

SAPS Application for accreditation for business purposes

D. TYPE OF ACCREDITATION (Indicate with X)

1	For a shooting range where unrestricted amounts of ammunition may be bought and fired	
2	Providing training in the use of firearms	
3	Providing firearms for the use in theoretical, films or television productions	
4	To conduct business in hunting	
5	To provide an in-house security service	
6	As a museum	
7	As a public collector in firearms and ammunition	
8	As a game hunter	
9	For other business purposes (specify the purpose)	

E. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

1.1 Type of Identification (Indicate with X)

1.2	SA citizen	<input type="checkbox"/>	*Non-SA citizen with permanent residence	<input type="checkbox"/>														
1.3	Identity number																	
1.4	Surname			1.5 Initials														
1.6	Full names																	
1.7	Date of birth	C	C	Y	Y	-	M	M	/	D	D	1.8 Age			1.9 Gender	Male	Female	
1.10	Residential address													1.11 Code				
1.12	Postal address													1.13 Code				
1.14	Trade of profession											1.15 If self-employed, specify						
1.16	Name of employer/company																	
1.17	Business address													1.18 Code				
1.19	Telephone number	1.20 Home	()	1.21 Work	()											
1.22	Cell phone number											1.23 Fax	()				
1.24	E-mail address																	

2 Marital status (Indicate with X)

2.1	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
	Other (specify)									

3 PARTICULARS OF SPOUSE/PARTNER (Where applicable)

3.1 Type of Identification (Indicate with X)

3.2	SA identity	<input type="checkbox"/>	Passport	<input type="checkbox"/>													
3.3	Identity number of spouse/partner																
3.4	Passport number of spouse/partner																
3.5	Name and surname																

*In the case of a non-SA citizen proof of permanent residence must be submitted

SAPS Application for accreditation for business purposes

4 JURISTIC PERSON'S DETAILS

4.1 OTHER BODIES (eg body of corporate, close corporation or company)

4.2	Registered company name																			
4.3	Trading as name																			
4.4	FAR number																			
4.5	Company registration or CC number																			
4.6	Postal address																			
		4.7 Code																		
4.8	Business address																			
		4.9 Code																		
4.10	Business telephone number	4.11 Work																		
4.13	E-mail address																			
4.14	Identity number of responsible person																			
4.15	Cell phone number																			

5 RESPONSIBLE PERSON'S DETAILS

5.1	Responsible person (full name and surname)																			
5.2	Type of identification (Indicate with X)	SA identity					Passport number													
5.3	Identity number of responsible person																			
5.4	Passport number of responsible person																			
5.5	Cell phone number																			
5.6	Physical address																			
		5.7 Code																		
5.8	Postal address																			
		5.9 Code																		

6	Type of competency certificate																					
7	Date of issue	C	C	Y	Y	-	M	M	-	D	D	8 Expiry date	C	C	Y	Y	-	M	M	-	D	D

9 OTHER DETAILS

9.1	HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE(S) WHETHER COMMITTED IN OR OUTSIDE SOUTH AFRICA SINCE YOUR COMPETENCY CERTIFICATE WAS ISSUED? (Indicate with X)															
	YES	NO	If yes, submit full details													
9.1.1	1 Police station												9.1.2 CAS/Case number			
9.1.3	Charge												9.1.4 Result			
9.1.5	2 Police station												9.1.5 CAS/Case number			
9.1.7	Charge												9.1.6 Result			
9.2	HAVE YOU LOST ANY FIREARM(S) OR HAVE ANY FIREARM(S) BEEN STOLEN FROM YOU SINCE YOUR COMPETENCY CERTIFICATE WAS ISSUED? (Indicate with X)															
	YES	NO	If yes, submit full details													
9.2.1	1 Police station												9.2.2 CAS/Case number			
9.2.3	2 Police station												9.2.4 CAS/Case number			
9.2.5	WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED WITH REGARD TO THE STOLEN/LOST FIREARM SINCE YOUR COMPETENCY CERTIFICATE WAS ISSUED? (Indicate with X)															
	YES	NO	If yes, submit the following details													

