

NUWE DEELNEMER

- 1,000,159

- 109 / - 10 / - 2025 /

- G.N.

/	/	ESB
/	/	Brijewe

/___/ Skandeer Ontvangs
/___/ Diere saam aansoek
/___/ Prestasie toetsing aktief
Melk, Vleis, Kleinvee
SESSIE

SESSIE

- Andries

1/✓ KKM (DZO) DATUM AKTIEF 10/6-10/8-2025

.....

BOYLE FARMER RAY LAD

7210003

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CMB

220630 J0

850

Philna Moelich

From: Office <office@wagyu.org.za>
Sent: 09 October 2025 10:21 AM
To: Philna Moelich
Subject: Aansoek om CWB lidmaatskap Makarios Wagyu F000159
Attachments: APPLICATION BOYI FARMS PTY LTD.pdf

Importance: High

Goeie more Philna,

Vind aangeheg CWB aansoek vorm.

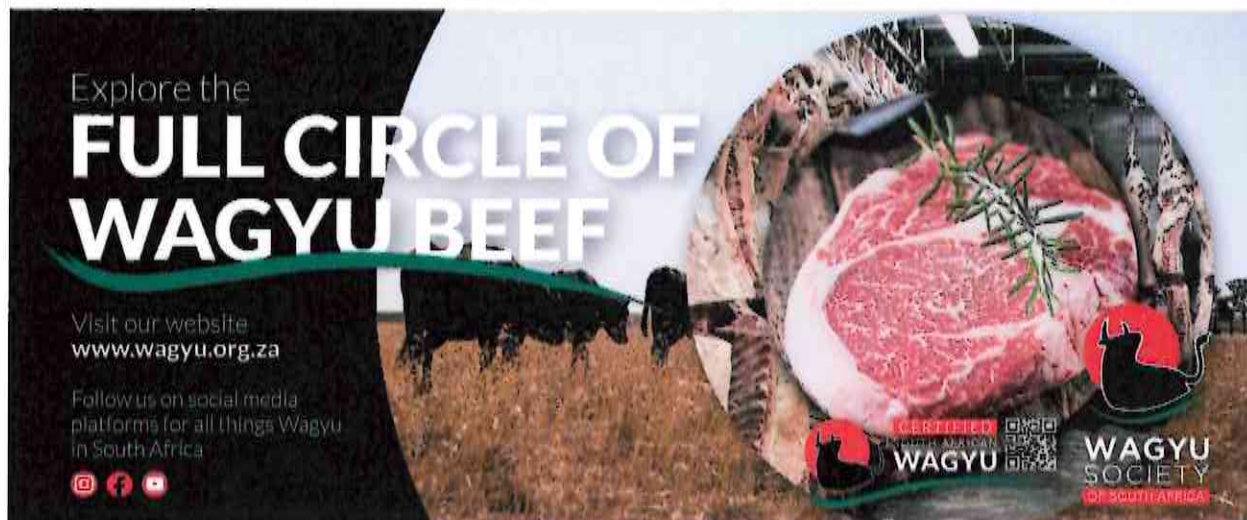
Groete

IVONNE VAN TONDER

WAGYU: OFFICE MANAGER & SENIOR DATA CAPTURER

Tel: +27 51 492 1852 I Cell: +27 84 369 0749 I Skype: live:office_77135

Email: office@wagyu.org.za I Web: www.wagyu.org.za





WAGYU SOCIETY OF SOUTH AFRICA

WAGYU SOCIETY OF SOUTH AFRICA SMALLHOLDER CERTIFIED WAGYU BEEF SUPPORT APPLICATION FORMS

Before completing this form, you should read the attached guideline on bull leasing scheme and the Certified Wagyu Beef protocol.

Please use block letters throughout. Completed forms must be returned to office@wagyu.org.za

1. TYPE OF MEMBERSHIP FOR WHICH APPLICATION IS MADE (mark A, B, C, D or E with a ✓)

[A] INDIVIDUAL

☒ [B] COMPANY / CLOSED CORPORATION

[C] PARTNERSHIP

[D] OTHER Describe here: B

[E] TRUST – Copy of the following documents must accompany your application:

- (1) Letter of authority from the Master, that confirm the current Trustees
- (2) Trust deed, that confirm the number of Trustees

