

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

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

1 **R**
T
P

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

3

Name of person surrendering in block letters

4 Place

Right thumb of applicant surrendering

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

5.1 Name of police official in block letters

5.2 Persal number of police official

5.3 Rank of police official in block letters

5.4 Signature of police official

PARTICULARS OF WITNESS

6.1 Name of witness in block letters

6.2 Persal number of witness

6.3 Rank of witness in block letters

6.4 Signature of witness

L. 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 Home () Work ()

10 Cellular phone 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

M. PARENTAL CONSENT IN CASE OF A MINOR

1 Recommended Not recommended

2 Name and surname of parent/guardian

3 Identity/Passport number parent/guardian

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

Q.	FOR OFFICIAL USE BY THE NCACC (In the case of multiple import or export permit/permanent export permit)
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1	RECOMMENDATION WITH REGARD TO THE APPLICATION	
	Recommended	Not recommended
2	Recommendation from NCACC	

SAPS Notification of requirement to deactivate of a firearm

G **PERSONAL DETAILS OF THE INDIVIDUAL CONCERNED**

1 Name and surname ()

2 Identity/Passport number of individual ()

3 Residential address ()

4 ()

5 Postal address ()

6 ()

7 Telephone number Home () Work ()

8 Cell phone number ()

10 E-mail address ()

11 Translated from (language) ()

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

13 Signature of interpreter ()

14 ()

15 Rank of police official in block letters ()

16 Personal number of police official ()

H **IN CASE OF NON-PERMANENTLY REGISTERED 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 ()

I **RECOMMENDATION BY THE DESIGNATED FIREARMS OFFICER**

1 RECOMMENDATION WITH REGARD TO THE NOTIFICATION

2 Motivation regarding the notification ()

()

()

()

()

()

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 Personal number of Designated Firearms Officer ()

SAPS Notification change of address

New address details			
2.6	Postal address		
		2.8 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 number		
3.6	Physical address		
		3.7 Code	
3.8	Postal address		
		3.9 Code	

4	Are there additional firearm licence holder(s) licensed to your name?			
	YES	NO	If yes, submit full details	
			(1)	(2)

1	Type of licence				
2	Licence number				
3	Date issued				
4	Expiry date				

5	DID THE ADDITIONAL LICENCE HOLDER ALSO MOVED TO THE NEW ADDRESS?			
	YES	NO		

6	ARE YOU IN POSSESSION OF THE PRESCRIBED SAFE? (Indicate with X)			
	YES	NO		

7	IF YES, SUBMIT FULL DETAILS (Indicate with X, with short description)			
8	Safe			
9	Strongroom			
10	Device			

D. 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 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

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

SAPS Notification change of address

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 C C Y Y - M M - D D

6.5 Signature of current owner/authorized person

6.6 Place

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

1 R
T
P

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

3 Name of person surrendering in block letters

4 Place

Right thumb print of person surrendering

5 PARTICULARS OF POLICE OFFICIAL

5.1 Name of police official in block letters

5.2 Personal 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 Personal 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 Home () Work ()

10 Cell phone number Fax ()

12 E-mail address

13 Translated from (language) to

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

SAPS Notification of change in circumstances

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													
3.8	Postal address													

4 PARTICULARS OF LICENCE, PERMIT, AUTHORIZATION OR CERTIFICATE

4.1	Licence, permit, authorization or certificate type	Licence, permit, authorization or certificate number	Date issued

5 OTHER INFORMATION

5.1	Description of change in circumstances													

D. SIGNATURE OF APPLICANT (Sign only where applicable)

1	<input type="text"/>	2	Date	C	C	Y	Y	-	M	M	-	D	D
	Name of applicant in block letters												
3	<input type="text"/>	4	Place										
	Signature of applicant												

5 PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION

5.1	<input type="text"/>	5.2	<input type="text"/>
	Name of police official in block letters		Personal number of police official

