MINISTRY OF ENVIRONMENT AND TOURISM
Directorate: Scientific Services
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APPLICATION FOR A PERMIT TO HARVEST *HARPAGOPHYTUM* (DEVIL'S CLAW)

☐ **First Application**   ☐ **Renewal of Permit**

☐ **Group Application**   ☐ **Individual application (please tick)**

Harvester group's name (**see below**):...

Individual harvester's surname: ....

Individual harvester's first name: .... Title:..

Individual harvester's Identification Number: ....

Harvester group leader's Identification Number (if appropriate): ....

Postal address:...

Residential address: ....

Region: .... Area:...

Tel:.. Fax:...

If more than one harvester is applying for a group permit, please attach a list to this application form giving names of all harvesters who must be included on the 'Harvest' group permit.

Signature: .... Date:...

Permission from the land owner/Local Authority

I hereby authorise the above mentioned person to harvest *Harpagophytum* at the following site/land unit, of which I am the legal owner/representative.

Land unit/site:..

Constituency: .... Region:..

Surname:.. First name:...

Position: (landowner, Traditional Leader, Community Forest Committee) ....

Postal address: ....

Residential address:..

Tel: .... Fax: ....

Signature:... Date: ....
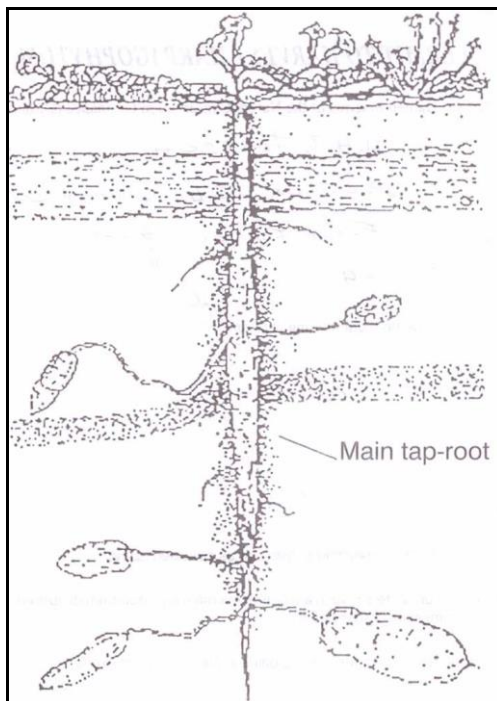
PTO

Please read instructions carefully before submitting application to avoid delays

1. A permit to harvest *Harpagophytum* will only be issued if this form is fully completed (including the permission from the land owner/representative).

2. The permit is valid within the official harvesting season, which is from 1st March to 31st October each year.

3. Harvest must be conducted in such a way that the main taproot is not disturbed, and any holes made in the ground must be filled again.

4. The permit must be returned to the issuing office, with the 'Report Back' form completed, within 30 days of expiry. Failure to do so will affect your applications in the future.

5. A copy of the harvester's ID, or a copy of the harvester group leader's ID, must be made by the MET Office and must accompany this application.

Main tap-root

FOR OFFICE USE ONLY

Confirm return of previous 'Report Back' form:..

RECOMMENDATIONS:...

....

APPROVED / NOT APPROVED (tick as appropriate)

Signature _____ Date _____