



Enquiries: Rofhiwa Nethanani: 012 309 8739 / Mavis Matsho: 012 309 8763

**Beekeeper Registration Form**

The information on this form is collected under the authority of the **Agricultural Pests Act, 1983 (Act No. 36 of 1983)** and **Control Measures R1511 of 22 November 2019** relating to Honeybees. Any person who keeps, owns, or is in charge of a colony of honey-bees, whether for commercial, hobbyist or as a bee removal service provider is **legally** required to register **Every 24 months** with the Department of Agriculture, Land Reform and Rural Development (DALRRD) as a Beekeeper. There is no cost involved.

*NB: All fields marked with\* are compulsory*

**A. Purpose: \***     Initial Registration     Renewal Registration     Notice of Change

**B. Information for Postal Communication:**

Trading / Business Name (if applicable):	Postal Address (PO Box or Street):*
Postal Town: *	Postal Code: *

**C. Information of Contact Person:**

Surname: *	Initials: *	Title: *
Email Address:	Cellphone No.: *	Landline No.:

**D. Information of Beekeeping Operation:**

Province: *	Beekeeping Centre(Town Name): *	No. of Colonies( ±):*
Registration No. if Previously Registered:	Other Registration No(s). In use by you:	Number of Apiary Sites( ±):*

**E. Beekeeping Activities \***     Honey Production     Pollination     Bee Removals     Others (Specify):

**F. Type of Business \* (Beekeeper)**     Commercial     Small Scale     Hobbyist     Other (Specify):

**G. Types of Bees \***     *Capensis* (Cape honey bee)     *Scutellata* (African honey bee)

**H.** If you have sold bees or have purchased someone else's, please provide full details: / any other applicable comments:

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**I.** Signed at \* \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

**J.** Signature: \* \_\_\_\_\_ Full Names: \_\_\_\_\_ ID Nr: \_\_\_\_\_

J. For Office use ONLY		
Captured by: _____	Date: _____	Signature: _____
<b>Certificate:</b> Registration Number: _____ Date Posted: _____		

**Return to:** Inspection Services, Private Bag X258, Pretoria, 0001 or Fax: 012 309 8789 or Email: [RofhiwaN@dalrrd.gov.za](mailto:RofhiwaN@dalrrd.gov.za) and Cc [MavisMAT@dalrrd.gov.za](mailto:MavisMAT@dalrrd.gov.za)