2. NAME OF APPLICANT – if you are NOT an individual registering under your SURNAME

BO-HI FARMS PTY LTD

3. SURNAME (if an individual):

4. FULL FIRST NAME(S):

5. TITLE (state Prof, Dr, Mr, Ms Etc.) 6. ID no:

7. VAT REGISTRATION NUMBER:

A copy of your VAT certificate must please accompany your application

8. REGISTRATION NUMBER OF COMPANY / CC / TRUST 2021948250/07



WAGYU
SOCIETY
SOUTH AFRICA

5 Reitz Park, 75 President Reitz Ave, Westdene, Bloemfontein, 9300
Tel: 051-462 1052
Email: office@wagyu.org.za
www.wagyu.org.za

WAGYU SOCIETY OF SOUTH AFRICA

9. LANGUAGE PREFERENCE FOR CORRESPONDENCE (mark with a ✓) ☒ ENG ☐ AFR
10. TELEPHONE: Home (Code + No):
11. TELEPHONE: Work (Code + No):
12. CELLPHONE No: (1) 083 212 9003
13. CELLPHONE No: (2) 083 212 5709
14. E-Mail: Handitwala24@icloud.com
- 15.1 POSTAL ADDRESS: N/A POSTAL CODE:
- 15.2 PHYSICAL ADDRESS:
- 15.3 TOWN OR CITY NEAREST TO YOUR FARM: UMBARK (GALALUENI)
- 16.1 FARM NAME: Kransport Farm
- 16.2 GPS LOCATION:
- 16.3 FARM SIZE: 428 ha.
- 16.4 WATER SOURCE: Borehole, stream and dam
- 16.5 ENERGY SOURCE: Eskom 3 phase
- 17.1 NUMBER OF CAMPS: 6 camps
- 17.2 NUMBER OF BULLS REQUESTED: 1

Page 2 of 5

VAT REGISTRATION: 4900280605 | ANIMAL BREEDERS SOCIETY NO. 62/98/B-71



WAGYU SOCIETY OF SOUTH AFRICA

5 Reitz Park, 76 Prinsdient Reitz Ave. Westdene, Bloemfontein, 93
Tel: 051 492 181
Email: office@wagyu.org
www.wagyu.org

- 17.3 NUMBER OF BREEDING COWS & HEIFERS TO BE BRED attached (mark with a v) | YES | NO
- 18.1 VACCINATION HISTORY attached (mark with a v) | YES | NO
- 18.2 HEALTH MANAGEMENT HISTORY attached (mark with a v) | YES | NO
- 18.3 VACCINATION PROGRAMME attached (mark with a v) | YES | NO
- 18.4 NAME OF STATE VET WORKING ON YOUR FARM Drs J. H. en E. de Bruin.
- 18.5 NAME OF PRIVATE VET WORKING ON YOUR FARM Drs J. H. en E. de Bruin.
- 19.1 SUPPLEMENT PROGRAMME - INDICATE WHAT YOU ARE CURRENTLY FEEDING
- 19.2 FEEDING PROGRAMME - INDICATE WHAT YOU ARE CURRENTLY FEEDING
- 20.1 HOW OFTEN ARE YOU ON THE FARM? 4 days a week
- 20.2 HOW MANY FARM WORKERS WORKING WITH LIVESTOCK 3
- 21 APPROXIMATE DATE OF DELIVERY
- 22 BULL RETURN DATE



WAGYU SOCIETY OF SOUTH AFRICA

DECLARATION

I, the undersigned,

full name(s) and surname in print

declare that:

1. I am authorised in the capacity specified in a resolution (attached) to act on behalf of the legal entity that applied for the bulls.
2. I have read and understood the conditions set out in the Guidelines for the Wagyu bulls' program.
3. In the event of a bull being supplied under the Program I and every member of our legal entity, and my or our successors in the relevant capacity, shall be bound or shall be taken bound:
 - a. to pay the bull owners all charges, fees and expenses which may be payable in terms of the program;
 - b. to observe and fulfil all the conditions of the program, including complying to the requirements of the Certified Wagyu Beef programme & scheme and
 - c. to indemnify the Wagyu Society of South Africa in respect of all actions, claims, losses, or expenses made against or incurred by us in respect of loss or damage or personal injury that arises by reason of our negligence or otherwise.
4. To the best of my knowledge, the particulars given in this form are correct.

