

SAPS Further competency certificate

D. TYPE OF FURTHER COMPETENCY CERTIFICATE (Indicate with X)

1	A	To trade in firearms	
2	B	To manufacture firearms	
3	C	To conduct business as a gunsmith	
4	D	To possess a firearm for private use	
5	E	To possess a firearm for security officer purposes	
6	F	To possess a firearm to provide security services for it's own business	

E. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

1.1 Type of identification (Indicate with X)

1.2	SA Identity	Passport number	Non-SA citizen with permanent residence	
1.3	Identity number			
1.4	Passport number			
1.5	Surname	1.6 Initials		
1.7	Full names			
1.8	Residential address			
				1.9 Code
1.10	Postal address			
				1.11 Code
1.12	Business telephone number	1.13 Home ()	1.14 Work ()	
1.15	Cell phone number	1.16 Fax ()		
1.17	E-mail address			
1.18	Trade or profession	1.19 If self employed, specify		
1.20	Name of employer/company			
1.21	Business address			
				1.22 Code
1.23	Telephone number	1.24 Home ()	1.25 Work ()	
1.26	Cell phone number	1.27 Fax ()		
1.28	E-mail address			

F. PARTICULARS OF CURRENT/PREVIOUS COMPETENCY CERTIFICATE ISSUED TO APPLICANT

1	Type of competency certificate	
2	Competency certificate number	
3	Date of issue	0 0 Y Y - M M - D D
	4 Expiry date	0 0 Y Y - M M - D D

5 OTHER INFORMATION

SAPS Further competency certificate

5.1	HAVE YOU EVER BEEN CONVICTED, OF ANY OFFENCE(S) WHETHER COMMITTED IN OR OUTSIDE SOUTH AFRICA? (Indicate with X)			
	YES	NO	If yes, submit the following details	
5.2	Police station		5.3 CAS/Case number	
5.4	Offence			
5.5	Result			
5.6	Police station		5.7 CAS/Case number	
5.8	Offence			
5.9	Result			
5.10	Police station		5.11 CAS/Case number	
5.12	Offence			
5.12	Result			
6	ARE YOU A MEMBER OF AN ACCREDITED ASSOCIATION? (Indicate with X)			
	YES	NO	If yes, submit the following details	
6.1	State name of accredited association			
6.2	Membership number		6.3 Date joined	C C Y Y - M M - D D
7	ARE THERE ANY OUTSTANDING CASES AGAINST YOU? (Indicate with X)			
	YES	NO	If yes, submit the following details	
7.1	Police station		7.2 CAS/Case number	
7.3	Circumstances			
7.4	Police station		7.5 CAS/Case number	
7.6	Circumstances			
7.7	Police station		7.8 CAS/Case number	
7.9	Circumstances			
8	HAVE YOU PREVIOUSLY LOST ANY FIREARM(S) IN YOUR POSSESSION, OR WERE ANY OF YOUR FIREARMS EVER STOLEN? (Indicate with X)			
	YES	NO	If yes, submit the following details	
8.1	Police station		8.2 CAS/Case number	
8.3	Circumstances			
8.4	Firearm particulars			
8.5	Police station		8.6 CAS/Case number	
8.7	Circumstances			
8.8	Firearm particulars			
8.9	Police station		8.10 CAS/Case number	
8.11	Circumstances			
8.12	Firearm particulars			

G. SIGNATURE OF APPLICANT (Sign only where applicable)

PHOTO

2

1

Signature

3

4

Name of applicant in block letters

5

Date C C Y Y - M M - D D

6

Place

7

DETAILS OF POLICE OFFICIAL DEALING WITH APPLICATION

7.1

Name of police official in block letters

7.2

Rank of police official in block letters

7.4

Signature of police official

7.3

Persal number of police official

8

DETAILS OF WITNESS

8.1

Name of witness in block letters

8.2

Rank of witness in block letters

8.4

Signature of witness

8.3

Persal number of witness

H. PARTICULARS OF INTERPRETER (This section must only be completed if the applicant cannot read or write, or understand this document)

1

Name and surname of interpreter

2

Identity number/Passport number of interpreter

3

Residential address

5

Postal address

4 Code

SAPS Further competency certificate

		⁶ Code	
7 Telephone number	⁸ Home ()	⁹ Work ()	
10 Cell phone number		¹¹ Fax ()	
12 E-mail address			
13 Translated from (language)		To	

