SAPS 517(e)

36	OTHER INFORMATION	(Indicate with an X)							
37	Type of competency certif	icate							
38	Competency certificate nu								
39	Date of issue			.	40 Expiry date			-	<u> </u>
41	DO YOU HAVE THE PRE	SCRIBED SAFE? ()	idicate witt	nan X)					
	YES	NO							
41.1	IF YES, SUBMIT FULL D		an X, with	ingseb hoda	otion)				
	Type of safe	Handgun		Rif	ė.				
	Strongroom Device	•••••	•••••	••••••	•••••				•••••
42	IS SAFE MOUNTED? (Inc	dicate with an X)							
	YES	NO							
42.1	IF YES, SUBMIT FULL D	ETAILS (Indicate with	an X, with	short descrip	ilion)				
	Weil	Floor							
	E. DETA	AILS OF CURREN	I LICE!	NCE(S), P	ERMIT(5), AUTE	IORIZATIO	N(S) OF FI	CEARMS	
1	State the total number of fi	irearms corrently licen	ced in you	ir name					
2									
	DETAILS OF FIREARM I	LICENCE(S) TO BE I	KENEWE	<u> </u>					
2.1	Type of firearm	Calibre		Se	rial number	Ma	íke	Date licer	ce was issued
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		<u> </u>						·	•••••

		<u> </u>	***********	****************	•••••			••••••••	

		•••••		•••••	
					•••••
DECLARATION BY APPLICANT					
I am aware that it is an offence in terms of section 120 (9)(f) of the Firea application.			make a fals	se statement in	thi
F. SIGNATURE OF API	LRUANT (Sign only i	(applicable)			<u></u>
Note:					
The requirements of the photo:			and the second		
 The photograph must be in colour and may not exceed the bord The photo must be the size of a standard passport photograph. 	er.				
- The photo must be a full front view of the head and shoulders o	the				
applicant. - The background of the photo must be plain.	volument.	PHOTO	3000		
- The applicant may not be wearing a hat or sunglasses on the	accessor				
photograph.The applicant's name and identification number must be written					
on the back of the photograph before it is affixed on the applicat	on			•	
form The applicant must sign in black ink.					
 The signature may not exceed the border. 				1	
 The whole finger must be pressed down on the sheet. The fingerprint should not be rolled and must be a flat impression 	n, '				
				⁴ Fingerp	rint
			***************************************	⁴ Fingerp designa	rint ation
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2				⁴ Fingerp designa	rint
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Signature	6 Date			designa	erint
Signature	6 Date			designa	rint
Signature	6 Date			designa	rint
Signature Name of applicant in block letters	7 Place		-	designa	rint
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SAPS 517(e) PARTICULARS OF INTERPRETER G. (This section must be completed only if the applicant cannot read or write or does not understand the content of this form.) Name and surname of interpreter identity/Passport number of Interpreter Residential address 4 Postal Code Postal address ⁶ Postal Code 7.1 Hame 7.2 Work Telephone number 9 Fax Celiphone number E-mail address 11 interpreted from (language) Date 13 Place Signature of interpreter Rank of police official in block letters (if applicable) Persal number of police official (if applicable) FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER COMMENTS REGARDING THE APPLICATION Report of inspection of safe

	SAPS 517(
Recommendation	
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	5 Date
ame of Designated Firearms Officer/Station Commissioner in block letters	
	7
	/ Place
ank of Designated Firearms Officer/Station Commissioner in block letters	
All the control of th	9
ignature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station
g	Commissioner

SAPS 517(f)



SOUTH AFRICAN POLICE SERVICE

APPLICATION TO DECLARE PREMISES A FIREARM FREE ZONE Section 140 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		4.								E PO			ATIC VED	N		
	-	Previnc	ne.									····			<u></u>	
	 	Area	~				-	_								_
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		Compo														
DATE RECEIVED		SAPS		•••••				1	\top	\top	Т	Т	Т	T	Т	Т
DATE RECEIVED		OAFO	on tel	erenc	e ivo		<u> </u>					.L			l	
B. FOR OFFICIAL	USE BY	THE C	ENTF	RAL I	IRE	ARM	S RE	GIS	STEF	(CF	R)					
Declared a Firearm Free Zone		Т			*******				********	*******			***********			
² SAPS Head Office reference no																
³ Date received					\top			T	-			$\neg \top$	-			
⁴ Date declared as a Firearm Free Zone					\top			1	-		1		-		\exists	
⁵ Government Gazette reference no																
Covernment Gazette reference no																
Outstanding/Additional information require	-d															
	ON TO DEC															
© Outstanding/Additional information require C. APPLICATIO Section 140	ON TO DEC															
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C. APPLICATION Section 140 Name of institution Name of person applying on behalf of the institution SAID Passport	ON TO DEC of the Fire	arms C	ontro													
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C. APPLICATION Section 140 Name of institution Name of person applying on behalf of the institution SA ID Passport Identity number Passport number Capacity of person applying	ON TO DEC	arms C	ontro													

