



HONEYBEE REMOVAL/RELOCATION

AGREEMENT CONCLUDED BETWEEN

.....

(Name)

in his/her capacity as the rightful **owner/occupier/manager/letting agent** at *

(* delete those not applicable)

Address:.....

.....

AND

.....

(Bee remover business name)

DALRRD NR: Expiry date:

represented by

.....

(Beekeeper name)

in his/her capacity as the beekeeping service provider

REGARDING

the terms to remove/relocate a honey bee colony from

.....

(Position of the colony; e.g wall cavity, water meter, tree etc.)

At the above mentioned address

OVER THE PERIOD

From: to:

BOTH PARTIES AGREE TO THE FOLLOWING ARRANGEMENTS:

The Beekeeper:

Yes * No *

- | | | |
|--|-------|-------|
| 1. Do a proper assessment/appreciation of the task (removal) | ..... | ..... |
| 2. Provide a detailed quotation | ..... | ..... |
| 3. Using his/her own equipment | ..... | ..... |
| 4. Keep to health and safety regulations | ..... | ..... |
| 5. Restrict access for public by means of danger tape/warning signs | ..... | ..... |
| 6. Avoid risks to public members/animals (stinging episodes) | ..... | ..... |
| 7. Avoid needless damage to structures/property | ..... | ..... |
| 8. Need to dismantle structures/walls/substrate for the removal | ..... | ..... |
| 9. Restore structures/walls that were dismantled | ..... | ..... |
| 10. Removal of the complete colony including all comb and propolis | ..... | ..... |
| 11. Take ownership of the colony, honey, comb and propolis | ..... | ..... |
| 12. Closing off the nest/cavity to restrict future nesting | ..... | ..... |
| 13. Complete the removal within the time limits | ..... | ..... |
| 14. Safe relocation of the colony to an apiary at least 2.5km - 6km away | ..... | ..... |
| 15. Leave the site neat and tidy after the removal | ..... | ..... |

(* mark with a X)

The Owner/Occupier/Manager/Agent:

Yes * No *

- | | | |
|---|-------|-------|
| 1. Inform his/her neighbours of the removal (safety and risks involved) | ..... | ..... |
| 2. Provide free access for the beekeeper to the property | ..... | ..... |
| 3. Provide water and electricity free of charge to complete the task | ..... | ..... |
| 4. Keep to health and safety regulations | ..... | ..... |
| 5. Restore structures/walls that were dismantled | ..... | ..... |
| 6. Closing off the nest/cavity to restrict future nesting | ..... | ..... |
| 7. Pay the beekeeper as agreed | ..... | ..... |

(* mark with a X)

The amount of: R..... will be paid on/by: (Date)

SIGNED at on the day of 20.....

Beekeeper

Owner/Occupier/Manager/Letting agent

ID NO:

ID NO:

NAME:

NAME:

SIGNATURE:

SIGNATURE: