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 R858 of 15 November 2013 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 annually with the Department of Agriculture, Forestry and Fisheries (DAFF) as a Beekeeper between 1 January and 31 March of each year. There is no cost involved.

NB: Please print this form and complete all fields (Marked with * are compulsory) by writing clearly and in block / capital letters with black ink

A. Purpose:
- Initial Registration
- Renewal of Registration
- Notice of Change

B. Information for Postal Communication:
- Trading / Business Name (if applicable):
- Postal Address (P O Box or Street): *
- Postal Town: *
- Postal Code: *

C. Information of 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 (Beekeeper) *
- 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_____

J. Signature: * ____________________________ Full Names: ____________________________ ID No: ____________________________

K. For Office use ONLY
- Captured by: ____________________________ Date: ______________ Signature: ______________
- Certificate: Registration Number: ______________ Date Posted: ______________

Return to: Inspection Services, Private Bag X258, Pretoria, 0001 or Fax: 012 309 8789 or Email: Registrations@daff.gov.za