|  |
| --- |
|  |
| Name |  |
| Surname |  |
| Operator’s company name |  |
| VAT number (if applicable) |  |
| Phone number |  |
| Alternate phone number |  |
| Email |  |
| **Physical Address** |
| Street Address |  |
| Address Line 2 |  |
| City |  |
| State/Province |  |
| ZIP / Postal Code |  |
| Country |  |
| **Postal Address** |
| Street Address |  |
| Address Line 2 |  |
| City |  |
| State/Province |  |

|  |  |
| --- | --- |
| ZIP / Postal Code |  |
|  |
| Website |  |
| **Section of the Park in which you wish to conduct your activity (Type ‘X’ next to your choice)** |
| Lake St Lucia | **X** |
| St Lucia Game Park Section |  |
| Eastern Shores Cape Vidal |  |
| Western Shores |  |
| uMkhuze |  |
| Kosi Bay |  |
| **Date entering & leaving the Park** |
| Date entering the Park |  |
| Date leaving the Park |  |
| **Driver Information** |
| Name |  |
| Contact number |  |
| Driver’s license number |  |
| Guide qualification |  |

|  |
| --- |
| **Owner Information** |
| Name |  |
| Contact number |  |
| Vehicle type |  |
| Vehicle color |  |
| Vehicle registration |  |

\*Please attach a **CERTIFICATE OF TRANSPORT** and **PDP** to these email address: Permits@isimangaliso.com, thandolwethu@isimangaliso.com and WAI110@isimangaliso.com