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9.2.1	¹ Police station		9.2.2 CAS/Case number	
9.2.3	Charge			
9.2.4	² Police station		9.2.5 CAS/Case number	
9.2.6	Charge			
9.3	HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM SINCE YOUR COMPETENCY CERTIFICATE WAS ISSUED? (Indicate with X)			
	YES	NO	If yes, submit full details	
9.3.1	¹ Police station		9.3.2 CAS/Case number	
9.3.3	Charge			
9.3.4	Date as from		9.3.5 Period	
9.3.6	² Police station		9.3.7 CAS/Case number	
9.3.8	Charge			
9.3.9	Date as from		9.3.10 Period	
9.4	IS THERE ANY CASE PENDING AGAINST YOU? (Indicate with X)			
	YES	NO	If yes, submit full details	
9.4.1	¹ Police station		9.4.2 CAS/Case number	
9.4.3	Charge			
9.4.4	² Police station		9.4.5 CAS/Case number	
9.4.6	Charge			
9.5	HAVE ANY FIREARM(S) IN YOUR POSSESSION EVER BEEN FORFEITED SINCE ISSUING OF YOUR COMPETENCY CERTIFICATE? (Indicate with X)			
	YES	NO	If yes, submit the following details	
9.5.1	¹ Police station			
9.5.2	Circumstances			
9.5.3	² Police station			
9.5.4	Circumstances			
10	PARAGRAPH 10.1 - 10.4 MUST BE COMPLETED FOR ALL TYPES OF ACCREDITATION			
10.1	MOTIVATION OF PURPOSE AND SCOPE FOR WHICH ACCREDITATION IS REQUIRED			
10.2	DESCRIPTION OF THE MAIN PURPOSE OF THE BUSINESS			
10.3	DESCRIPTION OF SECURITY MEASURES PERTAINING TO THE STORAGE, TRANSPORT AND SAFEKEEPING OF FIREARMS TO BE USED			
10.4	DESCRIPTION OF HOW REGISTERS WILL BE KEPT			

SAPS Application for accreditation for business purposes

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 D D Y Y - M M - D D

15 Signature of police official

16 Place

17 Rank of police official

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 D D Y Y - M M - D D

4 Signature of nominee/authorized person

5 Place

*** NOTIFICATION OF CHANGE OF ADDRESS ***

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

I. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

1		RECOMMENDATION WITH REGARD TO THE APPLICATION	
	Recommended		Not recommended
2	Motivation		
3	Recommended conditions		

SAPS Appl for multiple, permanent, in-transit, import and export permit for personal use (Individuals and companies)



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR MULTIPLE IMPORT OR EXPORT PERMIT/
PERMANENT IMPORT OR EXPORT PERMIT/
IN-TRANSIT PERMIT FOR PERSONAL USE
(Individuals and companies)**

[Section 73(2), 74, 76, 77, 78, 80, 81 and 82 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											
1	Province										
2	Area										
3	Police station										
4	Component code										
5	Firearm applications register reference number	SAPS 86	NO	YEAR							

C. FOR OFFICIAL USE BY CENTRAL FIREARMS REGISTER													
Outstanding/Additional information required													
2 Persal number			C	C	Y	Y	-	M	M	-	D	D	3 Date
4 Signature of police official				6 Name in block letters									
6 Application for licence approved (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 Application for licence refused (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 Appl for multiple, permanent, in-transit, import and export permit for personal use (Individuals and companies)

