

## ANNEXURE D

### APPLICATION FOR A METEORITE PERMIT

**TO DESTROY, DAMAGE, EXCAVATE, ALTER, DEFACE OR OTHERWISE DISTURB  
ANY METEORITE,**

**OR**

**DESTROY, DAMAGE, EXCAVATE, REMOVE FROM ITS ORIGINAL POSITION, OR  
COLLECT ANY METEORITE**

**OR**

**BRING ONTO OR USE ANY EXCAVATION EQUIPMENT OR ANY EQUIPMENT THAT  
ASSISTS IN THE DETECTION OR RECOVERY OF METALS, OR USE SUCH EQUIPMENT  
FOR THE RECOVERY OF METEORITES**

**PROTECTED IN TERMS OF SECTION 35(4) OF THE NATIONAL HERITAGE  
RESOURCES ACT  
(ACT 25 OF 1999)**

**FILL IN ALL SECTIONS RELATING TO YOUR APPLICATION.**

#### **1. DETAILS OF METEORITE AND SITE ON WHICH IT IS/WAS SITUATED**

- 1.1 Name of meteorite (if any): .....
- 1.2 Type of meteorite: .....
- 1.3 Is it a complete meteorite / shattered fragment / purposefully removed section? .....
- 1.4 Mass of meteorite / sample: .....
- 1.5 Associated history of meteorite (please supply details separately if necessary) .....
- 1.6 Name and physical address of site: .....
- 1.7 Erf/Stand/Farm name and number: .....
- 1.8 Type of site (Supply a short description of the site): .....
- 1.9 Magisterial district in which the site is situated: .....
- 1.10 Current use of property: .....
- 1.11 Geographical coordinates of the site, place or structure (mark the position of the site on a copy of a 1:10 000 or 1:50 000 map and include this in your application):
- 1.11.1 Name and number of 1:50 000 (or larger scale) map: .....
- 1.11.2 Latitude and longitude (where possible supply decimal version): .....
- 1.11.3 Spatial Referencing System:
- Global position Datum: Old Cape / WGS84 / Other (Please specify date of reading): .....
- Trigonometry Date of map: .....
- Other Date of recording: .....

#### **2. DETAILS OF APPLICANT**

- 2.1 Name and Title: .....
- 2.2 Address: .....
- 2.3 Postal code: .....
- 2.4 Contact numbers:
- 2.4.1 Home: Telephone area code: (.....) Telephone number: .....
- 2.4.2 Office: Telephone area code: (.....) Telephone number: .....
- 2.4.3 Facsimile area code: (.....) Facsimile number: .....
- 2.4.4 Cellular phone number: .....
- 2.4.5 E-mail: .....
- 2.5 Qualifications and experience of the applicant:
- 2.5.1 Qualifications and experience of the applicant: .....
- 2.5.2 Current academic status of the applicant: .....
- 2.6 Identity number / Passport number of the applicant: .....

2.7 Declaration of applicant: I, ..... hereby declare that I undertake to comply with the conditions and restrictions or directions under which Heritage Western Cape may issue the permit for which I am applying.

Signature of applicant: \_\_\_\_\_ Date: .....

2.8 Declaration of Research Supervisor if applicant is a research student: I, ..... hereby declare that I will support this project and will assist the student to comply with the conditions and restrictions or directions under which Heritage Western Cape may issue the permit for which this student is applying.

Signature of Research Supervisor: \_\_\_\_\_ Date: .....

3. **NAME AND ADDRESS OF AUTHORISED REPRESENTATIVE(S) OF THE APPLICANT**

3.1 Name and Title: .....

3.2 Address: .....

3.3 Postal code: .....

3.4 Contact numbers:

3.4.1 Telephone area code: (.....) Telephone number: .....

3.4.2 Facsimile area code: (.....) Facsimile number: .....

3.4.3 Cellular phone number: .....

3.4.4 E-mail: .....

3.5 Identity number:.....

3.6 Qualifications and/or relevant experience of authorised representative: .....

3.7 Will this authorised representative undertake the actions under supervision of the applicant? ..... Yes/No

3.8 Declaration: I, ..... hereby declare that I will undertake the actions under the supervision of the applicant.

Signature: \_\_\_\_\_ Date: .....

4. **DETAILS OF THE REGISTERED OWNER OF THE SITE IF PERMISSION IS REQUIRED TO ENTER THE PROPERTY** (A letter from the owner giving the following details may be submitted)

4.1 Name and Title: .....

4.2 Address: .....

4.3 Postal code: .....

4.4 Contact Numbers:

4.4.1 Telephone area code: (.....) Telephone number: .....

4.4.2 Facsimile area code: (.....) Facsimile number: .....

4.4.3 Cellular phone number: .....

4.4.4 E-mail: .....

4.5 Identity number: .....

4.6 Declaration: I, ..... am fully aware of this application and accept its contents.

Signature of property owner: \_\_\_\_\_ Date: .....