14 Date C C Y Y - M M - D D

16 Place

Signature of interpreter

17 Rank of police official in block letters

18 Persal number of police official

I. PARENTAL CONSENT IN CASE OF A MINOR

1 Recommended Not recommended

2 Name and surname of parent/guardian

3 Identity number/Passport number of parent/guardian

4 Date C C Y Y - M M - D D

6 Place

Signature of parent/guardian

J. IN CASE OF NOMINEE/AUTHORISED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date C C Y Y - M M - D D

5 Place

Signature of nominee/authorized person

K. RECOMMENDATION (To be completed by die Designated Firearms Officer)

RECOMMENDATION WITH REGARD TO THE APPLICATION

1 Recommended Not recommended

1.1 Motivation

2 Name of Designated Firearms Officer in block letters

3 Date C C Y Y - M M - D D

4 Rank of Designated Firearms Officer in block letters

5 Place

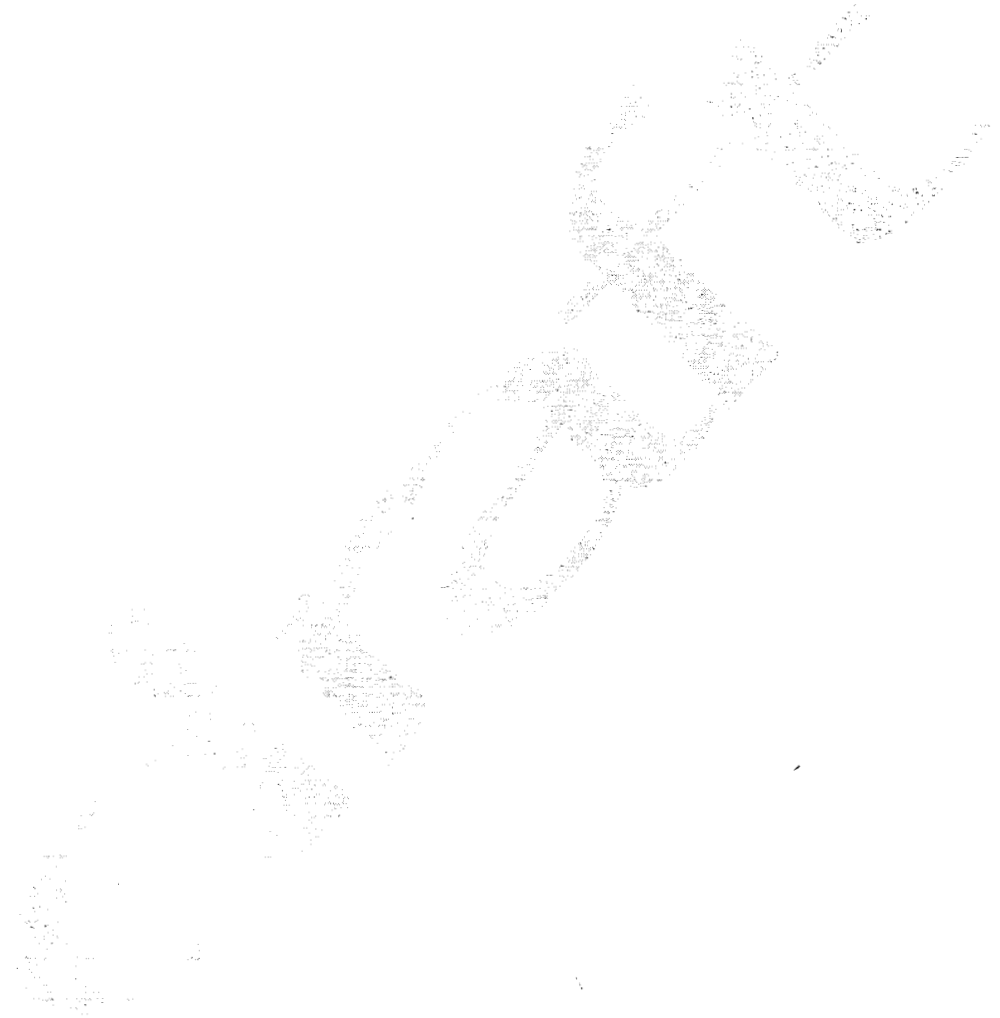
SAPS Further competency certificate

6
Signature of Designated Firearms Officer

7

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Persal number of Designated Firearms Officer



SAPS Cancellation of a firearm licence, permit, certificate or authorization



SOUTH AFRICAN POLICE SERVICE

CANCELLATION OF A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION APPLICATION

OFFICIAL DATE STAMP

DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED

Application reference no

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

B. FOR OFFICIAL USE BY POLICE STATION WHERE APPLICATION IS RECEIVED

1 Province	
2 Area	
3 Police station	
4 Component code	
6 Firearm applications register reference number	

C. TYPE OF APPLICATION TO BE CANCELLED (Indicate with X)

1 Cancellation of an application for a licence to possess a firearm	
2 Cancellation of an application for a manufacturer's licence	
3 Cancellation of an application for a gunsmith's licence	
4 Cancellation of an application for a dealer's licence	
5 Cancellation of an application for a competency certificate	
6 Cancellation of an application for an accredited certificate	
7 Cancellation of an application to collect ammunition	
8 Cancellation of an application for an import permit	
9 Cancellation of an application for a dealer's licence	
10 Cancellation of an application for a temporary authorization to possess a firearm	
11 Cancellation of an application for an in-transit permit	
12 Cancellation of an application for an export permit	
13 Cancellation of an application for a transport permit	
14 Cancellation of an application for a multiple import/export permit	

D. PARTICULARS OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION HOLDER

1 NATURAL PERSON'S DETAILS

1.1 Type of identification (Indicate with X)

SAPS Cancellation of a firearm licence, permit, certificate or authorization

1.2	SA Identity	Passport number												
1.3	Identity number													
1.4	Passport number													
1.5	Surname										1.8 Initials			
1.7	Full names													
1.6	Residential address													
	1.9 Code													
1.10	Postal address													
	1.11 Code													
1.12	Business telephone number	1.13 Home ()			1.14 Work ()									
1.15	Cell phone number				1.16 Fax ()									
1.17	E-mail address													

2 JURISTIC PERSON'S DETAILS

2.1	OTHER BODIES												
2.2	Registered company name												
2.3	Trading as name												
2.4	FAR number												
2.5	Postal address												
	2.6 Code												
2.7	Business address												
	2.8 Code												
2.9	Business telephone number	2.10 Work ()			2.11 Fax ()								
2.12	E-mail address												

3 RESPONSIBLE PERSON'S DETAILS

3.1	Responsible person (full names and surname)												
3.2	Type of identification (Indicate with X)				SA identity				Passport number				
3.3	Identify number of responsible person												
3.3	Passport number of responsible person												
3.4	Cell phone no (if applicable)												
3.5	Physical address												
	3.6 Code												
3.7	Business address												
	3.8 Code												

E. PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

1.1	Licence, permit, certificate or authorization number	1.2 Type of licence, permit certificate or authorization	1.3 Firearm applications register reference number

2	Reason why cancellation of application is requested

SAPS Cancellation of a firearm licence, permit, certificate or authorization

3 Date on which cancellation is requested

Date	C	C	Y	Y	-	M	M	-	D	D
------	---	---	---	---	---	---	---	---	---	---

4 Police station that handled the original application

5 Firearm applications register reference number

--	--	--	--	--	--	--	--	--	--

F. SIGNATURE OF APPLICANT (Sign only where applicable)

1 Name of applicant in block letters

2 Date

C	C	Y	Y	-	M	M	-	D	D
---	---	---	---	---	---	---	---	---	---

3 Signature of applicant

4 Place

DETAILS OF POLICE OFFICIAL DEALING WITH APPLICATION

5.1 Name of police official in block letters

5.2 Rank of police official in block letters

5.3 Persal number of police official

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5.4 Signature of police official

G. (This section must only be completed if the applicant cannot read or write)

1 R
T
P

Right Thumb Print of applicant

2 Date

C	C	Y	Y	-	M	M	-	D	D
---	---	---	---	---	---	---	---	---	---

3 Name of applicant in block letters

4 Place

5 Name of police official in block letters

6 Rank of police official in block letters

7 Persal number of police official

--	--	--	--	--	--	--	--	--	--	--

8 Signature of police official

DETAILS OF WITNESS

9.1 Name of witness in block letters

9.2 Rank of witness in block letters

9.3 Persal number of witness

--	--	--	--	--	--	--	--	--	--	--

9.4 Signature of witness

H. PARTICULARS OF INTERPRETER
(This section must only be completed if the applicant cannot read or write, or understand this document)

1 Name and surname of interpreter

2 Identity number/Passport number of interpreter

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SAPS Cancellation of a firearm licence, permit, certificate or authorization

3	Residential address				4 Code					
5	Postal address				8 Code					
7	Telephone number	8 Home	()	9 Work	()					
10	Cell phone number			11 Fax	()					
12	E-mail address									
13	Translated from (language)		To							

14	Date	C	C	Y	Y	-	M	M	-	D	D
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15
Signature of interpreter

16	Place										
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17
Rank of police official in block letters

18	<input type="text"/>	-	<input type="text"/>
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Persal number of police official

I. IN CASE OF NOMINEE/AUTHORIZED PERSON

1	Name and surname of nominee/authorized person										
2	Identity/Passport number of nominee/authorized person										

3	Date	C	C	Y	Y	-	M	M	-	D	D
---	------	---	---	---	---	---	---	---	---	---	---

4
Signature of nominee/authorized person

5	Place										
---	-------	--	--	--	--	--	--	--	--	--	--

J. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

1
Name of Designated Firearms Officer in block letters

2	Date	C	C	Y	Y	-	M	M	-	D	D
---	------	---	---	---	---	---	---	---	---	---	---

3
Rank of Designated Firearms Officer in block letters

4	Place										
---	-------	--	--	--	--	--	--	--	--	--	--

5
Signature of Designated Firearms Officer

6	<input type="text"/>	-	<input type="text"/>
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Persal number of Designated Firearms Officer

SAPS Request to cancel a licence, permit, authorization or certificate



SOUTH AFRICAN POLICE SERVICE

**REQUEST TO CANCEL A FIREARM LICENCE, PERMIT,
CERTIFICATE OR AUTHORIZATION**

Section 28(2), 42(2), 81(2) and 88(1) of Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP

DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION
WHERE THE APPLICATION IS CAPTURED

