

SAPS Accreditation number 1300141

NPO Number: 320-602

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APPLICATION FOR PROFESSIONAL HUNTER (SECTION 16A) STATUS

APPLICANT'S PERSONAL INFORMATION:

| | | | |
|---------------------|--|-----------|--|
| SURNAME | | | |
| FULL NAMES | | | |
| ID NUMBER | | | |
| CPHC-SA MEMBER NO | | | |
| RESIDENTIAL ADDRESS | | | |
| | | | |
| POSTAL ADDRESS | | | |
| | | | |
| CELL NUMBER | | LANDLINE: | |
| EMAIL ADDRESS | | | |

PROFESSIONAL HUNTING INFORMATION:

Please list all your valid provincial permit details below. Please attach additional pages, should you need more space.

| Province | Permit No | Expiry Date |
|----------|-----------|-------------|
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EXCO: Jacques Senekal (chair) – Craig Kelly-Maartens - Douw Pelser – Jannie Otto – Mark Ivy – Michael Botha - Mike Currie - WJ Theron

CEO: Adri Kitshoff-Botha



**FIREARMS:**

Please list the calibres of all the firearms registered on your name

| Caliber | Manufacturer | Type of firearm | Action | Serial Number |
|---------|--------------|----------------------------------|---|---------------|
| | | Revolver, Pistol, Rifle, Shotgun | Semi-automatic, Bolt, Lever, Pump, etc. | |
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Documentation to be attached by applicant:

| | | | |
|---|--|---|--|
| Confirmation of ID Document attached | | Confirmation of current PH Licence | |
| Passed PH Course, Certificate | | Last, entered page in PH register | |

Declaration

I hereby give Custodians of Professional Hunting & Conservation South Africa, in accordance with the Requirements of the Section 16A, to render information pertaining to me to the CFR. (Central Firearm Registry). I declare that I fully understand and abide by the content of Custodians of Professional Hunting & Conservation South Africa Constitution.

EXCO: Jacques Senekal (chair) – Craig Kelly-Maartens - Douw Pelser – Jannie Otto – Mark Ivy – Michael Botha - Mike Currie - WJ Theron
CEO: Adri Kitshoff-Botha





I hereby declare that the information given in this document and any attachments hereto is the truth.

Signature

Date

FOR OFFICE USE:

Date Received: _____

Date Approved:

Reason for refusal (if applicable) _____

Signed: President (or his/her delegate in terms of the Association's Rules)