D. TYPE OF PERMIT (Indicate with X)

1 Multiple import and export permit 2 Import permit 3 Export permit 4 In-transit permit

E. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

1.1 Type of identification (Indicate with X)

1.2 SA identity Passport

1.3 Identity number of natural person

1.4 Passport number of natural person

1.5 Surname 1.6 Initials

1.7 Full names

1.8 Date of birth 1.9 Age 1.10 Gender Male Female

1.11 Residential address 1.12 Code

1.13 Postal address 1.14 Code

1.15 Trade of profession 1.16 If self-employed, specify

1.17 Name of employer/company

1.18 Business address 1.19 Code

1.20 Telephone number 1.21 Home () 1.22 Work ()

1.23 Cell phone number 1.24 Fax ()

1.25 E-mail address

2 Marital status (Indicate with X)

2.1 Single Married Divorced Widow Widower Other (specify)

3 PARTICULARS OF SPOUSE/PARTNER (Where applicable)

3.1 Type of identification (Indicate with X)

3.2 SA identity Passport

3.3 Identity number of spouse/partner

3.4 Passport number of spouse/partner

3.5 Name and surname

4 JURISTIC PERSON'S DETAILS

4.1 Registered company name

4.2 Trading as name

4.3 FAR number

4.4 Postal address 4.5 Code

SAPS Appl for multiple, permanent, in-transit, import and export permit for personal use (Individuals and companies)

4.6	Business address											4.7 Code			
4.8	Business telephone number	4.9 Work	()			4.10 Fax	()								
4.11	E-mail address														
4.12	Identity number of responsible person														
4.13	Cell phone number														

5 RESPONSIBLE PERSON'S DETAILS

5.1	Responsible person (full name and surname)																					
5.2	Type of identification (Indicate with X)	SA identity					* Non-SA citizen with permanent residence															
5.3	Identity number of responsible person																					
5.4	Passport number of responsible person																					
5.5	Cell phone number																					
5.6	Physical address											5.7 Code										
5.8	Postal address											5.9 Code										
6	Type of competency certificate (If applicable)																					
7	Date of issue	C	C	Y	Y	-	M	M	-	D	D	8 Expiry date	C	C	Y	Y	-	M	M	-	D	D

F. PARTICULARS OF CURRENT OWNER OF THE FIREARM(S)

1 NATURAL PERSON'S DETAILS

1.1	Surname											1.2 Initials			
1.3	Full names														
1.4	Identity number of natural person														
1.5	Passport number of natural person														
1.6	Residential address											1.7 Code			
1.8	Postal address											1.8 Code			
1.10	Telephone number	1.11 Home	()			1.12 Work	()								
1.13	Cell phone number				1.14 Fax	()									
1.15	E-Mail address														

* In the case of a non-SA Citizen proof of permanent residence must be submitted

2 JURISTIC PERSON'S DETAILS

2.1	Registered company name														
2.2	Trading as name														
2.3	FAR number														
2.4	Company registration or CC number														
2.5	Postal address											2.5 Code			

SAPS Appl for multiple, permanent, in-transit, import and export permit for personal use (Individuals and companies)

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 number										
3.6	Physical address										
		3.7 Code									
3.8	Postal address										
		3.8 Code									

G. IMPORT AND/OR EXPORT DETAILS

1	Country of origin										
2	Country of destination										
3	Port of entry										
4	Port of exit										
5	Reason for permit										

6 In case of a permanent import/export permit, submit the date on which the import/export will take place

7	Date on which the import/export will take place	Date	C	C	Y	Y	-	M	M	-	D	D
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9 In case of a multiple import or export permit/in-transit permit, submit the following

10	Period for which permit is required																							
11	FROM	Date	C	C	Y	Y	-	M	M	-	D	D	TO	Date	C	C	Y	Y	-	M	M	-	D	D

H. TRANSPORTER'S DETAILS (Complete only in the case of an in-transit permit for business purposes)

1	FAR number										
2	Transporter's name and surname										
3	Transporter's trading as name										
4	Method of transport										
5	Transporter's responsible person (name and surname)										
6	Type of identification (Indicate with X)	Non-SA citizen with permanent residence			SA identity						
7	Identity number of responsible person										
8	Cell phone number										