¹ Application reference no

B. FOR OFFICIAL USE BY POLICE STATION WHERE REQUEST IS RECEIVED

Province

Area

Police station

Component code

Firearm applications register reference number

C. FOR OFFICIAL USE BY CENTRAL FIREARMS REGISTER

¹ Outstanding/Additional information required

² Persal number C C Y Y - M M - D D ³ Date

⁴ Signature of police official ⁵ Name in block letters

⁶ Cancel firearm licence, permit, certificate or authorization (Indicate with X)

⁷ Persal number C C Y Y - M M - D D ⁸ Date

⁹ Signature of deciding officer ¹⁰ Officer code ¹¹ Name in block letters

¹² Cancellation of firearm licence, permit, certificate or authorization unnecessary (Indicate with X) ¹³ Reason for refusal

¹⁴ Persal number C C Y Y - M M - D D ¹⁵ Date

¹⁶ Signature of deciding officer ¹⁷ Officer code ¹⁸ Name in block letters

SAPS Request to cancel a licence, permit, authorization or certificate

D. TYPE OF REQUEST OF CANCELLATION (Indicate with X)

1	Cancellation of a licence to possess a firearm	
2	Cancellation of a dealer's licence	
3	Cancellation of a manufacturer's licence	
4	Cancellation of a gunsmith's licence	
5	Cancellation of a temporary authorization to possess a firearm	
6	Cancellation of a in-transit permit	
7	Cancellation of a import permit	
8	Cancellation of a export permit	
9	Cancellation of a transport permit	
10	Cancellation of an accreditation certificate	

E. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

1.1	SA identity	Passport										
1.2	Identity number											
1.3	Passport number											
1.4	Surname										1.5	Initials
1.6	Residential address											
1.7	Code											
1.8	Postal address											
1.9	Code											
1.10	Telephone number	1.11	Home	()	1.12	Work	()					
1.13	Cell phone number	1.14	Fax	()								
1.15	E-mail address											

2 JURISTIC PERSON'S DETAILS

2.1 OTHER BODIES

2.2	Registered company name										
2.3	Trading as name										
2.4	FAR number										
2.5	Postal address										
2.6	Code										
2.7	Business address										
2.8	Code										
2.9	Business telephone number	2.10	Work	()	2.11	Fax	()				
2.12	E-mail address										

3 RESPONSIBLE PERSON'S DETAILS

3.1	Responsible person (full names and surname)										
3.2	Type of identification (Indicate with X)				SA identity				Passport number		
3.3	Identity number of responsible person										
3.4	Passport number of responsible person										
3.5	Cell phone no (if applicable)										

SAPS Request to cancel a licence, permit, authorization or certificate

3.6	Physical address				
		3.7	Code		
3.8	Postal address				
		3.9	Code		

F. PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

1 Licence, permit, certificate or authorization number	2 Licence, permit, certificate or authorization type	3 Date issued

4	Reason why cancellation of licence, permit, certificate or authorization is requested

5	Date on which cancellation is requested	6	Date	C	C	Y	Y	-	M	M	-	D	D
---	---	---	------	---	---	---	---	---	---	---	---	---	---

6	Name of Designated Firearms Officer in block letters
---	--

7	Rank of Designated Firearms Officer in block letters
---	--

8	Place
---	-------

9	Signature of Designated Firearms Officer
---	--

10	Persal number of Designated Firearms Officer
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SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF LOST/STOLEN/FOUND FIREARMS

Section 120(11) of Firearms Control Act, 2000 (Act No 60 of 2000)

<p>OFFICIAL DATE STAMP</p> <p style="text-align: center;">DATE RECEIVED</p>

A. FOR OFFICIAL USE BY POLICE STATION WHERE FIREARM IS REPORTED	
Province	
Area	
Police station	
Component code	
Case reference number	R E F N O - - M M - Y Y C C
SAPS 13 register reference number	R E F N O - C C Y Y

B. PARTICULARS OF CURRENT OWNER

NATURAL PERSON'S DETAILS

1.1 SA identity	Passport										
1.2 Identity number											
1.3 Passport number											
1.4 Surname									1.5 Initials		
1.6 Residential address											
									1.7 Code		
1.8 Postal address											
									1.9 Code		
1.10 Telephone number	1.11 Home ()					1.12 Work ()					
1.13 Cell phone number					1.14 Fax ()						
1.15 E-mail address											

JURISTIC PERSON'S DETAILS

OTHER BODIES

2.2 Registered company name							
2.3 Trading as name							
2.4 FAR number							

SAPS Notification of lost/stolen/found firearms

2.6	Postal address										
		2.9 Code									
2.7	Business address										
		2.8 Code									
2.9	Business telephone number	2.10 Work	()	2.11 Fax	()						
2.12	E-mail address										

3 RESPONSIBLE PERSON'S DETAILS

3.1	Responsible person (full name and surname)										
3.2	Type of identification (Indicate with X)	SA identity			Passport number						
3.3	Identity number of responsible person										
3.4	Passport number of responsible person										
3.5	Cell phone no (if applicable)										
3.6	Physical address										
		3.7 Code									
3.8	Postal address										
		3.9 Code									

C. PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

1	DETAILS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION			
1.1	Type of licence, permit, certificate or authorization	Licence, permit, certificate and authorization number	Date issued	Expiry date

