

MINISTRY OF JUSTICE
APPLICATION FOR AN ORDER DESIGNATING LAND
FOR RASTAFARI SACRAMENTAL CULTIVATION
Dangerous Drugs Act, 7D (6)

APPLICATION #

APPLICANT'S FIRST NAME	MIDDLE NAME	SURNAME
<p>WHERE THE APPLICANT IS AN ORGANIZATION, STATE THE</p> <p>NAME OF THE ORGANIZATION:</p> <p>ADDRESS OF THE ORGANIZATION:</p> <p>AGE OF THE ORGANIZATION:</p> <p>(THE PERSON APPLYING ON BEHALF OF THE ORGANIZATION IS STILL REQUIRED TO COMPLETE THE SECTIONS REQUIRING PERSONAL INFORMATION FOR APPLICANTS)</p>		
<p>ID TYPE</p> <p>DRIVERS LICENSE <input type="checkbox"/></p> <p>PASSPORT <input type="checkbox"/></p> <p>NATIONAL ID <input type="checkbox"/></p> <p>DATE OF BIRTH</p>	<p>IDENTIFICATION #</p> <hr/> <p>EXPIRATION DATE</p> <hr/> <p>TAX REGISTRATION NUMBER</p>	
RESIDENTIAL ADDRESS (to include directions)	ADDRESS OF LAND (to include directions)	
<p>TELEPHONE # _____ (LAND LINE) _____ (MOBILE)</p> <p>EMAIL ADDRESS</p>		

<p>HOW DID YOU COME TO OCCUPY THE LAND?</p> <p>(Tick the most appropriate box and submit documentary proof in support of answer - such proof should be in the form of a duplicate Certificate of Title, Rent Receipt and/or Contract, Lease Agreement, Common Law Title etc.)</p> <p>OWNED <input type="checkbox"/> LEASE <input type="checkbox"/></p> <p>RENT <input type="checkbox"/> OTHER <input type="checkbox"/></p>	<p>HOW LONG HAS THE APPLICANT BEEN IN OCCUPATION OF THE LAND?</p> <p>YEAR/S <input type="checkbox"/> MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/></p> <p>(if land is unregistered, provide proof in the form of statutory declaration/s from the owner (where applicable) or from 2 other person who have known the land for over 30 years)</p>
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<p>IS THE LAND REGISTERED UNDER THE REGISTRATION OF TITLES ACT?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>IF YES PLEASE STATE</p> <p>VOLUME _____ FOLIO _____.</p>
<p>IF NO GIVE DETAILS SUPPORTED BY DOCUMENTARY EVIDENCE</p>	

<p>STATE THE SIZE OF THE LAND TO BE DESIGNATED</p>	<p>STATE WHETHER THERE ARE BUILDINGS ON THE LAND AND WHETHER THEY ARE OCCUPIED.</p>
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<p>STATE ESTIMATED AMOUNT OF GANJA TO BE CULTIVATED ON LAND DESIGNATED</p>	<p>DETAILS OF THE PROPOSED CULTIVATOR</p> <p>NAME:</p> <p>DATE OF BIRTH:</p> <p>ADDRESS:</p>	<p>CLEARLY STATE PROPOSED USE AND CONSUMER OF GANJA TO BE CULTIVATED UNDER THIS APPLICATION</p>
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<p>CONTACT DETAILS OF APPLICANT IF DIFFERENT FROM ABOVE</p> <p>ADDRESS _____</p> <p>TELEPHONE NUMBER _____ EMAIL ADDRESS _____</p> <p>SIGNATURE OF APPLICANT _____ DATE _____</p>	
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AUTHORISED PERSON(S) (if Applicant is an Organization)

NAME	POSITION HELD IN ORGANIZATION	ADDRESS, TELEPHONE NO. & EMAIL ADDRESS	SIGNATURE

Date: _____

Note: If additional space is required for responses to any of the above questions, use and sign a separate sheet and attach it to this form.

INTERNAL USE ONLY

- Copy of Official Receipt for Fee Paid**
- Supporting recommendation from acknowledged leader of the Rastafari community**
- Copy of National Identification of Applicant**
- Copy of a map of the land to be designated showing an outline of the current use of each area of the land**
- Proof of ownership/right/permission to use property for the purpose required in this Application**
- Is this land subject to any restrictive covenants that would not permit the land to be used for the Rastafari sacramental cultivation?**

Yes No

Name of Officer _____ Officer's Signature _____

Date _____