4.7 Owner's comments on proposed action .....

**5. PURPOSE OF THE APPLICATION (indicate with a cross in the appropriate block(s) below)**

- 5.1 Type of work/Nature of activity:
- 5.1.1 Destruction for the purpose of:
  - Analysis       Dating       Restoration       Other
- 5.1.2 Damage for:
  - Analysis       Dating       Restoration       Other
- 5.1.3  Excavation
- 5.1.4  Alteration
- 5.1.5  Defacement
- 5.1.6  Disturbance
- 5.1.7  Removal from its original position, or in the case of a meteorite, its original position of impact
- 5.1.8  Collection
- 5.1.9  Use of excavation equipment or any equipment that assists in the detection or recovery of meteorites (If relevant, provide a motivation for the use of mechanical excavation equipment or any equipment that assists in the detection or recovery of metals or meteorites.)
- 5.2 Period for which permit is requested (maximum three years)/ Proposed date of completion of activity:  
From: ..... To: .....
- 5.3  Re-application for permit    Date and number of previous permit: (dd/mm/yy) .....

**6. DESCRIPTION OF AND MOTIVATION FOR THE ACTION PROPOSED**

(Provide a short description of the proposed action which must be supported by the documentation specified in 9 hereunder, as well as a full motivation for the proposed action, with reference to conservation policy and/or principles, where appropriate.)

**7. DETAILS OF COLLABORATING INSTITUTION WHERE THE APPLICANT WILL BE BASED WHILE UNDERTAKING THE PROJECT**

- 7.1 Name of the collaborating institution: .....
- 7.2 Name of Head of the collaborating institution: .....
- 7.3 Identity number of the Head of the collaborating institution: .....
- 7.4 Address: .....
- 7.5 Postal code: .....
- 7.6 Telephone area code: (.....) Telephone number: .....
- 7.7 Facsimile area code: (.....) Facsimile number: .....
- 7.8 Cellular phone number: .....
- 7.9 E-mail: .....
- 7.10 Declaration of the Head of the collaborating institution: I, ....., in my capacity as ..... of the ....., hereby declare that the applicant will be based at this institution while undertaking the project and that I support the application.

Signature of the Head of the collaborating institution: \_\_\_\_\_ Date: .....

**8. DETAILS OF THE COLLABORATING INSTITUTION WHERE MATERIALS AND RECORDS WILL BE STORED AND CURATED**

- 8.1 Name of the collaborating institution: .....
- 8.2 Name of Head of the collaborating institution: .....
- 8.3 Identity number of the Head of the collaborating institution: .....
- 8.4 Address: .....
- 8.1 Telephone number: .....
- 8.2 Facsimile area code: (.....) Facsimile number: .....
- 8.3 Cellular phone number: .....
- 8.4 E-mail: .....
- Declaration of the Head of the collaborating institution: I, ....., in my capacity as ..... of the ....., hereby declare that the collaborating institution has an official written collections policy and undertakes to store and curate the material and records from this project, once completed.

Signature of the Head of the collaborating institution: \_\_\_\_\_ Date: .....

**9. DOCUMENTATION TO ACCOMPANY THIS APPLICATION**

- 9.1 LOCALITY PLAN showing where the site is, if relevant to this application.
- 9.2 SITE DESCRIPTION (see 1.8), if relevant to this application.
- 9.3 PROJECT DESCRIPTION AND MOTIVATION including relevant scientific background including plans for conservation of the site after the action.
- 9.4 VISUAL AIDS including photographs, videos of the site in its present form, where appropriate. Please provide captions and dates to all photographs.
- 9.5 Details and outcome of any PREVIOUS SUBMISSIONS made to any other authority (the former National Monuments Council (NMC), SAHRA, etc.) in respect to this application.
- 9.6 ANY ADDITIONAL PERTINENT INFORMATION that you believe will assist Heritage Western Cape to consider your application.

**10. PLEASE NOTE**

- 10.1 Unless both the applicant and the head of the department / head of the institution which curates the material, sign the application form, and the registered owner either signs or supplies a letter approving the project, this form will not be processed by Heritage Western Cape.
- 10.2 **Applications are considered to be public documents and are open to public scrutiny. Should you wish your application to be kept confidential, please motivate your request on a separate sheet.**

When completed, please return this form to:

The Secretariat  
Heritage Western Cape Permit Committee  
Private Bag X9067  
CAPE TOWN  
8000

Telephone: 021 424-0410

Fax: 021 424-0457