

**AMENDMENTS OF THE GUIDELINES OF HEMP CULTIVATION (LOW THC CANNABIS)
FOR AGRICULTURAL AND INDUSTRIAL PURPOSES MADE IN TERMS PLANT
IMPROVEMENT ACT, 1976 (ACT NO 53 OF 1976)**



Mr. Herman Mootane
ACTING REGISTRAR: PLANT IMPROVEMENT ACT 1976 (ACT NO 53 OF 1976)
Date: 29 September 2023

APPLICATION FOR A HEMP PERMIT
(in terms of the Plant Improvement Act, 1976)

PART A: GENERAL INFORMATION	
1. Activity for which the permit is required: (mark the applicable boxes with “x”)	
Import of plants or propagating material for breeding, research or cultivation	
Propagation of plants for breeding or research to develop new or improved hemp varieties	
Sale of seed, seedlings, plants or cuttings	
Cultivation of hemp	
Cleaning and/or conditioning of seed for cultivation	
Export of plants or propagating material for cultivation purposes	
2. The application is made on by: (mark the applicable boxes with “x”)	
Individual	
Registered company	
Partnership	



Cooperative	
Researcher	
3. Indicate if you are applying for commercial or research purposes: (mark the applicable boxes with “x”)	
Commercialisation	
Research	

Please Note: Applications for research permit must be accompanied by a research proposal.

PART B: APPLICANT INFORMATION	
TITLE	
FULL NAME OF APPLICANT NAME AND SURNAME	
IDENTITY NUMBER (Provide a photocopy of ID)	
GENDER (For statistics purposes)	
POPULATION GROUP (For statistics purposes)	
NAME OF BUSINESS OF THE APPLICANT	
PIA REGISTRATION NUMBER (if applicable)	
PHYSICAL ADDRESS:	
POSTAL ADDRESS (if different from physical address)	
TOWN:	POSTAL CODE:
MOBILE NUMBER:	TELEPHONE NUMBER:



E-MAIL:	
PROVINCE:	DISTRICT MUNICIPALITY:
	LOCAL MUNICIPALITY:
IN CASE OF APPLICATION MADE ON BEHALF OF PARTNERSHIP, COOPERATIVE OR REGISTERED COMPANY, DETAILS OF THE RELEVANT PERSONS: (If more space is required, add a separate sheet to the application)	
CONTACT PERSON APPLYING ON BEHALF OF COOPERATION/PARTNERSHIP/REGISTERED COMPANY:	
FULL NAME AND SURNAME	
ID NUMBER	
ROLE	
REGISTERED COMPANY /COOPERATIVE/ PARTNERSHIP NAME (SUBMIT A COPY OF REGISTRATION)	
BUSINESS ADDRESS	
BUSINESS TELEPHONE:	CELL PHONE:
EMAIL ADDRESS	GPS COORDINATES:
PIA REGISTRATION NUMBER (IF APPLICABLE):	

PART C: SITE INFORMATION

TYPE OF ACTIVITY CURRENTLY AT THE PREMISES:	
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PHYSICAL ADDRESS:

CONTACT DETAILS OF PERSON RESPONSIBLE FOR THE ACTIVITIES AT THE PREMISES

NAME AND SURNAME

**IDENTITY NUMBER
(Provide a photocopy of ID)**

TELEPHONE:

CELL PHONE:

SITE GPS COORDINATES:

HECTARES OF HEMP INTENDED FOR CULTIVATION

DETAILS OF LOCAL POLICE STATION

NAME OF THE STATION

TOWN/ VILLAGE

PROVINCE

TELEPHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

Attach a copy of the lease agreement(s) or business arrangement(s) permitting use of each premises for the proposed activities (if you are not the owner)

Attach copy of title deed by land owner

Attach a plan/ map of the premises showing the proposed location of the areas for cultivation and storage



PART D: DESCRIBE THE COMMERCIAL OR RESEARCH ACTIVITIES FOR WHICH A PERMIT IS REQUIRED

1. **Cultivation and/or Harvest** (provide detail information about the tasks that will be done under this permit, how it will be done and what equipment is available to conduct the activity)

2. **Where will the seed / seedlings be kept before planting?** _____.



3.

4. How far is the area from a public road? _____

5. How far is the area from the residence? _____

6. Is a visitor's register available for signing by each visitor? _____

7. The address of the site where records of hemp related activities will be kept:



8. Harvested material (describe what will be done with the harvested material)

Part of the plant harvested	Product to be produced	End use of the product	Method of processing	Where will the processing be done? (name of premises if available)
e.g. stem	Fibre	Building products	Extraction of fibres by decortication	On premises
Stalk				
Leaves				
Flowers				
Seed				



9. Source of plants or propagating material to be cultivated

10. Proposed security arrangements at each premises where the activities will occur (include details of crop fencing, storage, etc.)

PART E: APPLICANT SECURITY CHECK

1. Have you (applicant) been a director, functionary or member of a juristic person which was found guilty of an offence under this Act or was liquidated whilst conducting any business

Yes No

If yes, please provide details: _____



PART F: DECLARATION

- (a) I/We, the undersigned, declare that, to the best of my/our knowledge, the information furnished in this application and the attached forms and documents is correct, and that no relevant information has been omitted;
- (b) I/We have read and understand the requirements and obligations of the Plant Improvement Act, 1976 and Regulations.

In case of a company:

This application has been completed by _____
who is a duly authorised director/senior executive officer.

Director: _____ Date: _____

Counter signatory: _____ Date: _____

If an individual or partnership:

Applicant name: _____ Signature: _____ Date: _____

Witness name: _____ Signature: _____ Date: _____



PAYMENT

Proof of payment must accompany the application. Bank details are as follow:

BANK	Standard Bank
BRANCH AND CODE	Tshwane Mid City 01045
BRANCH (FOR EFT)	051001
NAME OF ACCOUNT	DALRRD PIA Registration
TYPE OF ACCOUNT	Business Current Account
ACCOUNT NUMBER	011276487

SUBMITTING APPLICATIONS

Application checklist:

Application is completed and signed at all required places	
Detail explanation of the activities for which the permit is sought	
A map / GPS coordinates for each premises mentioned	
Proof of payment for the permit	
All copies of required documents submitted	



The application forms and all supporting documents must be submitted to:

Registrar of Plant Improvement Act, Department of Agriculture, Land Reform and Rural Development, Directorate Plant Production, Harvest House, 30 Hamilton Street, Arcadia, Pretoria 0001 or Hemp.PIA@dalrrd.gov.za

For assistance in completing the form: Tel. 012 319 6150/6224/6225/6092 or E-mail Hemp.PIA@dalrrd.gov.za