SAPS 517(f)

3	Physical address of institution		
		⁹ Postal Code	
10	Postal address of institution		
		¹¹ Postal Code	
12	Temporary safe keeping facilities for firearms available (Indicate with an X)	YES	NO
13	If yes, submit a description of the safekeeping facilities		
14	Motivation regarding the application		
	and reading the application		
		•	
		••••••	•••••
5	Contact particulars of person applying		
5.1	Emergency telephone No. ()	x ()	
6	Celiphone number	·	
7	5-mail address		
18	Conditions		
	The premises declared a Firearm Free Zone must be clearly identified and demarcated.		
	 Signs must be erected/posted at all the main entrances to the premises in English and where predominant local language and maintained. 	applicable in the	
	- A map of the premises which already specify the demarcated area and sign must be attached	to the application.	
	 The institution where premises are declared Firearm Free Zone must endeavour to mark all c to reflect the premises firearm free status, 	orrespondence accor	rdingly
	The person applying on behalf of the Institution must notify the Designated Figures Officer.	responsible for the a	rea of
	any changes that may occur to any information submitted in this application.		
	19 20 Date	-] -
	Name of applicant in block letters		
	21 22 Place		
	Signature of applicant		
	D. INSPECTION AND RECOMMENDATION OF DESIGNATED FIREARI	MS OFFICER	
	Inspection report	······································	
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-		••••••	
-			
		••••••	

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		SAPS 517(f)
2	Recommendation	
3		4
•		Date
	Name of Designated Firearms Officer in block letters	
5		6 Pince
	Rank of Designated Firearms Officer	
7		8
	Signature of Designated Firearms Officer	Persal number of Designated Firearms Officer
	Signature of pesignated rifearins Officer	, and hamper of people and the arms of the
	E RECOMMENDATION	ON OF STATION COMMISSIONER
1		
2	· ·	3 Date
	Name of Station Commissioner in block letters	
4		5 Place
	Rank of Station Commissioner in block letters	88.83
6		7
	Signature of Station Commissioner	Persal number of Station Commissioner
	PECOMMENDATION	BY PROVINCIAL COMMISSIONER
1	P. RECOMMENDATION	I BT PROVINCIAL COMMISSIONER
,		
2		3
	Name of Provincial Commissioner in block letters	Date
	THE STATE OF THE PROPERTY OF T	
4		5 Place
	Signature of Provincial Commissioner	

SAPS 517(f) G. RECOMMENDATION BY NATIONAL COMMISSIONER Date Name of National Commissioner in block letters Signature of National Commissioner RECOMMENDATION BY SECRETARIAT OF SAFETY AND SECURITY Name of Secretary of Safety and Security in block letters Signature of Secretary of Safety and Security APPROVAL/REFUSAL BY THE MINISTER OF SAFETY AND SECURITY Date

This document should be in triplicate as one should go to the applicant, one should stay with the station for record purposes and one should be forwarded to Head Office for further processing of the Firearm Free Zone declaration.

Signature of Minister of Safety and Security

SAPS 518



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A TEMPORARY AUTHORIZATION TO POSSESS A FIREARM Section 21 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		IAL USE BY THE THE APPLICATION		
	¹ Application reference No			
	<u> </u>			
DATE RECEIVED				
B. FOR OFFICIAL USE BY PO	LICE STATION WHERE THE	E APPLICATION I	S RECEIVED	
Prevince				
Area		***************************************	***************************************	
Police station		***************************************	***************************************	
Component code				
Firearm applications register reference No	SAPS 86 NO		YEAR	
c. FOR OFF	ICIAL USE BY THE DECIDIR	NG OFFICER		
³ Outstanding/Additional information required				
	······································	•••••••••••••		
		······································		
- 3 Pe	ersal number	-	- 3	Date
⁴ Signature of police official		⁵ Name in blo	ck latters	
Application for a temporary authorization approv	ed (Indicate with an X)	Name in pio	ok letter3	
Pe	rsal number	-	- 8	Date
		······································		
⁹ Signature of deciding officer	10 Officer code	11 Name in bl	ock letters	
12 Application for a temporary authorization refuse		13. Reason(s) for ref		
			•••••	
	ersal number		-	Date
16 Signature of deciding officer	17 Officer code	18 Name in bloc	k letters	