2 PARTICULARS OF FIREARM

2.1	Type										
2.2	Calibre										
2.3	Make										
2.4	Model										
	Firearm component type:										
2.5	Barrel serial number									2.5 Make	
2.7	Frame serial number									2.7 Make	
2.9	Receiver serial number									2.9 Make	

D. CIRCUMSTANCES (Indicate with X)

1	Lost	2 Stolen	3 Found		
4	Particulars of incident				

SAPS Notification of lost/stolen/found firearms

5 Date on which incident was discovered - -

6 Notification time Notification date - -

8 Signature of reporting person 9 Name of reporting person in block letters

10 Identity number/Passport number of reporting person

11 If you are not the holder of the licence, permit, certificate or authorization, in what manner are you related to the holder? (eg. neighbour, friend, spouse etc)

E. FOR OFFICIAL USE BY THE POLICE STATION

1 Name of police official in block letters 2 Date - -

3 Rank of police official in block letters 4 Place

5 Signature of police official 6 Persal number of police official -

F. PARTICULARS OF POLICE OFFICIAL WHO CIRCULATES THE FIREARM ON THE FIREARM CONTROL SYSTEM

1 Name of police official in block letters 2 Date - -

3 Rank of police official in block letters 4 Place

5 Signature of police official 6 Persal number of police official -

CONTINUES ON PAGE 289—PART 2



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PART 2 OF 2



AIDS HELPLINE: 0800-0123-22 Prevention is the cure



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR COMPENSATION

Section 137 of Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED									
¹ Application reference no									

B. FOR OFFICIAL USE BY POLICE STATION WHERE APPLICATION IS RECEIVED									
Province									
Area									
Police station									
Component code									
General firearm transactions register ref no									

C. FOR OFFICIAL USE BY CENTRAL FIREARMS REGISTER										
¹ Outstanding/Additional information required										
.....										
.....										
.....										
² Persal number						C	C	Y	Y	
³ Date										
⁴ Signature of police official					⁵ Name in block letters					
⁶ Application for compensation approved (Indicate with X)										
.....										
⁷ Persal number						C	C	Y	Y	
⁸ Date										
⁹ Signature of deciding officer				¹⁰ Officer code		¹¹ Name in block letters				
¹² Application for compensation refused (Indicate with X)										
¹³ Reason for refusal										
.....										
.....										
¹⁴ Persal number						C	C	Y	Y	
¹⁵ Date										
¹⁶ Signature of deciding officer				¹⁷ Officer code		¹⁸ Name in block letters				

SAPS Application for compensation

D. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

1.1 Type of identification (Indicate with X)

1.2	SA Identity	Passport number	Non-SA citizen with permanent residence	
1.3	Identity number			
1.4	Passport number			
1.5	Surname			1.6 Initials
1.7	Full names			
1.8	Residential address			
				1.9 Code
1.10	Postal address			
				1.11 Code
1.12	Business telephone number	1.13 Home ()	1.14 Work ()	
1.15	Cell phone number		1.16 Fax ()	
1.17	E-mail address			

2 JURISTIC PERSON'S DETAILS

2.1	Registered company name			
2.2	Trading as name			
2.3	FAR number			
2.4	Postal address			
				2.5 Code
2.6	Business address			
				2.7 Code
2.8	Business telephone number	2.9 Work ()	2.10 Fax ()	
2.11	E-mail address			

3 RESPONSIBLE PERSON'S DETAILS

3.1	Responsible person (full names and surname)			
3.2	Type of identification (Indicate with X)	SA identity	Passport number	
3.3	Identity number of responsible person			
3.4	Passport number of responsible person			
3.5	Cell phone number (if applicable)			
3.6	Physical address			
				3.7 Code
3.8	Postal address			
				3.9 Code

4 REPRESENTATIVE'S DETAILS

4.1	Name and surname			
4.2	Postal address			
				4.3 Code

SAPS Application for compensation

4.4	Telephone number	4.5 Home	()	4.6 Work	()
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SAPS Application for compensation

4.7	Cell phone number	<input type="checkbox"/> Fax	()
4.9	E-mail address		

5 PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

5.1	Licence, permit, certificate or authorization type			
5.2	Licence, permit, certificate or authorization number			

6 PARTICULARS OF FIREARM

6.1	Type			
6.2	Calibre			
6.3	Make			
6.4	Model			

Firearm component type:

6.5	Barrel serial number															6.5 Make		
6.7	Frame serial number																6.7 Make	
6.9	Receiver serial number																6.9 Make	

7 OTHER PARTICULARS

7.1	Police station name			
7.2	SAPS 13 register reference number			
7.3	Case reference number			
7.4	Motivation for compensation			

8	Expected compensation amount	R													
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9 BANK PARTICULARS

9.1	Account holder name			
9.2	Account type			
9.3	Account number			
9.4	Name of bank			
9.5	Branch name			
9.6	Bank branch code			

