



Enquiries:

Rofhiwa Nethanani: 012 319 6342  
Brenda Malapane: 060 973 4034

## 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, Land Reform and Rural Development (DALRRD) as a Beekeeper. **There is no cost involved.**

NB: All fields marked with \* are compulsory

**A. Purpose: \***

Initial Registration ☐

Renewal Registration ☐

Notice of Change ☐

**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): |
|------------------|--------------------------|-------------|--------------------------|--------------|--------------------------|-------------------|

**F. Type of Business \***

|            |                          |             |                          |          |                          |                  |
|------------|--------------------------|-------------|--------------------------|----------|--------------------------|------------------|
| Commercial | <input type="checkbox"/> | Small Scale | <input type="checkbox"/> | Hobbyist | <input type="checkbox"/> | Other (Specify): |
|------------|--------------------------|-------------|--------------------------|----------|--------------------------|------------------|

**G. Types of Bees \***

|                           |                          |                                |                          |
|---------------------------|--------------------------|--------------------------------|--------------------------|
| Capensis (Cape honey bee) | <input type="checkbox"/> | Scutellata (African honey bee) | <input type="checkbox"/> |
|---------------------------|--------------------------|--------------------------------|--------------------------|

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\_\_\_\_

Signature: \* \_\_\_\_\_ Full Names: \_\_\_\_\_ ID Nr: \_\_\_\_\_

**J. For Office use ONLY**

Captured by: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Certificate:** Registration Number: \_\_\_\_\_ Date Posted: \_\_\_\_\_

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