



Receipt Number: _____ (N\$ 50)

Permit Office 2023/06

**MINISTRY OF ENVIRONMENT, FORESTRY AND TOURISM
Directorate Scientific Services**

Private Bag 13306, Windhoek, NAMIBIA
Tel +264 61 2842111

**APPLICATION FOR A PERMIT TO HARVEST *HARPAGOPHYTUM*
(Devil's Claw)**

Mail (PO Box)

Keep at Reception (Windhoek)

Details of applicant:

First Name(s): _____ Surname: _____

Identification number: _____

Postal address: _____

Residential address: _____

Tel: _____

Fax: _____

Signature: _____

Date: _____

***** NOTICE TO APPLICANT *****

Please complete and attach the documents required in a legible manner and in **English** only.
Applications will **NOT BE PROCESSED UNLESS ALL INFORMATION IS PROVIDED**. Permit office staff **will not contact applicants to provide information**- it will be kept until **all** information is submitted.

Permission from Landowner/Local Authority

I hereby authorize the above-mentioned person to harvest *Harpagophytum* at the following site/land unit, of which I am the legal owner/representative.

Land unit/site:

District:

Name

Residential Address:

Postal Address:

Tel: Fax:

Signature: Date:

Please read instructions overleaf carefully before submitting application to avoid delays

Instructions

1. A permit to harvest *Harpagophytum* will only be issued if this form is fully completed, including the permission by the land owner/representative.
2. Permits will only be valid for one month.
3. Harvesting must be conducted in such a way that the main tap-root is not disturbed and any holes made in the ground must be filled in again.
4. The permit must be returned to the issuing office with the report0back information completed, within 30 days of expiry. Failure to do so will compromise any further applications.

FOR OFFICE USE ONLY

RECOMMENDATIONS: _____

CONDITIONS: _____

APPROVED / NOT APPROVED

Signature _____ Date _____