SAPS Notification of change in circumstances

5.3
Rank of police official

5.4
Signature of police official

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

1
R
T
P

Right thumb print of person surrendering

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

3
Name of person surrendering in block letters

4 Place:

5 PARTICULARS OF POLICE OFFICIAL

5.1
Name of police official in block letters

5.2
Personal 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
Personal 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 Code:

5 Postal address Code:

7 Telephone number Home () Work ()

10 Cell phone number 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
Personal number of police official

G. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

SAPS Notification change of commercial agent premises

D. PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH

1 Specify type of licence (Indicate with X)

1.1	To trade in firearms	
1.2	To trade in ammunition	
1.3	To manufacture firearms	
1.4	To manufacture ammunition	
1.5	To conduct business as a gunsmith	

E. PARTICULARS OF LICENCE HOLDER

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 OTHER BODIES

2.2	Registered company name		
2.3	Trading as name		
2.4	FAR number		
2.5	Company registration or CC number		
2.6	Postal address		
			2.7 Code
2.8	Business address		
			2.9 Code
2.10	Business telephone number	2.11 Work ()	2.12 Fax ()
2.13	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 identify	Passport number
3.3	Identity/Passport number of responsible person		
3.4	Cell phone number		
3.5	Physical address		
			3.6 Code

SAPS Notification change of commercial agent premises

3.7	Postal address			
		2.8 Code		
F. PARTICULARS OF EXISTING LICENCE				
1	Licence type	Licence number	Date issued	Expiry date
2	PREMISES DETAILS			
2.1	FULL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED			
2.2	Address			
2.3 Code				
Code				
2.4	DESCRIPTION OF THE CLASSIFICATION OF PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL, ETC)			
2.5	DESCRIPTION OF THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS			
2.6	DESCRIPTION OF THE ALARM SYSTEM			
2.7	LOCATION AND PARTICULARS OF SAFE OR STRONGROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT			
2.8	DESCRIPTION OF THE BURGLAR PROOFING			
2.9	DESCRIPTION OF OTHER SECURITY FEATURES			
2.10	<p>* DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH AND MAINTAIN A WORKSTATION WHICH LINKS THEIR REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS AND MANUFACTURERS DATABASE</p> <p>* THE REGISTRAR MAY, ON GOOD CAUSE SHOWN, EXEMPT DEALERS OR GUNSMITHS FROM THIS DUTY</p> <p>Submit a description of the workstation which will link you registers to the Central Database In case of a dealer or a gunsmith, submit the reason(s) why the Registrar must exempt you from maintaining a linked workstation</p>			

SAPS Notification change of commercial agent premises

2.11 Date of commencement of business on new premises

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

3 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)

3.1 Name and surname of current owner/authorized person

3.2 Identification number of current owner/authorized person

3.3 Designation

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

3.5 Signature of current owner/authorized person

3.6 Place

G. SIGNATURE OF APPLICANT (Sign only where applicable)

Signature and PHOTO area with dotted lines and labels 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 Persal number of police official

7.3 Rank of police official

7.4 Signature of police official

8 PARTICULARS OF WITNESS

8.1 Name of witness in block letters

8.2 Persal number of witness

8.3 Rank of witness

8.4 Signature of witness

SAPS Notification change of commercial agent premises

4

Recommendation regarding the application

5

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Name of Designated Firearms Officer in block letters

6

Date	C	C	Y	Y	-	M	M	-	D	D
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7

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Rank of Designated Firearms Officer

