



MINISTRY OF TOURISM AND
WILDLIFE

STATE DEPARTMENT FOR WILDLIFE

THE WILDLIFE CONSERVATION AND MANAGEMENT BILL 2025 PUBLIC PARTICIPATION FEEDBACK COLLECTION TOOL

VENUE.....

FULL NAME.....

ID NUMBER

ORGANIZATION

PERSONS LIVING WITH DISABILITY (PWD); (Tick) YES..... NO.....

COUNTY;

REGION;

DATE.....

SIGNATURE

1. General observation /comments /suggestions on key areas of the Wildlife Bill 2025.

2. This section will focus on specific areas of the Wildlife Bill 2025. It will look at specific parts and sections, the current text, vis-à-vis the suggested draft and comments.

Part/ section	Comments	Justification

3. Other comments:

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Where appropriate stamp if possible.

Participant's Name.....Signature.....Date.....

Official use:

Received by:

Name.....Institution.....Signature..... Date.....