

Primate Licence Application**APPLICANT DETAILS**

Title:	First Name(s):	Surname:	Date of Birth:
Postal Address:			
Phone (Home):		Phone (Mobile):	
Email address:			
Date from which the applicant proposes that the licence should have effect:			
This licence is in place for 3 years, if the applicant does not require a licence this length, please include the date on which the applicant requests the licence to expire:			

SPECIES TO BE KEPT (COMMON AND LATIN NAME) and NUMBERS FOR EACH SPECIES

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IN RELATION TO EACH PRIMATE PLEASE PROVIDE THE FOLLOWING INFORMATION:

- (a) its name and sex*
- (b) its species*
- (c) its date of birth or, if not known, its approximate date of birth*
- (d) the number of any microchip implanted in the primate*

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ENCLOSURE INFORMATION (INCLUDE SIZES, DESCRIPTION OF HABITAT, SOURCES OF HEAT ETC.). IMAGES CAN BE INCLUDED

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Primate Licence Application**VETERINARY SURGEON DETAILS**Name and address of veterinary surgeon:

DECLARATIONS

I understand that the Authority is under a duty to protect the public funds it administers, and to this end may use the information I have provided on this form for the prevention and detection of fraud. I understand that it may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

I declare that the information given above is true to the best of my knowledge and that I have not wilfully omitted any necessary material. I understand that if there are any wilful omissions, or incorrect statements made, my application may be refused without further consideration or, if a licence has been issued, it may be liable to immediate suspension or revocation.

I understand that the Authority is collecting my data for the purposes described on this form and will not be used for any other purpose, or passed on to any other body, except as required by law, without my consent.

Typing in these signature fields constitutes a legally binding electronic signature.

Signature:

Print Name:

Date: