



**SOUTH AFRICAN DIAMOND AND
PRECIOUS METALS REGULATOR**

251 Fox Street
JOHANNESBURG 2001, SOUTH AFRICA
Entrance: Cnr Greene & Main Streets (Jewel City)

P. O. Box 16001, Doornfontein 2028 – South Africa
Tel (011) 223 7000 Fax (011) 334-8898
info@sadpmr.co.za

Form: DR

Application No: _____

APPLICATION FOR DIAMOND RESEARCH LICENCE

[In terms of section 26(d) of the Diamonds Act, 1986 (Act 56 of 1986)]

Instructions:

1. For any enquiries, contact the office of the Regulator during office hours.
2. Complete the form in block letters and in black pen.
3. Where options are given mark the appropriate block.
4. Complete the form in English and do not use abbreviations.
5. Although the application forms are made available in electronic format, only a signed original hard copy shall be acceptable.
6. Ensure that all the required documentation accompanies the application.
7. The application must be submitted to the operational business premises of the Regulator.

Particulars of applicant

1(a) In the case of a natural person, please provide the following:

(i) Surname: _____

(ii) First name(s): _____

(iii) Identity number: _____

**(A certified copy of the identity document must be attached.)*

(iv) Has the applicant ever been convicted of any criminal offence in or outside the RSA, (Yes/No)? If Yes, furnish particulars on a separate sheet of paper.

(b) In the case of a person other than a natural person, please indicate:

CC _____ Partnership/Joint venture _____

Co. _____ Other (specify) _____

(i) Name of company, close corporation, partnership or joint venture:

(ii) Registration number of Co. or CC:

(iii) Full names and identity number of managing director or member:

(iv) Full names and identity number of every director:

(v) Particulars of interest held (%) in juristic person and name of holder of controlling interest:

2. State source(s) from which unpolished diamonds will be obtained:

**(In the case of a company, close corporation, partnership or joint venture, a certified copy of a certificate of incorporation must be attached.)*

Correspondence address for this application:

3(a) Business address:

- (i) Building name: _____
- (ii) Building number: _____
- (iii) Street number: _____
- (iv) Street name: _____
- (v) Suburb: _____
- (vi) Town/City: _____
- (vii) Postal code: _____
- (viii) Province: _____
- (ix) Country: _____
- (x) Telephone number: _____
- (xi) Fax No: _____
- (xii) Cellphone No: _____
- (xiii) Email address: _____

(b) Relevant postal address:

- (i) Postal Address: _____
- (ii) Town/City: _____
- (iii) Postal code: _____

(Attach documentary proof of the registered business premises.)

State the purpose of the applied research or test

Application must be accompanied by the following:

1. A certified copy of the identity document, if applicable.
2. A certified copy of certificate of incorporation, articles of association or founding statement, if applicable.
3. A copy of the resolution, if acting in a representative capacity.
4. Documentary proof of the registered business premises.
5. A police clearance certificate.
6. The non-refundable prescribed fee.

Declaration

I, _____, (name of applicant) hereby declare that the contents of this application are true and correct.

Capacity: _____

Signed at _____ on the _____ day of _____

SIGNATURE OF APPLICANT/REPRESENTATIVE (IF APPLICABLE)