				SAPS 518
	D.	DESCRIPTION C	F FIREARM (Indicate with an X)	
1	Rifle	Shotgun	Handgun	Combination
	Other, specify (s/mament/ indeterminable design type)			
2	DETAILS OF FIREARM (Indicate with an	x)		
3	Action	Semi-automatic	Automatic	Marual
		Other action (specifi)	
4	Cajibre			
5	Make			
6	Model			
_	Firearm component type:			
9	Barrel serial number			⁸ Make
11	Frame serial number	ļ		10 Make
13	Receiver serial number			12 Make
	Every name and address engraved in the	metal		
	E. PAF	RTICULARS OF PERS	ON IN POSSESSION OF FIREAR	M
1	Surname			² Initials
3	Full names			
4	identity number of person in possession of	f the firearm		
5	Residential address			
7			6	Postal Code
	Postal address		9.	
9	Telephone number 91 Horne	. ()	42	Postal Code
9.3	Celiphone number	1()	¹⁰ Fax ()	
11	E-Mail address			
12			7	
-	OTHER BODIES (eg body corporate, close	corporation or company)		
13	Registered company name			
14	Trading as name			`
15	Company registration number			
16	FAR number			
17	Postal address		1	
9			18	Postal Code
	Business address		- Sec.	
21	Business telephone number 21.1 Wo	· / \	74.2	Postal Code .
22	Susaness relepinone number Wa	!K ()	7** Fax ()	

23	Responsible person (full name and surname)
24	identity number of responsible the person
25	Celiphone number
26	Physical address
	²² Posta: Code
28	Postal address
	29 Postel Code
30	
	DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM
	I hereby declare that the above firearm is legally in my possession and that I propose to supply it to the applicant once the necessary authorization has been obtained and that the particulars of the firearm is correct and accurate.
31	SIGNATURE OF PERSON CURRENTLY IN POSSESSION
32	33 Date
	Name of person currently in possession in block letters
34	35 Place
	Signature of person currently in possession
	F. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
1.1	Type of identification (Indicate with an X)
2	SA ID Passport
3	Identity number of natural person
4	Passport number of natural person
5	Surname 6 initials
7	Full names
8	Date of birth S Age S Gender Male Female
11	Residential address
	12 Postal Code
13	Postal address
	¹⁴ Postal Code
15	Type of residence (eg.shack, flat, caravan, cottage, house, hostel or homeless)
16	Trade or profession 17 If self-employed, specify
18	Name of employer/company
19	Business address
.,	²⁰ Postal Code
21	Talephone number 21.1 Home () 21.2 Work ()
21.3	Celiphone number 22 Fax ()
:3	É-mail address

24	JURISTIC PERSON'S DETAILS											SAPS	310
25	-												
26	Registered company name	-											-
27	Trading as name	П				-							
28	FAR number												
	Postal address							29 PO	stal Co	de	Т	П	
30	Business address								stal Co				
32	Business telephone number 32.1 Work	()			32.2 Fa	,	()						
33	E-mail address	388 4			1								
34	Responsible person (full name and surname)												
35	Type of identification (lecticate with an X).			SA ID				Pa	ssport	numbei			
36	identity number of responsible person					-				-		-	
37	Passport number of responsible person												
38	Celphone number				<u> </u>	•							
39	Physical address												
			***************************************					46 Pc	ostat Ce	ide			
41	Postal address												
								42 pt	ostał Co	ide			
	G.		OTHER	DETAI	LS								
1			FROM		Date			1	T. I	Т	Τ.		
	Period for which authorization is required		FROM		Date	** 1			لتل				
			то		Date				-		<u> </u>		
2	/ -	_											
2	Motivation of purpose for which the firearm is	required											
							•••••						
											•••••	······	
											••••••		
	· · · · · · · · · · · · · · · · · · ·											-	
3	HAVE YOU EVER BEEN CONVICTED OF A	N OFFENCE	., сомнятте	ED INSID	E OR QU	TSIDE	THE BO	RDERS	s OF TI	HE RSA	•	-	
3	HAVE YOU EVER BEEN CONVICTED OF A	- T	es, submit the			TSIDE	THE BO	RDERS	s OF TI	4E RSA	?	-	
	HAVE YOU EVER BEEN CONVICTED OF A (Indicate with an X)	- T			p details		THE BO		S OF TI	HE RSA	?	-	
3.1	HAVE YOU EVER BEEN CONVICTED OF A (Indicate with an X) YES NO	- T			p details				s of Ti	HE RSA	?		
3.1 3.3	HAVE YOU EVER BEEN CONVICTED OF A (Indicate with an X) YES NO Police station (1)	- T			p details				s OF TI	HE RSA	?	-	
3.1 3.3 3.4	HAVE YOU EVER BEEN CONVICTED OF A (Indicate with an X) YES NO Police station (1) Charge	- T			g details 92 CA	S/Case			S OF TI	HE RSA	?		
3.1 3.3 3.4 3.5 3.7	HAVE YOU EVER BEEN CONVICTED OF A (Indicate with an X) YES NO Police station (1) Charge Outcome	- T			g details 92 CA	S/Case	number		e of Ti	HE RSA	?		