SAPS Application for compensation

E. SIGNATURE OF APPLICANT (Sign only where applicable)

1
Name of applicant in block letters

2 Date - -

3
Signature of applicant

4 Place

5 DETAILS OF POLICE OFFICIAL DEALING WITH APPLICATION

5.1
Name of police official in block letters

5.2
Rank of police official in block letters

5.3 -
Personal number of police official

5.4
Signature of police official

F. (This section must only be completed if the applicant cannot read or write)

1
R
T
P
Right Thumb Print of applicant

2 Date - -

3
Name of applicant in block letters

4 Place

5
Name of police official in block letters

6
Rank of police official in block letters

7 -
Personal number of police official

8
Signature of police official

9 DETAILS OF WITNESS

9.1
Name of witness in block letters

9.2
Rank of witness in block letters

9.3 -
Personal number of witness

9.4
Signature of witness

G. PARTICULARS OF INTERPRETER
(This section must only be completed if the applicant cannot read or write, or understand this document)

1	Name and surname of interpreter															
2	Identity number/Passport number of interpreter	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
3	Residential address															
												4 Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Postal address															
												6 Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SAPS Application for compensation

7	Telephone number	8 Home ()	9 Work ()
10	Cell phone number		11 Fax ()
12	E-mail address		
13	Translated from (language)	To	

14 Date C C Y Y - M M - D D

16 Place

Signature of interpreter

17 Rank of police official in block letters

18 Persal number of police official

H. PARENTAL CONSENT IN CASE OF A MINOR

1 Recommended Not recommended

2 Name and surname of parent/guardian

3 Identity number/Passport number of parent/guardian

4 Date C C Y Y - M M - D D

6 Place

Signature of parent/guardian

I. IN CASE OF AUTHORIZED/REPRESENTATIVE PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date C C Y Y - M M - D D

5 Place

Signature of nominee/authorized person

J. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

RECOMMENDATION WITH REGARD TO THE APPLICATION

1 Recommended Not recommended

2 Motivation

3 Name of Designated Firearms Officer in block letters

4 Date C C Y Y - M M - D D

6 Rank of Designated Firearms Officer in block letters

6 Place

7

.....
Signature of Designated Firearms Officer

SAPS Application for compensation

8

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Personal number of Designated Firearms Officer



SAPS Request to suspend a licence, permit, certificate or authorization



SOUTH AFRICAN POLICE SERVICE

REQUEST TO SUSPEND A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Section 41, 55 and 69 of Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP DATE RECEIVED	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="13" style="text-align: center;">A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</th> </tr> <tr> <td colspan="13">1 Application reference no</td> </tr> <tr> <td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td><td style="width:5%;"> </td> </tr> </table>	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED													1 Application reference no																																																																																																																																																																																																																																																																																																								
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SAPS Request to suspend a licence, permit, certificate or authorization

D. TYPE OF REQUEST OF SUSPENSION (Indicate with X)	
1	Suspension of a licence to possess a firearm
2	Suspension of a dealer's licence
3	Suspension of a manufacturer's licence
4	Suspension of a gunsmith's licence
5	Suspension of a temporary authorization to possess a firearm
6	Suspension of a in-transit permit
7	Suspension of a import permit
8	Suspension of a export permit
9	Suspension of a transport permit
10	Suspension of an accreditation certificate

D. PARTICULARS OF WARRANT HOLDER

1 NATURAL PERSON'S DETAILS

1.2	SA Identity	Passport number
1.3	Identity number	
1.4	Passport number	
1.5	Surname	1.6 Initials
1.7	Full names	
1.8	Residential address	
		1.9 Code
1.10	Postal address	
		1.11 Code
1.12	Business telephone number	1.13 Home ()
		1.14 Work ()
1.15	Cell phone number	1.16 Fax ()
1.17	E-mail address	

2 JURISTIC PERSON'S DETAILS

2.1 OTHER BODIES

2.2	Registered company name	
2.3	Trading as name	
2.4	FAR number	
2.5	Postal address	
		2.6 Code
2.7	Business address	
		2.8 Code
2.9	Business telephone number	2.10 Work ()
		2.11 Fax ()
2.12	E-mail address	

3 RESPONSIBLE PERSON'S DETAILS

3.1	Responsible person (names and surname)	
3.2	Type of identification (Indicate with X)	SA identity
		Passport number
3.3	Identity number of responsible person	
3.3	Passport number of responsible person	

SAPS Request to suspend a licence, permit, certificate or authorization

3.4	Cell phone number (if applicable):	
3.5	Physical address	
		3.6 Code
3.7	Postal address	
		3.8 Code

E. PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Licence, permit, certificate or authorization number	1.2	Licence, permit, certificate or authorization type	1.3	Date issued

Reason why suspension of licence, permit, certificate or authorization is requested	

Date on which suspension is requested	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 5%;">Date</td> <td style="width: 5%;">D</td> <td style="width: 5%;">C</td> <td style="width: 5%;">Y</td> <td style="width: 5%;">M</td> <td style="width: 5%;">-</td> <td style="width: 5%;">M</td> <td style="width: 5%;">M</td> <td style="width: 5%;">-</td> <td style="width: 5%;">D</td> <td style="width: 5%;">D</td> </tr> </table>	Date	D	C	Y	M	-	M	M	-	D	D
Date	D	C	Y	M	-	M	M	-	D	D		

SAPS Request to suspend a licence, permit, certificate or authorization

F. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

1 RECOMMENDATION WITH REGARD TO THE APPLICATION

Recommended		Not recommended	
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2 Motivation regarding the request to suspend

.....

