



agriculture, land reform
& rural development
Department:
Agriculture, Land Reform and Rural Development
REPUBLIC OF SOUTH AFRICA



Western Cape
Government
FOR YOU

APPLICATION FOR THE REGISTRATION OF HOLDINGS FOR THE KEEPING OF ZEBRA IN THE AHS CONTROLLED AREA

Version 3

Holdings for the keeping of zebra must be registered in terms of Regulation 20B (2) of the Animal Diseases Act, 1984 (Act No. 35 of 1984) as amended in Government Notice No. R. 558 of 22 May 2009.

IMPORTANT NOTICE

- a) Please complete this form, preferably typed in text, and email to move@myhorse.org.za
- b) Records relating to the information supplied in this application must be kept for auditing purposes for five years.

Application type: (please tick and complete the current registration number as appropriate)

1.1. New application ☐

(Please complete Section 1 and 2 in full)

1.2. Change of ownership ☐

Current Registration no: ZKR _____

(Please complete section 1A, 1B and Section 2 in full)

1.3. Three yearly re-registration ☐

Current Registration no:

ZKR _____

(Please complete Section 1B and 2 in full)

1.4. Amendment to current registration ☐

Current Registration no: ZKR _____

(Please complete Section 1B, Section 2 and the section relevant to the amendment in full)

Section 1

(A) Details of owner or manager / person responsible for the zebra:

Owner of land:	ID number/Registration number:
Manager / Responsible person (if not owner):	ID number:
Postal address:	Code:
Email:	Tel /cell no:



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(B) Details of zebra

Approximate number of zebra on holding:	Approximate number of zebra to be kept on holding
Species of zebra on holding (if more than 1 please indicate respective numbers of each species in brackets):	Origin of zebra:

(C) Holding details (If additional space is needed, attach a signed and clearly numbered sheet to this application):

Name of holding to be registered: _____

Local Municipality: _____ Local Municipality Code: _____

Size of land to be registered: _____ ha

N	Farm name and portion(s) to be registered ,as per title deed:	Farm number:	Geographical Co-ordinates:
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(D) The following documents are compulsory and must be attached to the application (confirm by ✓ the boxes):

Proof of land ownership and authorization (if required)		Letter or certificate from Cape Nature Conservation confirming adequate fencing		Map showing exact extent of land to be registered with boundaries and other distinct features such as roads etc.	
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Section 2:

I, _____ (full name and surname), the **APPLICANT**, hereby **confirm that:**

- 1) All the information supplied by me on this application form is, to the best of my knowledge, true;
- 2) I will not move or allow any zebra to move onto, off or through this holding unless a veterinary movement permit for such movement has been issued by state veterinarian: Boland (SV: Boland) in terms of Regulation 20 of the Animal Diseases Act 1984 (Act no 35 of 84);
- 3) I will re-register this holding in three years from date of issue of the Zebra Keeping Registration and will inform SV Boland timeously of any changes to the ownership or boundaries of the holding;
- 4) I am the legal owner of the land or have been authorised by the owner to make this application on his/her behalf.
- 5) Where the maintenance of section(s) of the required fence are currently not my responsibility, I hereby declare that I shall take full responsibility for those section(s) of the fence when they are no longer being maintained.
- 6) If zebra are no longer kept on this holding for a period of 6 months, I will inform SV Boland and I am aware that the Zebra Keeping Registration for this holding will be withdrawn.

Signature of applicant: _____

Date: _____

I, Dr _____, **DAFF authorized veterinarian working under supervision of SV Boland, hereby confirm that:**

- 1) All the information supplied to me on the application form by the owner/manager/responsible person of....., is to the best of my knowledge true; and
- 2) The holding has been loaded onto the myHorse system and no irregularities were noted during this process.

Signature: _____

Date: _____

I, Dr _____, **state veterinarian: Boland, hereby recommend the registration of the holding(s) described above for the keeping of zebra and confirm that:**

- 1) I have consulted with the local state veterinarian regarding the registration of this holding for the keeping of zebra;
- 2) I have confirmed, to the best of my knowledge, that the portions of this holding are correctly described and recorded;
- 3) Sufficient resources are available to monitor the conditions on the above mentioned land on a regular basis (at least once every three years) and that it will be possible to follow up irregularities promptly.

Remarks:

Signature of SV Boland: _____ **Date:** _____

Official Zebra Keeping Registration no: ZKR _____ **Date:** _____

Signature of DAFF -DAH State Veterinarian: _____