SAPS Appl for multiple, permanent, in-transit, import and export permit for personal use (Individuals and companies)

9 Validity of the transporter's permit FROM Date:

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

10 TO Date:

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

11 Transport route:

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G. PARTICULARS OF FIREARMS

1.1 Type	1.2 Action	1.3 Calibre	1.4 Model	1.5 Make	1.6 Frame or receiver serial number	1.7 Barrel serial number

2 PARTICULARS OF AMMUNITION

2.1.1 Type	2.1.2 Quantity	2.2.1 Type	2.2.2 Quantity

H. SIGNATURE OF APPLICANT (Sign only where applicable)

1

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 Name of applicant in block letters

2 Date:

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

3 Signature of applicant

4

Place	
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5 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

5.1

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 Name of police official in block letters

5.2

										-	
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 Personal number of police official

5.3

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 Rank of police official in block letters

5.4 Signature of police official

SAPS Appl for multiple, permanent, in-transit, import and export permit for personal use (Individuals and companies)

6 CERTIFICATE BY PERSON WHO IS IN LAWFUL POSSESSION OF THE FIREARM(S)

I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to sell or supply it to the applicant once the necessary licence(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate

If I make any false statement on this form I shall be guilty of an offence in terms of Section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000)

6.1 Name and surname of current owner/authorized person

6.2 Identification number of current owner/authorized person

6.3 Designation

6.4 Date

6.5 Signature of current owner/authorized person

6.6 Place

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

1 R
T
P

2 Date

3 Name of person surrendering in block letters

4 Place

Right thumb print of applicant

5 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

5.1 Name of police official in block letters

5.2 Personal number of police official

5.3 Rank of police official in block letters

5.4 Signature of police official

6 PARTICULARS OF WITNESS

6.1 Name of witness in block letters

6.2 Personal number of witness

6.3 Rank of witness in block letters

6.4 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/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

SAPS Appl for multiple, permanent, in-transit, import and export permit for personal use (Individuals and companies)

15 Signature of interpreter	16 Place
17 Rank of police official in block letters	18 Persal number of police official

J. PARENTAL CONSENT IN CASE OF A MINOR

1 Recommended	Not recommended
2 Name and surname of parent/guardian	
3 Identity/Passport number of parent/guardian	
	4 Date C C Y Y - M M - D D
5 Signature of parent/guardian	6 Place

K. 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

*** NOTIFICATION OF CHANGE OF ADDRESS ***

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

1 RECOMMENDATION WITH REGARD TO THE APPLICATION	
Recommended	Not recommended
2 Motivation regarding the application	

SAPS Appl for multiple, permanent, in-transit, import and export permit for personal use (Individuals and companies)

3
Name of Designated Firearms Officer in block letters

4 Date

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

5
Rank of Designated Firearms Officer in block letters

6 Place

7
Signature of Designated Firearms Officer

8

											-	
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Personal number of Designated Firearms Officer

SAPS Notification of ceasing to carry on business



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CEASING TO CARRY ON BUSINESS

[Section 146 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 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 SAPS 13 reference number									
6 General firearm transactions register number									

C. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, AUTHORIZATION OR CERTIFICATE

1 NATURAL PERSON'S DETAILS

1.1 SA identity	Passport																		
1.2 Identity number of natural person																			
1.3 Passport number of natural person																			
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 Registered company name																			
2.2 Trading as name																			
2.3 FAR number																			
2.4 Postal address															2.5 Code				

SAPS Notification of ceasing to carry on business

2.6	Business address					2.8 Code				
2.7	Business telephone number	2.8 Work	()	2.9 Fax	()					
2.10	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 number											
3.6	Physical address								3.7 Code			
3.8	Postal address								3.9 Code			

3.10	Reason for ceasing to carry on a business	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>									
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3.11	Date ceasing to carry on a business	3.12	Date	C	C	Y	Y	-	M	M	-	D	D
------	-------------------------------------	------	------	---	---	---	---	---	---	---	---	---	---