Signed at _____ on this _____ day of _____ 20____

SIGNATURE OF APPLICANT

LIST THREE CONTACTABLE REFERENCES

1. LOCAL DEPARTMENT OF AGRICULTURE NAME & ADDRESS

- a. FULL NAMES
- b. DESIGNATION
- c. CONTACT NUMBER:
- d. EMAIL:

2. VETERINARIAN OFFICE & ADDRESS

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VAT REGISTRATION: 4900280605 | ANIMAL BREEDERS SOCIETY NO.62/98/B-71



WAGYU
SOCIETY
OF SOUTH AFRICA

WAGYU SOCIETY OF SOUTH AFRICA

5 Redz Park, 75 President Rautz Ave, Westdene, Bloemfontein, 9330
Tel: 051 492 1002
Email: office@wagyu.org.za
www.wagyu.org.za

- a. FULL NAMES
- b. DESIGNATION
- c. CONTACT NUMBER
- d. EMAIL:
3. OTHER -- (STATE)
- a. FULL NAMES
- b. DESIGNATION
- c. CONTACT NUMBER
- d. EMAIL:

WARNING

Failure to ensure that the information provided on this application form is accurate in material respects, or failure to comply with the Conditions of the Scheme will result in SGRPID refusing to supply further bulls under the Scheme

If successful, the lease agreement between the breeder and the recipient farmer will be done in private and a copy will be supplied to the Wagyu Society of South Africa for filing.

FOR OFFICIAL USE			
Breeder Name		Decision:	
Authorising Officer		No. of Bulls	
Signature		Bull(s) ID:	



Excellence in Research and Development

ANIMAL PRODUCTION INSTITUTE

KAONAFATSO YA DIKGOMO SCHEME

APPLICATION FORM

I / We Thandi Twala the undersigned, on behalf of
(Farming/Business Name/Initials and Surname) BOHL Farms

Coordinates; S: 25.643495

E: 29.011655

Hereby apply on to participate in the Kaonafatso ya Dikgomo Scheme and undertake at all time to -

1. mark all animals with a clear and unique identification;
2. record the birth of all calves, as required by the ARC;
3. use a cattle scale, approved or provided by the ARC, on the farm;
4. have adequate kraals and crush pen facilities available;
5. subject the entire herd to performance testing;
6. keep accurate and complete records, as required by the ARC;
7. comply in all respects with the Rules and Guidelines of the Scheme (Attachment) and co-operate fully with the ARC in all matters relating to the Scheme and where a difference of opinion occurs to accept the ruling of the ARC.

I/We declare that to the best of my/our knowledge and belief the information provided in the attached questionnaire is correct and accurate.

SIGNED AT Midrand THIS 6th DAY OF
August 20 25


SIGNATURE

QUESTIONNAIRE

PLEASE COMPLETE IN BLOCK LETTERS AND MARK THE APPLICABLE SQUARES WITH AN "X".

(ALL INFORMATION WILL BE HANDLED STRICTLY CONFIDENTIALLY)

A. MEMBERSHIP PARTICULARS

1. a. Are you a member of a breeders' society? ☐ Yes ☒ No
- b. Is the society presently a member of the SA Stud Book and Livestock Improvement Association?

If "Yes" please state Member number

Herd Designation Mark

2. Surname or Company name

B	O	Y	I	F	A	R	M	S				P	I	T	H		L	T	D
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Initials (if applicable)

Title (Prof, Dr, Mr, Mrs, Me, etc.)

Identity number
or Company/CC Reg. No

Language of correspondence	Ndebele	Tshiv	Tson	Tswa	Pedi	Soth	Zulu	Swati	Eng	Afri	Other
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Postal Address:

Postal Code:

Contact person
(Name & surname)

Telephone Number

Cell phone Number:

Fax Number:

E-mail Address:

B. FARM AND HERD PARTICULARS

1. Farm a. Name: Porken 1 - The Farm Kdandapoort 255 50
 b. Local municipality: Emalahleni
 c. Nearest town: Witbank
 d. Magisterial district:
 e. Province: MPUMALANGA

2. Herds in respect of which application for participation is made:

a. Stud herd(s) ☐ Yes ☐ No

If "Yes" Breed(s) Wagyu

b. Commercial Herd(s) ☐ Yes ☐ No

If "No" proceed to question 3

If "Yes":

i) Breed(s) Wagyu

ii) Brand mark:

iii) Are the cows in your herd at present identified? ☒ Yes ☐ No

If "Yes", by what method(s)?:

☒ Ear tag ☐ Brand ☐ Tattoo ☐ Ear notches ☐ Other ☐ (Please specify)

iv) Please indicate whether you are at present keeping the following records in respect of your commercial herds:

Number of calf ☐ Yes ☐ No

Sex of calf ☐ Yes ☐ No

Birth date of calf ☐ Yes ☐ No

Birth weight of calf ☐ Yes ☐ No

Number of sire ☐ Yes ☐ No

Number of dam ☒ Yes ☐ No

☐ No

d. Working condition of scale:	New	Good	Reasonable	Poor
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No

天

[illegible]

The farm transport R544 Mpumalanga

Draw a map to your farm house indicating the distances from the nearest town. (If your visiting point is not on the farm, kindly supply a map to this point as well).