.....

.....

.....

.....

.....

.....

3

Name of Designated Firearms Officer in block letters

4 Date - -

5

Rank of Designated Firearms Officer in block letters

6 Place

7

Signature of Designated Firearms Officer

8 -

Persal number of Designated Firearms Officer

SAPS Transfer of firearm ownership



SOUTH AFRICAN POLICE SERVICE

TRANSFER OF FIREARM OWNERSHIP

Section 125(2)(a)(iii) of Firearms Control Act, 2000(Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY POLICE STATION WHERE APPLICATION WAS RECEIVED												
1	Province											
2	Area											
3	Police station											
4	Component code											
5	SAPS 13 register reference number	R	E	F	N	O	-	C	C	V	Y	
6	General firearm transactions register ref no											

B. PARTICULARS OF CURRENT POSSESSOR												
--	--	--	--	--	--	--	--	--	--	--	--	--

NATURAL PERSON'S DETAILS												
1.1	SA identity	Passport										
1.2	Identity number											
1.3	Passport number											
1.4	Surname										1.5 Initials	
1.6	Residential address											
											1.7 Code	
1.8	Postal address											
											1.9 Code	
1.10	Telephone number	1.11 Home	()	1.12 Work	()							
1.13	Cell phone number				1.14 Fax	()						
1.15	E-mail address											

JURISTIC PERSON'S DETAILS												
----------------------------------	--	--	--	--	--	--	--	--	--	--	--	--

OTHER BODIES												
2.2	Registered company name											
2.3	Trading as name											

SAPS Transfer of firearm ownership

2.4	FAR number												
2.5	Postal address												
										2.6 Code			
2.7	Business address												
										2.8 Code			
2.9	Business telephone number	2.10 Work	()									2.11 Fax	()
2.12	E-mail address												

3 RESPONSIBLE PERSON'S DETAILS

3.1	Responsible person (full names and surname)												
3.2	Type of identification (Indicate with X)	SA identity				Passport number							
3.3	Identity number of responsible person												
3.4	Passport number of responsible person												
3.5	Cell phone no (if applicable)												
3.6	Physical address												
										3.7 Code			
3.8	Postal address												
										3.8 Code			

4	Reason for transfer of firearm	<p>.....</p> <p>.....</p> <p>.....</p>											
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C. PARTICULARS OF FIREARM(S) THAT IS TO BE TRANSFERRED

	(1)	(2)	(3)	(4)	
1.1	Type				
1.2	Calibre				
1.3	Make				
1.4	Model				
Firearm component type:					
1.5	Barrel serial number				1.8 Make
1.7	Frame serial number				1.8 Make
1.9	Receiver serial number				1.10 Make

D. PARTICULARS OF DEALER/GUNSMITH TO WHOM THE FIREARM IS TRANSFERRED

2.2	Registered company name												
2.3	Trading as name												
2.4	FAR number												
2.5	Postal address												
										2.5 Code			

SAPS Transfer of firearm ownership

2.7 Business address

2.8 Code

2.9 Business telephone number ^{2.10} Work () ^{2.11} Fax ()

2.12 E-mail address

D. SIGNATURE OF CURRENT OWNER (Sign only where applicable)

1
Name of current owner in block letters

2 Date - -

3
Signature of current owner

4 Place

5 DETAILS OF POLICE OFFICIAL DEALING WITH APPLICATION

5.1
Name of police official in block letters

5.2
Rank of police official in block letters

5.3 -
Persal number of police official

5.4
Signature of police official

6 SIGNATURE OF DEALER/GUNSMITH

6.1
Name of dealer/gunsmith in block letters

6.2 Date - -

6.3
Signature of dealer/gunsmith

6.4 Place

E. (This section must only be completed if the applicant cannot read or write)

1 R
T
P
Right Thumb Print of applicant

2 Date - -

3
Name of applicant in block letters

4 Place

5
Name of police official in block letters

6
Rank of police official in block letters

7 -
Persal number of police official

8
Signature of police official

9 DETAILS OF WITNESS

9.1
Name of witness in block letters

SAPS Transfer of firearm ownership

9.2
Rank of witness in block letters

9.3
Persal number of witness

9.4
Signature of witness

H. PARTICULARS OF INTERPRETER
(This section must only be completed if the applicant cannot read or write, or understand this document)

1	Name and surname of interpreter														
2	Identity number/Passport number of interpreter														
3	Residential address										4	Code			
5	Postal address										6	Code			
7	Telephone number	8 Home ()									9 Work ()				
10	Cell phone number									11 Fax ()					
12	E-mail address														
13	Translated from (language)										To				