				SAPS 518
4	ARE THERE ANY CASE	S PENDING AGAINST	YOU? (Indicate with an X)	
	YES	NO	if yes, submit the following	
4.1	Police station [1]		•••••	42 CAS/Case number
4.3	Offence			
4.4	Police station [2]	*	•	45 CAS/Casa number
4.6	Offence			
5	HAVE ANY OF YOUR FI	REARM(S) EVER BEEN	LOST/STOLEN? (Indicate wa	th an X)
	YES	NO	If yes, submit the followin	
5.1	Police station (1)		<u> </u>	52 CAS/Case number
5.3	Circumstances.			
5.7	Details of feearm			
5.5	Police station (2)			5.6 CAS/Case number
5.7	Circumstances	***************************************		
5.8	Details of firearm	••••••	•••••	
6				
-			POSSESS A FIREARM? (Incl	
6.1	YES	NO	If yes, submit the following	
5.3	Police station (1)	••••		62 CAS/Case number
6.4	Charge			4.5 Period
6.6	Date from			67 CAS/Case number
6.8	Police station (2)			CASCase number
6.9	Charge			\$.10 Period
	Date from			万學 ()()
7	DO YOU HAVE THE PRE	SCRIBED SAFE? (Indic	ate with an X-	The second secon
7.1	YES	NO		
	IF YES, SUBMIT FULL D	Handgun	X, with short description)	
	Strongroom	. managan		
	Devide			
В	IS SAFE MOUNTED? (Ind	licute with an X)		
3.1	YES	NG		
J. 1	IF YES, SUBMIT FUEL D	Floor	X, with short description)	
	AABE	Lidol		
9	Provide proof of previous e	xpenence in the handling	of freatms of previous training	g in firearms
		••••		
			•••••	

SAPS 518

DECLARATION BY APPLICANT

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

Н	SIGNATURE OF	APPL!CAN	(Sign only if applicable)
	Note:		
	The requirements of the photo:		
	 The photograph must be in colour and may not exceed the The photo must be the size of a standard passport photogr The photo must be a full front view of the head and shoulded applicant. The background of the photo must be plain. The applicant may not be wearing a hat or sunglasses on the photograph. The applicant's name and identification number must be whon the back of the photograph before it is affixed on the applicant. The applicant must sign in black ink. The signature may not exceed the border. The whole finger must be pressed down on the sheet. The fingerprint should not be rolled and must be a flat impression. 	aph. ers of the he ritten olication	РНОТО
2			⁴ Fingerprin designation
	Signature		
		6	Date
Var	ne of applicant in block letters		
		7	Place
_	ARTICULARS OF POLICE OFFICIAL DEALING WITH APPLIC	CATION	
-	ARTICULARS OF FOLICE OFFICIAL DEALING WITH AFFER		
1	Section 45 in the black letters	8.2	Persal number of police official
_	ne of police official in block letters	8.4	
ar	k of police official in block letters	0.4	Signature of police official
-	ARTICULARS OF WITNESS		
lar	ne of witness in block letters	9.2	Persal number of witness
·di	to or white-so til block letters	9.4	
lar	k of witness in block letters		Signature of witness
1.		ARS OF INT	ERPRETER write or dose not understand the content of this form.)
N	arne and surname of interpreter		
#			