[illegible]

QUESTIONNAIRE

PLEASE COMPLETE IN BLOCK LETTERS AND MARK THE APPLICABLE SQUARES WITH AN "X".
(ALL INFORMATION WILL BE HANDLED STRICTLY CONFIDENTIALLY)

A. MEMBERSHIP PARTICULARS

1. a. Are you a member of a breeders' society? ☐ Yes ☒ No
- b. Is the society presently a member of the SA Stud Book and Livestock Improvement Association?
- If "Yes" please state Member number ☒ Yes ☐ No

2. Surname or Company name

DZO

BOYU FARM PTY LTD

Initials (if applicable)

Title (Prof, Dr, Mr, Mrs, Me, etc.)

Identity number
or Company/CC Reg. No

Language of correspondence	Ndebele	Tshiv	Tson	Tswa	Pedi	Soth	Zulu	Swati	Eng	Afri	Other
----------------------------	---------	-------	------	------	------	------	-----------------	-------	-----	------	-------

Postal Address:

Postal Code:

Contact person
(Name & surname)
Telephone Number

Cell phone Number:

Fax Number:

E-mail Address:

A. MEMBERSHIP PARTICULARS

1. a. Are you a member of a breeders' society? ☐ Yes ☒ No

b. Is the society presently a member of the SA Stud Book and Livestock Improvement Association? ☒ Yes ☐ No

If "Yes" please state Member number

b 2 0

d 3 0 3

2. Surname or Company name

Herd Designation Mark

B O Y I F A R M S P T H U T B

Initials (if applicable)

Title (Prof, Dr, Mr, Mrs, Me, etc.)

2 0 2 1 9 4 8 2 5 0 / 0 7

Identity number or Company/CC Reg. No

Language of correspondence	Ndebele	Tshiv	Tson	Tswa	Pedi	Soth	Xhosa	Swani	Eng	Afri	Other
							X				

Postal Address

N/A

Postal Code

1 6 8 5

Contact person

Thandile Twala

(Name & surname)

Telephone Number

Cell phone Number

0 8 3 2 1 2 9 0 0 3

Fax Number

E-mail Address

thandiletwala@gmail.com

F000159CWB - BOYI FARMS PTY LTD

P0001

Kontak persoon

THANDI TWALA

Vorige lidnommer

-

Adres

PORTION 1 KRANSPOORT
EMALAHLENI
WITBANK
1035

Herinstellingsdatum

Taalvoorkeur

English

Legte gebruik

Nooit

Plaas-sagtewarepakket

-

Plaasnaam

KRANSPOORT

Dorp naby plaas

WITBANK

E-pos

thanditwala24@icloud.com

SA Stamboek Debr No.

F000159

Sel(Addisioneel)

0832129003(-)

Genootskap Debr No.

Telefoon

-

BTW nommer

-

Faks

(Faks) -

Opgeskort

Nee

Logix Streek

MPUMALANGA

Elektroniese data
opname

Nee

Ander nommers

Nr	Deelnemer tipe	Begindatum	Einddatum
F000159000	OWN	2025-08-06	-
F000159CWB	MEM	2025-08-06	-

Groepe

Hoofgroep	Subgroep	Begindatum	Einddatum
ANIMAL RECORDING ASSOCIATIONS(SREG)		2025-08-06	-
	SOUTH AFRICA STUD BREEDING(STUD)	2025-08-06	-
LOGIX BEEF(BEEF)		2025-08-06	-
	LOGIX BEEF PRODUCTION(BRIS)	2025-08-06	-

Kuddekenmerk geskiedenis

Raskode/Spesiekode	KKM	Begindatum	Einddatum
CWB	DZO	2025-08-06	-

Addisionele deename geskiedenis

Groepnaam	Groepwaarde	Begindatum	Einddatum
DISTRICT CODE	WITBANK	2025-08-06	-
LOGIX ELITE REGION	MPUMALANGA	2025-08-06	-
MEMBERSHIP TYPE	COMPANY	2025-08-06	-
PROVINCIAL CODE	MPUMALANGA	2025-08-06	-
TECHNICAL ADVISOR SASB	ANDRIES RIEKERT	2025-08-06	-

