



CONSERVANCY REGISTRATION FORM

NAME OF CONSERVANCY:-----

1. Locality of Conservancy:-----

2. Type of conservancy:-----

3. Chairman:-----

Address:-----

Tel----- Cell:-----

Fax----- e-mail-----

4. Secretary:-----

Address -----

Tel----- Cell-----

Fax:----- e-mail:-----

5. Number of members in conservancy:-----

6. Number of properties and/or households:-----

7. Total surface area of conservancy:-----

8. Date of establishment:-----

9. Properties in conservancy: (Attach separate sheet if necessary)

Owner/Lessee:

10. Documents attached as needed:

- The vision of conservancy
- Basic ecological management plan,
- Framework and principles (including management, Priorities, problems and possible solutions)
- Map of conservancy (1: 50 000)
- Membership list
- Constitution
- Proof of public participation process.
- Species Lists

SIGNATURE (Chairman)-----

OFFICIAL USE			
Date received:		Registration Officer	
Date registered:		Authorised signature	
Registration no.:		Supported	
Intervention needed/Extension requirements: ----- ----- ----- ----- ----- -----			