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

Q. FOR OFFICIAL USE (In the case of multiple import or expor	BY THE NCACC t permit)
RECOMMENDATION WITH REG	ARD TO THE APPLICATION
Recommended	Not recommended
Recommendation from NCACC	

SAPS Notification of requirement to deactivate of a firearm

FOR OFFICIAL USE BY THE POLICE STATION



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF REQUIREMENT TO DEACTIVATE A FIREARM [Section 150 of Firearms Control Act, 2000 (Act No 60 of 2000)]

OFFICIAL DATE STAMP

	Application reference no
	FOR OFFICIAL USE BY POLICE STATION WHERE APPLICATION IS RECEIVED
	1 Province
	² Area
	³ Police station
DATE RECEIVED	⁴ Component code
	⁵ Firearm applications register reference no
c. FOR OFFICIA Outstanding/Additional information required	L USE BY CENTRAL FIREARMS REGISTER
олсканину доциона польнов геригео	
- X Pa	rsatrumper 0 0 0 4 4 M M - 0 0 3 Date
⁴ Signature of police official	5 Name in block letters
⁶ Firearm referred for ballistic testing	YES NO (Indicate with X)
⁷ Result	
	*
	Salt frightness C O V V - M M - S D * Date
	W
10 Signature of police official.	11 Name in block letters
T2 Deactivation approved (fruitalla will(X))	Name in Diock letters
	ersal number CCYY-MM-Dete
15 Signature of deciding officer	¹⁶ Officer code ¹⁷ Name in block letters
Deactivation refused (indicate with X)	18 Reason for refusal
- ²⁰ Pe	Hashinumber C C V V V - M M - D D M Date
22 -	
²² Signature of deciding officer	²³ Officer code ²⁴ Name in bock letters

				SAPS N	otification	of requiren	nent to d	eactivat	e of a	firearm
	p. PARTICULA	ARS OF SUR	RENDERI	VG PERSO)N					
1	NATURAL PERSON'S DETAILS									
2	SA identity Passport									
3	Identity number of natural person			-			-		T -	
4	Passport number of natural person									
5	Surname					* initial	5			
7	Residential address									
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11	Telephone number		11,2	//		Mº Ci	ode			
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16	OTHER BODIES									
17	Registered company name			-	7					
18	Trading as name				7					
19	FAR number									
20	Postal address									
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26										
	RESPONSIBLE PERSON'S DETAILS									
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29	Identity (Funder of responsible persons			-			-		-	
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31	Cell phone is or party									
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34	Decisi addresses					⁵⁴ Coc	Se	<u> </u>		_
	Postal address					1		· · · ·		
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		SAPS Notification of requirement to deactivate of a firearm
	£	PARTICULARS OF FIREARM
t	Licence riumber	
2	TYPE OF FIREARM	
2.1	Rifte Other specify (armament/ indeterminable design type)	Shotgun Handgun
3	Calibre	
4	Make	<u> </u>
•	Model	
6	Firearm component type:	
8	Barrel serial number	* Starte
10	Frame serial number Receiver serial number	* Make
12	CERTIFICATE BY PERSON WHO IS IN LAWFUL P	OSSESSION OF THE FIREARM(S)
	If I make any false statement on this form I shall be guilt (Act No 60 of 2000)	y of an offence in terms of Section 120 (9)(f) of the Firearms Control Act, 2000
13	Name and surname of current owner/authorized person	it.
14	Identification rumber of current owner/euthorized pers	
15	Designation	16 Cate C C V V . M M . D B
17		18 Place
	Signature of current owner/authorized person	
19	PARTICULARS OF APPLICANT	
20		21 Dete C C Y Y - M M - D D
	Name of applicant in block letters	
22		Place
	Signature of applicant	

							SAPS Notification of requirement to deactivate of a firearm
24	GUNSMITH'S DETAILS						
25	Gunsmith's trading as name						
26	FAR number					T	²⁷ Licence number of gursmith
28	Reason for deactivation	J					
			• • • • • • • • • • • • • • • • • • • •	•••••			
29	Manner in which firearm will be descriveled						
30							
30	Name of gunsmith/responsible person in block	etters				31	Date C C Y - M M - D D
32						33	Place
	Signature of gunsmith/responsible person	••••				0000	
	F. (This section	nust <u>onl</u> y	be o	mpleted	if the s	utren	dering person cannot read or write)
						2	Date C Y Y - M M - D D
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	Р			A			Name of person surrendering in block letters
					ger.	4	\$ Page
	Right thumb print of person surrendering			7	A	7	T-10.2
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		7	.	***************************************	300.	9	
	Rank of police official in block letters	-)		>			Signature of police official
)	PARTICULARS OF WITNESS			,			
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	Name of witness in block letters	7				ı	Persal number of witness
3						14	
	Rank of witness in block letters						Signature of witness

	SAPS Notification of requirement to deactivate of a finarm
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8	Cell phone runner ()
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11	Translated from (language)
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13	14
	Signature of interpreter
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	Rank of police official in block letters
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1	PRICE HAPPIDE TO IN WILLIAM GARD SETTING NOTIFICATION
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3	Name of Designated Firearms Officer in block letters
5	
	Rank of Designated Firearms Officer in block letters
7	* (
	Signature of Designated Firearms Officer Persal number of Designated Firearms Officer

SAPS Notification change of address



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CHANGE OF ADDRESS [Section 25(1) of Firearms Control Act, 2000 (Act No 60 of 2000)]

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED									
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CERTIFICATE BY PERS	ON WHO IS I	N LAWFUL	POS	SESS	ION ()F TH	E EII	PEAR	ZM/S		.SA	PS N	otifica	tion c	hange	of a	ddre
I hereby declare that the above licence(s) has/have been obtain											ـا ∵it to t	he ap	plica	nt onc	e the	nece	ssary
If I make any false statement or (Act No 60 of 2000)																	
Name and surname of curren	t owner/authoriz	zed person															
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Designation		7			8.4	Da	e in	C	С	Υ	Υ	-	М	М	T -	D	О
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Signature of current owner/auth	orized person				6.6	Pla	ce										
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SAPS Notification of change in circumstances



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CHANGE IN CIRCUMSTANCES [Section 26(1), 38(1), 52(1) and 66(1) of Firearms Control Act, 2000 (Act No 60 of 2000)]

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SAPS Notification change of commercial agent premises



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CHANGE OF COMMERCIAL AGENT PREMISES [Section 37(1), 51(1) and 65(1) of Firearms Control Act, 2000 (Act No 60 of 2000)]

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	SAPS Notification change of commercial agent pre
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SAPS Firearm item forfeiture form



SOUTH AFRICAN POLICE SERVICE

FIREARM ITEM FORFEITURE FORM

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

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1.15	E-mail address								
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2.1	OTHER BODIES								
2.2	Registered company name					· · · · · · · · · · · · · · · · · · ·			
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2.12	E-mail address			The second secon					_

SAPS Firearm item forfeiture form

Responsible person (full name and s	urname)												
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SAPS Appl to manufacturer a new firearm or ammo type



SOUTH AFRICAN POLICE SERVICE

APPLICATION TO MANUFACTURE A NEW FIREARM OR AMMUNITION TYPE

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