8

Place	
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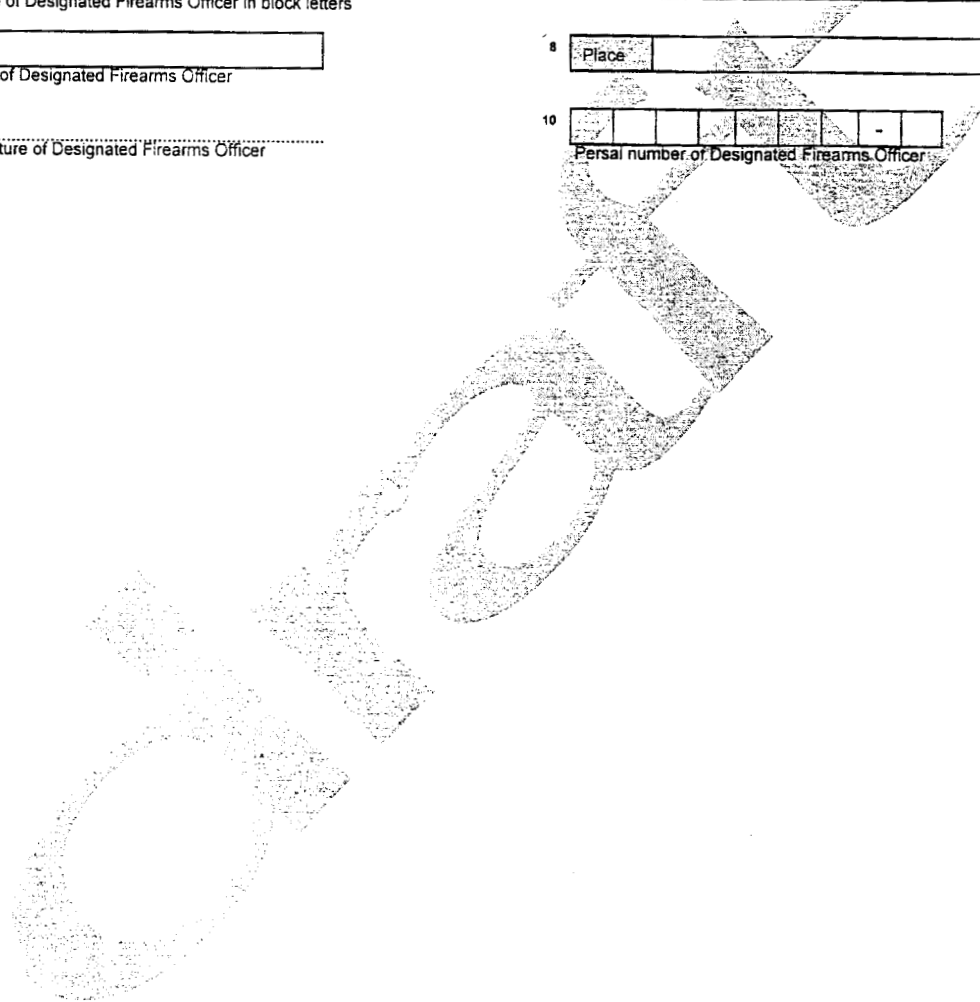
9

Signature of Designated Firearms Officer

10

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Personal number of Designated Firearms Officer





SOUTH AFRICAN POLICE SERVICE

FIREARM ITEM FORFEITURE FORM

[Section 149(2)(a) of Firearms Control Act, 2000 (Act No 60 of 2000)]

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE FIREARM ITEM IS KEPT	
1 Province	
2 Area	
3 Police station	
4 Component code	
5 Property register ref no	S A P S 1 3

B. PARTICULARS OF HOLDER OF LICENCE, PERMIT OR AUTHORIZATION

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 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			

SAPS Firearm item forfeiture form

3.4 Disposal instruction

3.5 Forfeiture date

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

D. FOR OFFICIAL USE BY THE POLICE STATION

1
Name of police official in block letters

2 Date

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

3
Rank of police official in block letters

4 Place

5
Signature of police official

6

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

Personal number of police official

SAPS Appl to manufacturer a new firearm or ammo type

D. PARTICULARS OF APPLICANT

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 OTHER BODIES

2.2	Registered company name				
2.3	Trading as name				
2.4	FAR number				
2.5	Company registration or CC number				
2.6	Postal address			2.7	Code
2.8	Business address			2.9	Code
2.10	Business telephone number	2.11 Work	()	2.12 Fax	()
2.13	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

E. PARTICULARS OF EXISTING LICENCE
Firearm manufacturer licence type (Indicate with X)

1	To manufacture firearms	<input type="checkbox"/>
2	To manufacture ammunition	<input type="checkbox"/>
3	Licence number	
4	Date issued	
5	Expiry date	