14 Date - -

15
Signature of interpreter

16 Place

17
Rank of police official in block letters

18
Persal number of police official

J. IN CASE OF NOMINEE/AUTHORISED PERSON

1	Name and surname of nominee/authorized person														
2	Identity/Passport number of nominee/authorized person														
3	Date														
4	Signature of nominee/authorized person										5	Place			

J. PARTICULARS OF POLICE OFFICIAL

1	<input type="text"/> Name of police official in block letters		2		Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>							
3	<input type="text"/> Rank of police official in block letters		4		Place <input type="text"/>							
5 Signature of police official		6		<input type="text"/> Persal number of police official							

SAPS Notification of incorrect information



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF INCORRECT INFORMATION

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED									
1 Notification reference no									

B. FOR OFFICIAL USE BY POLICE STATION WHERE NOTIFICATION IS RECEIVED									
1	Province								
2	Area								
3	Police station								
4	Component code								
5	General firearm transaction register number								

C. PARTICULARS OF APPLICANT									
-----------------------------	--	--	--	--	--	--	--	--	--

1 NATURAL PERSON'S DETAILS

1.1 Type of identification (Indicate with X)

1.2	SA Identity	Passport number	Non-SA citizen with permanent residence							
1.3	Identity number									
1.4	Passport number									
1.5	Surname							1.6 Initials		
1.7	Full names									
1.8	Residential address									
									1.9 Code	
1.1	Postal address									
									1.11 Code	
1.12	Business telephone number	1.13 Home	()	1.14 Work	()					
1.15	Cell phone number				1.16 Fax	()				
1.17	E-mail address									

2 JURISTIC PERSON'S DETAILS

2.1 OTHER BODIES

2.2 Registered company name

SAPS Notification of incorrect information

2.3	Trading as name											
2.4	FAR number											
2.5	Postal address											
			2.6 Code									
2.7	Business address											
			2.8 Code									
2.9	Business telephone number	2.10 Work	()	2.11 Fax	()							
2.12	E-mail address											

3 RESPONSIBLE PERSON'S DETAILS

3.1	Responsible person (full names and surname)											
3.2	Type of identification (Indicate with X)		SA identity					Passport number				
3.3	Identity number of responsible person											
3.4	Passport number of responsible person											
3.5	Cell phone number											
3.6	Physical address											
			3.7 Code									
3.8	Postal address											
			3.8 Code									

D. PARTICULARS OF INCORRECT LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

1	2	3
Licence, permit, certificate or authorization type	Licence, permit, certificate or authorization number	Date issued

4 OTHER INFORMATION

4.1	Description of incorrect information											

5	Incorrect firearm particulars			6	Correct firearm particulars		
5.1	Type			6.1	Type		
5.2	Calibre			6.2	Calibre		
5.3	Make			6.3	Make		
5.4	Model			6.4	Model		
Firearm component type:				Firearm component type:			
5.5	Barrel serial number			6.5	Barrel serial number		
5.6	Frame serial number			6.6	Frame serial number		
5.7	Receiver serial number			6.7	Receiver serial number		

SAPS Notification of incorrect information

E. SIGNATURE OF APPLICANT (Sign only where applicable)

1

Name of applicant in block letters

2 Date C C Y Y - M M - D D

3

Signature of applicant

4 Place

5 DETAILS OF POLICE OFFICIAL DEALING WITH APPLICATION

5.1

Name of police official in block letters

5.2

Rank of police official in block letters

5.3 -

Persal number of police official

5.4

Signature of police official

F. (This section must only be completed if the applicant cannot read or write)

1 R
T
P

Right Thumb Print of applicant

2 Date C C Y Y - M M - D D

3

Name of applicant in block letters

4 Place

5

Name of police official in block letters

6

Rank of police official in block letters

7 -

Persal number of police official

8

Signature of police official

9 DETAILS OF WITNESS

9.1

Name of witness in block letters

9.2

Rank of witness in block letters

9.3 -

Persal number of witness

9.4

Signature of witness

G. PARTICULARS OF INTERPRETER
(This section must only be completed if the applicant cannot read or write, or understand this document)

1	Name and surname of interpreter	<input type="text"/>
2	Identity number/Passport number of interpreter	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	Residential address	<input type="text"/>
		4 Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SAPS Notification of incorrect information

5	Postal address					
						6 Code
7	Telephone number	8 Home ()	9 Work ()			
10	Cell phone number			11 Fax ()		
12	E-mail address					
13	Translated from (language)		To			

14 Date C C Y Y - M M - D D

16 Place

15 Signature of interpreter

17

Rank of police official in block letters

18

Persal number of police official

H. IN CASE OF NOMINEE/AUTHORIZED PERSON

1	Name and surname of nominee/authorized person																			
2	Identity/Passport number of nominee/authorized person																			

3 Date C C Y Y - M M - D D

5 Place

4 Signature of nominee/authorized person

I. PARTICULARS OF DESIGNATED FIREARMS OFFICER

1

Name of Designated Firearms Officer in block letters

2 Date C C Y Y - M M - D D

3

Rank of Designated Firearms Officer in block letters

4 Place

5 Signature of Designated Firearms Officer

6

Persal number of Designated Firearms Officer