



Enquiries:

Rofhiwa Nethanani: 012 319 6342
Brenda Malapane: 060 973 4034

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):		Trading / Business Registration number (if applicable):	
Postal Address (PO Box or Street):			
Postal Code: *			
Physical Address of business operating premises: *			

C. Information of Business 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 *

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:

.....
.....
.....

I. Signed at * _____ on this _____ day of _____ 20____

Signature: * _____ Full Names: _____ ID Nr: _____

J. For Office use ONLY

Captured by: _____ Date: _____ Signature: _____

Certificate: Registration Number: _____ Date Posted: _____

Return to: Inspection Services, Email: beeregister@dalrrd.gov.za