



Enquiries:

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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 <input type="checkbox"/>	Renewal Registration <input type="checkbox"/>	Notice of Change <input type="checkbox"/>
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**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 <input type="checkbox"/>	Pollination <input type="checkbox"/>	Bee Removals <input type="checkbox"/>	Others (Specify):
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**F. Type of Business \***

Commercial <input type="checkbox"/>	Small Scale <input type="checkbox"/>	Hobbyist <input type="checkbox"/>	Other (Specify):
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**G. Types of Bees \***

Capensis (Cape honey bee) <input type="checkbox"/>	Scutellata (African honey bee) <input type="checkbox"/>
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**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: _____
<b>Certificate:</b> Registration Number: _____ Date Posted: _____		

**Return to: Inspection Services, Email: [beeregister@dalrrd.gov.za](mailto:beeregister@dalrrd.gov.za)**