



Enquiries:

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## 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):
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**F. Type of Business \***

Commercial	<input type="checkbox"/>	Small Scale	<input type="checkbox"/>	Hobbyist	<input type="checkbox"/>	Other (Specify):
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**G. Types of Bees \***

Capensis (Cape honey bee)	<input type="checkbox"/>	Scutellata (African honey bee)	<input type="checkbox"/>
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H. If you have sold bees or have purchased someone else's, please provide full details: / any other applicable comments:

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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)