environmental affairs

Department:
Environmental Affairs
REPUBLIC OF SOUTH AFRICA

DETAILS OF THE SPECIALIST, DECLARATION OF INTEREST AND UNDERTAKING UNDER OATH

	(For official use only)
File Reference Number:	
NEAS Reference Number:	DEA/EIA/
Date Received:	

Application for authorisation in terms of the National Environmental Management Act, Act No. 107 of 1998, as amended and the Environmental Impact Assessment (EIA) Regulations, 2014, as amended (the Regulations)

PROJECT TITLE

DASSIESRIDGE WIND ENERGY FACILITY (14/12/16/3/3/2/643)

Kindly note the following:

1. This form must always be used for applications that must be subjected to Basic Assessment or Scoping & Environmental Impact Reporting where this Department is the Competent Authority.
2. This form is current as of 01 September 2018. It is the responsibility of the Applicant / Environmental Assessment Practitioner (EAP) to ascertain whether subsequent versions of the form have been published or produced by the Competent Authority. The latest available Departmental templates are available at https://www.environment.gov.za/documents/forms.
3. A copy of this form containing original signatures must be appended to all Draft and Final Reports submitted to the department for consideration.
4. All documentation delivered to the physical address contained in this form must be delivered during the official Departmental Officer Hours which is visible on the Departmental gate.
5. All EIA related documents (includes application forms, reports or any EIA related submissions) that are faxed; emailed; delivered to Security or placed in the Departmental Tender Box will not be accepted, only hardcopy submissions are accepted.

Departmental Details

Postal address:
Department of Environmental Affairs
Attention: Chief Director: Integrated Environmental Authorisations
Private Bag X447
Pretoria
0001

Physical address:
Department of Environmental Affairs
Attention: Chief Director: Integrated Environmental Authorisations
Environment House
473 Steve Biko Road
Arcadia

Queries must be directed to the Directorate: Coordination, Strategic Planning and Support at:
Email: EIAAdmin@environment.gov.za

1. SPECIALIST INFORMATION

Specialist Company Name:	**SAFETETRAIN cc T/A SAFETECH**			
B-BBEE	Contribution level (indicate 1 to 8 or non-compliant)	NON-COMPLIANT	Percentage Procurement recognition	0%
Specialist name:	DR BRETT WILLIAMS			
Specialist Qualifications:	PhD Environmental Management			
Professional affiliation/registration:	Registered Occupational Hygienist			
Physical address:	64 Worraker Street, Newton Park, Port Elizabeth. 6045			
Postal address:	PO Box 27607, Greenacres, Port Elizabeth			
Postal code:	6057	Cell:	0825502137	
Telephone:	041-3656846	Fax:	041-3652123	
E-mail:	Brett.williams@safetech.co.za			

2. DECLARATION BY THE SPECIALIST

I, _BRETT WILLIAMS_____, declare that –

- I act as the independent specialist in this application;
- I will perform the work relating to the application in an objective manner, even if this results in views and findings that are not favourable to the applicant;
- I declare that there are no circumstances that may compromise my objectivity in performing such work;
- I have expertise in conducting the specialist report relevant to this application, including knowledge of the Act, Regulations and any guidelines that have relevance to the proposed activity;
- I will comply with the Act, Regulations and all other applicable legislation;
- I have no, and will not engage in, conflicting interests in the undertaking of the activity;
- I undertake to disclose to the applicant and the competent authority all material information in my possession that reasonably has or may have the potential of influencing - any decision to be taken with respect to the application by the competent authority; and - the objectivity of any report, plan or document to be prepared by myself for submission to the competent authority;
- all the particulars furnished by me in this form are true and correct; and
- I realise that a false declaration is an offence in terms of regulation 48 and is punishable in terms of section 24F of the Act.

_____
Signature of the Specialist

SAFETRAIN CC T/A SAFETECH
_____
Name of Company:

16/7/2019
_____
Date

3. UNDERTAKING UNDER OATH/ AFFIRMATION

I, ___BRETT WILLIAMS_____, swear under oath / affirm that all the information submitted or to be submitted for the purposes of this application is true and correct.

Signature of the Specialist

Safetrain cc t/a Safetech

Name of Company

16/7/2019

Date

Signature of the Commissioner of Oaths

16/07/2019

Date

CINDY KILLIAN
COMMISSIONER OF OATHS
PRACTISING ATTORNEY
70 WORRAKER STREET, NEWTON PARK
PORT ELIZABETH, 6045