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**EZEMVELO KZN WILDLIFE**

**APPLICATION FORM (PLEASE PRINT)**

To be completed by all companies and/or individuals seeking to make tape or video recordings, to take photographs or to film for any purposes in any area under the control of Ezemvelo KZN Wildlife.

1. Name of applicant/company ---------------------------------------------------------------------------
2. Registered address: -------------------------------------------------------------------------------------

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Tel: -----------------------------------------------------------/Fax:-----------------------------------------

Email---------------------------------------------------------------------------------------------------------

1. In the case of a company or closed corporation indicate the name and designation of the representative authorized to sign the contract:

-----------------------------------------------------------------------------------Cell: -----------------------

1. Nature of work to be undertaken: --------------------------------------------------------------------

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1. Number of people to be involved during filming: -----------------------------------------------------

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1. Nature and purpose of the film, book, tape recordings, photographs to be made or taken:

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(Please attach full description)

1. Game/Nature Reserves or Protected areas in which it is wished to work:

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1. Dates on which filming/work is to take place: -----------------------------------------------------

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1. Anticipated period of stay in each reserve: --------------------------------------------------------

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1. Assistance required:

a) Personnel (stipulate)----------------------------------------------------------------------------

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(Getting out of vehicles in game reserves is only permitted in the presence of an Officer of Ezemvelo KZN Wildlife.)

b) Use of Ezemvelo Vehicle?--------------------------------------------------------------------

c) Travelling after dark? --------------------------------------------------------------------------

1. Full details of other requirements: ----------------------------------------------------------

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1. **One copy of the film (with sound track), or of the tape recording (or disc), or a complete set of 12,5cm x 17,5cm prints of any photographs actually to be published, or a copy of the publication, shall be donated and delivered to Ezemvelo KZN Wildlife on or before?**

**Delivery Date:---------------------------------------------------------------------------------------------**

1. Details of member of African Wildlife Film‑makers Association in crew (if applicable):

Name...........................................Tel no.............................. Signature:.........................

1. Signed at.................................this................day of...................................201...

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(Signature of Applicant/Authorized Representative)

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(Full names of Applicant/Authorized Representative)

AS WITNESSES

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To be returned to: The Communications Manager.

Ezemvelo KZN Wildlife.

P O Box 13053.

CASCADES, 3202.

**Tel:**  (033) 845 1996 **Fax:** 033 845 1299

Email Address: [ekznw.filming@kznwildlife.com](mailto:ekznw.filming@kznwildlife.com)

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