agriculture
Department:
Agriculture
REPUBLIC OF SOUTH AFRICA

Enquiries:
Rofhiwa Nethanani: 012 319 6342
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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 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:

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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