3.13	Address where firearms will be stored until they are disposed of	<p>.....</p> <p>.....</p>										3.14 Code			
------	--	---------------------------	--	--	--	--	--	--	--	--	--	-----------	--	--	--

3.15	Particulars of the manner in which the firearm(s) will be disposed of	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>									
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D. LICENCE, PERMIT, AUTHORIZATION OR CERTIFICATE DETAILS

1	Particulars of licence, permit, authorization or certificate	
1.1	Type of licence, permit, authorization	Licence, permit, authorization or certificate number
1.2	
1.3	
1.4	
1.5	

SAPS Notification of ceasing to carry on business

1.6	
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1.39	

2 CERTIFICATE BY PERSON WHO IS IN LAWFUL POSSESSION OF THE FIREARM(S)

If I make any false statement on this form I shall be guilty of an offence in terms of Section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000)

2.1	Name and surname of current owner/authorized person														
2.2	Identification number of current owner/authorized person														

SAPS Notification of ceasing to carry on business

2.3 Designation

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

2.5 Signature of current owner/authorized person

2.6 Place

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

1 R
T
P

Right thumb print of licence, permit, authorization or certificate holder

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

3
Name of licence, permit, authorization or certificate holder

4 Place

5 PARTICULARS OF POLICE OFFICIAL

5.1
Name of police official in block letters

5.2 -
Persal number of police official

5.3
Rank of police official

5.4
Signature of police official

6 PARTICULARS OF WITNESS

6.1
Name of witness in block letters

6.2 -
Persal number of witness

6.3
Rank of witness

6.4
Signature of witness

F. 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/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 C C Y Y - M M - D D

15 Signature of interpreter

16 Place

17
Rank of police official

18 -
Persal number of police official

SAPS Notification of ceasing to carry on business

G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

1 Results of physical inspection or firearms

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2 Address where firearms are stored

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3 COMMENTS

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4

Name of Designated Firearms Officer in block letters

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

6

Rank of Designated Firearms Officer

7 Place

8 _____

Signature of Designated Firearms Officer

9 -

Personal number of Designated Firearms Officer

SAPS Application for permit to transport firearms and ammo



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR PERMIT TO TRANSPORT FIREARMS AND AMMUNITION

[Section 83, 85(1) and 86(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 NOTIFICATION IS CAPTURED												
1 Application reference no												

B. FOR OFFICIAL USE BY POLICE STATION WHERE APPLICATION IS RECEIVED												
1	Province											
2	Area											
3	Police station											
4	Component code											
5	Firearm applications register reference number	SAPS 86		NO								YEAR

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																		
6 Name in block letters																		
6 Application for licence approved (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 Application for licence refused (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 Application for permit to transport firearms and ammo

D. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

1.1 Type of identification (Indicate with X)

1.2 SA identity Passport

1.3 Identity number of natural person

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1.4 Passport number

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

1.5 Surname 1.6 Initials

1.7 Full names

1.8 Date of birth C C Y Y - M M - D D 1.9 Age 1.10 Gender Male Female

1.11 Residential address 1.12 Code

1.13 Postal address 1.14 Code

1.15 Trade of profession 1.16 If self employed, specify

1.17 Name of employer/company

1.18 Business address 1.19 Code

1.20 Telephone number 1.21 Home () 1.22 Work ()

1.23 Cell phone number 1.24 Fax ()

1.25 E-mail address

2 Marital status (Indicate with X)

2.1 Single Married Divorced Widow Widower
Other (specify)

3 PARTICULARS OF SPOUSE/PARTNER (Where applicable)

3.1 Type of identification (Indicate with X)

3.2 SA identity Passport

3.3 Identity number of spouse/partner

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

3.4 Passport number of spouse/partner

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

3.5 Name and surname

4 JURISTIC PERSON'S DETAILS

4.1 OTHER BODIES (e.g. body of corporate, closed corporation or company)

4.2 Registered company name

4.3 Trading as name

4.4 FAR number

4.5 Company registration or CC number

4.6 Postal address 4.7 Code

SAPS Application for permit to transport firearms and ammo

4.8	Business address				
		4.9 Code			
4.10	Business telephone number	4.11 Work	()	4.12 Fax	()
4.13	E-mail address				

5 RESPONSIBLE PERSON'S DETAILS

5.1	Responsible person (full name and surname)				
5.2	Type of identification (Indicate with X)	SA identity	* Non-SA citizen with permanent residence		
5.3	Identity number of responsible person				
5.4	Passport number of responsible person				
5.5	Cell phone number				
5.6	Physical address				
		5.7 Code			
5.8	Postal address				
		5.9 Code			

E. OTHER PARTICULARS

1	PARTICULARS OF TWO-WAY COMMUNICATION SYSTEM				
2	DESCRIPTION OF SAFETY MEASURES FITTED TO VEHICLES				
3	DESCRIPTION OF SECURITY PRECAUTIONS				
4	DESCRIPTION OF HOW THE PRESCRIBED REGISTERS WILL BE KEPT				

SAPS Application for permit to transport firearms and ammo

5 CERTIFICATE BY PERSON WHO IS IN LAWFUL POSSESSION OF THE FIREARM(S)

I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to sell or supply it to the applicant once the necessary licence(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate

If I make any false statement on this form I shall be guilty of an offence in terms of Section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000)

5.1 Name and surname of current owner/authorized person

5.2 Identification number of current owner/authorized person

5.3 Designation

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

5.5 Signature of current owner/authorized person

5.6 Place

F. SIGNATURE OF APPLICANT (Sign only where applicable)

PHOTO area with signature line and numbers 1, 2, 3

4 Name of applicant in block letters

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

6 Place

7 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

7.1 Name of police official in block letters

7.2 Personal number of police official

7.3 Rank of police official in block letters

7.4 Signature of police official

8 PARTICULARS OF WITNESS

8.1 Name of witness in block letters

8.2 Personal number of witness

8.3 Rank of witness in block letters

8.4 Signature of witness

SAPS Application for permit to transport firearms and ammo

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/Passport number of interpreter													
3	Residential address													
			4 Code											
5	Postal address													
			5 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
15	Signature of interpreter													
16	Place													
17	Rank of police official in block letters													
18	Persai 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/Passport number of parent/guardian													
			4 Date		C	C	Y	Y	-	M	M	-	D	D
5	Signature of parent/guardian													
			6 Place											

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											

SAPS Application for permit to transport firearms and ammo

J. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER

RECOMMENDATION WITH REGARD TO THE APPLICATION

Recommended Not recommended

Motivation

Recommended conditions

Name of Designated Firearms Officer in block letters

Date C C Y Y - M M - D D

Rank of Designated Firearms Officer in block letters

Place

Signature of Designated Firearms Officer

Persal number of Designated Firearms Officer

SAPS Appl for Multiple, Permanent, In-transit Import and Export Permit for Dealers, Manufacturers and Gunsmiths



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR MULTIPLE IMPORT OR EXPORT PERMIT/
PERMANENT IMPORT OR EXPORT PERMIT/IN-TRANSIT PERMIT
FOR DEALERS, MANUFACTURERS AND GUNSMITHS

