENTATION: SUPPORTING DOCUMENTATION:

1.1. CURATOR'S REPORT: The report must fully describe the significance of the objects and the reasons for the proposed trade or export in them.

1.2. PHOTOGRAPHS OF THE OBJECTS:

Photographs that clearly illustrate the objects relevant to the application must be submitted.

2. SUBMISSION OF APPLICATIONS: Application forms can be downloaded from www.heritagekzn.co.za – look under the “Permits” tab - download forms – Form G. Electronic submissions can be uploaded to the sahris system operated by the South African Heritage Resources Agency www.sahra.org.za. In the case of a failure of the sahris system the application can be emailed to collections1@amafapmb.co.za and bernadetp@amafapmb.co.za. The application must also be submitted in hard copy delivered to 195 Langalibalele Street, Pietermaritzburg, 3201 OR posted to Box 2685, Pietermaritzburg, 3200. **When submitting on sahris note that you must check “Permits” under the case type and KZN – Amafa** for the Provincial Heritage Resources Authority.

The applicant is the “owner” and the heritage practitioner/curator is the “Consultant” and the correct fields must be completed.

The Consent Letters allowing a Consultant to act on behalf of the owner and/or to upload the case to sahris must be placed in the correct boxes which are blocked from public view.

The proof of payment must also be loaded to the designated box to prevent members of the public obtaining banking details, etc from the document.

3. PROCESSING OF APPLICATIONS: applications are processed in the order in which they are received, except during the December/January holiday break. The Institute will receipt the application and alert the applicant to any missing information within 2 weeks of submission. Allow 90 days for processing of complex applications as these may be submitted to external reviewers. Lobbying of external reviewers will disqualify the application and it will not be processed. Written responses to applications will be uploaded to Sahrís. Telephonic or e-mails enquiries will not be responded to.

***PLEASE NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. Allow 90 days from the receipt of all required documentation**

AMAFAPA
& RESEARCH INSTITUTE