[Section 73(2), 74, 76, 77, 78, 80, 81 and 82 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Application reference no</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> <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>	Application reference no																	
Application reference no																			
B. FOR OFFICIAL USE BY POLICE STATION WHERE APPLICATION IS RECEIVED																			
1 Province																			
2 Area																			
3 Police station																			
4 Component code																			
5 Firearm applications register reference number	SAPS 86 NO YEAR																		
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																		
<div style="display: flex; justify-content: space-between;"> 4 Signature of police official 5 Name in block letters </div>																			
6 Application for licence approved (Indicate with X)																			
7 Persal number																			
C C Y Y - M M - D D 8 Date																			
<div style="display: flex; justify-content: space-between;"> 9 Signature of deciding officer 10 Officer code 11 Name in block letters </div>																			
12 Application for licence refused (Indicate with X)																			
13 Reason for refusal																			
14 Persal number																			
C C Y Y - M M - D D 15 Date																			
<div style="display: flex; justify-content: space-between;"> 16 Signature of deciding officer 17 Officer code 18 Name in block letters </div>																			

SAPS Appl for Multiple, Permanent, In-transit Import and Export Permit for Dealers, Manufacturers and Gunsmiths

D. TYPE OF PERMIT (Indicate with X)

¹ Multiple import and export permit	² Import permit	³ Export permit	⁴ In-transit permit
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E. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

1.1 Type of identification (Indicate with X)

1.2	Identity number of natural person												-	-	-	
1.3	Passport number of natural person															
1.4	Surname										1.5 Initials					
1.6	Full names															
1.7	Residential address															
													1.8 Code			
1.9	Postal address															
													1.10 Code			
1.11	Telephone number		1.12 Home		()		1.13 Work		()							
1.14	Cellular phone				1.15 Fax		()									
1.16	E-mail address															

2 JURISTIC PERSON'S DETAILS

2.1	Company name											
2.2	Name under which business is to be conducted											
2.3	FAR number											
2.4	CC or company registration number											

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 number															
3.6	Physical address															
													3.7 Code			
3.8	Postal address															
													3.9 Code			

4	Type of competency certificate																					
5	Date of issue	C	C	Y	Y	-	M	M	-	D	D	⁵ Expiry date	C	C	Y	Y	-	M	M	-	D	D

F. PARTICULARS OF CURRENT OWNER OF THE FIREARM(S)

1 NATURAL PERSON'S DETAILS

1.1	Surname										1.2 Initials			
1.3	Full names													

SAPS Appl for Multiple, Permanent, In-transit Import and Export Permit for Dealers, Manufacturers and Gunsmiths

1.4	Identity number of natural person										-	-	-
1.5	Passport number of natural person												
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												
1.16	Are there any additional firearm licence holders for this firearm? (Indicate with X)										YES		NO

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 name and surname)												
3.2	Type of identification (Indicate with X)										Non-SA citizen with permanent residence		SA identity
3.3	Identity number of responsible person										-	-	-
3.4	Cell phone number												
3.5	Physical address										3.6 Code		
3.7	Postal address										3.8 Code		

G. IMPORT AND/OR EXPORT DETAILS

1	Country of origin										
2	Country of destination										
3	Port of entry										
4	Port of exit										
5	Reason for permit										

6 In case of a permanent import/export permit submit the date on which the import/export will take place

7 Date on which the import/export will take place: 8

Date	C	C	Y	Y	-	M	M	-	D	D
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SAPS Appl for Multiple, Permanent, In-transit Import and Export Permit for Dealers, Manufacturers and Gunsmiths

9 In case of a multiple import or export permit/in-transit permit submit the following

10 Period for which permit is required

11 FROM Date - - TO Date - -

H. TRANSPORTER'S DETAILS (Complete only in the case of an in-transit permit)

1 FAR number

2 Transporter's name and surname

3 Transporter's trading as name

4 Method of transport

5 Transporter's responsible person (name and surname)

6 Type of identification (Indicate with X) Non-SA citizen with permanent residence SA identity

7 Identity number of responsible person

8 Call phone number

9 Validity of the transporter's permit FROM Date - -

10 TO Date - -

11 Transport route

I. PARTICULARS OF FIREARMS

1.1 Type	1.2 Action	1.3 Calibre	1.4 Model	1.5 Make	1.6 Frame or receiver serial number	1.7 Barrel serial number