Page 6 of 8

Research and authors Process Pr		SAPS	51
Postal address Postal address Postal does Postal does Postal address Postal does Postal	3	Residential address	
Propose control of the protein suppose of the protein suppose of parent/guardian Telephone number	_	* Postal Code	
Tetaprione number () 72 Wark () Geliphore number () 9 Fax () Entitle address () Interpreted from (tanguage) to 12 Data () Rank of police officer in block letters(if applicable) Persal number of police official(if applicable) 41 PRES Signature of interpreter 15 PARENTAL CONSENT IN CASE OF A MINOR Recommended Not recognizability Identity/Parapert number of pershtyuardian Constructs of pershtyuardian 5 Date 7 Floce Signature of parent/guardian K. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICERSTATION COMMISSIONER RECOMMENDATION REGARDING THE APPLICATION (notesse with K)	5		_
Celeptone number E-risis actives Inarpreted from (language) To Deta To Deta To Deta To Deta To Signature of interpreter Rank of police officer in block letters(if applicable) Recommended Name and surname of perentiguardian Helichy Pessport number of perentiguardian Helichy Pessport number of perentiguardian Conservit of sarent/guardian Signature of perent/guardian Fernance of perent/guardian Signature of perent/guardian For Opticial, USE by THE DESIGNATED PIREARMS OFFICER/STATION COMMISSIONER RECOMMENDATION RECARDING THE APPLICATION (Paleae) with XI RECOMMENDATION RECARDING THE APPLICATION (Paleae)	7		
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Interpreted from (language) 10 12 Date			
Signature of interpreter 16 Rank of police officer in block letters(if applicable) Persal number of police official(if applicable) PARENTAL CONSENT IN CASE OF A MINOR Recommended Name and surveine of perentiquardian (Continents of parentiquardian Signature of parentiquardian K. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER RECOMMENDATION REGARDING THE APPLICATION indicates with (s) Recommended Not recommended Not recommended Not recommended Not recommended	•	interpreted from (language) to	
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			SAPS 51
.2	Recommended conditions		
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		•••••	
		4	Date
	Name of Designated Firearms Officer/Station Commissioner in block letters		
		6	Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters		
	Signature of Designated Firearms Officer/Station Commissioner	8	Page I number of Designated Figures Officer/Station
	Signature of Designated Firearms Officer/Station Commissioner		Persal number of Designated Firearms Officer/Station

CONTINUES ON PAGE 170—PART 2

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Government Gazette

REPUBLIC OF SOUTH AFRICA

Regulation Gazette No. 7926

Vol. 465 Pretoria 26 March 2004 No. 26156

PART 2 OF 4

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

SAPS 518(a)



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR THE RENEWAL OF A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Section 24, 35, 49 and 63 of the Firearm Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP	Α.	FOR OFFICIA WHERE TH						
		¹ Application	on reference No						
	·								-
	DATE RECEIVED								•
1	B FOR OFFICIAL USE BY PO	LICE STATIO	N WHERE THE A	PPLICAT	ION IS RE	CEIVED			
2	Province Area	*******************************	••••••	••••••		·····	·····	•••••	
3	Police station	•		••••••	••••••		••••••	•••••	
4	Component code	••••••••		••••••••••	••••••••	•••••			
5	Firearm applications register reference number	SAPS 86	NO		YEA	.R			
	c. TYPE OF LICENCE, PERI	MIT, CERTIFIC	CATE OR AUTHO	RIZATION	¥ (Indicate w	th an X)			
1	Licences	2.1	Licence to deal	in firearms a	and ammuni	lign			
1.1	Licence to possess a firearm for salf-defence	2.2	Licence to mani	ufacture fire	arms and an	nmunition			
1.2	Licence to possess a restricted finarm for self-defence	2.3	Licence to cond	uct busines	s as a gunsi	nith			
1.3	Licence to possess a firearm for security officer purposes	3	Permits						
1.4	Licence to possess a firearm for occasional hunting and sports-shooting	3.1	Permit to posse	ss ammuniti	on in a priva	te collectio)FI		
1.5	Licence to possess a firearm for dedicated hunling and dedicated sports-shooting	3.2	Permit to passe	ss ammuniti	on in a publi	o dallectio	n		
1.6	Licence to possess a firearm in a private collection	3.3	import permit						
1.7	Licence to possess a firearm in a public collection (museums)	3.4	Export permit						
1.8	Licence to possess a firearm for business purposes. Business in hunting	3.5	In-transit permit						
1.9	Licence to possess a firearm for business purposes: Other business purposes	3.6	Multiple import a	nd export pe	ermit				
2	Licence issued to particular categories of persons	3.7	Temporary impo	rt/export per	mit				

SAPS 518(a)

4	Details of original licence, permit, certificate or authorization
5	Licence, permit, certificate or authorization number Date issued Expiry date
	D. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
2.1	SA ID Passport Non-SA citizen with permanent residence*
3	Identity number of natural person
4	Passiport number of natural person
5	Surname ⁶ Initials
7	Full :name
8	Residential address
10	⁹ Postal Code
	Postal address 11 Postal Code
12	121 122
12.3	Celiphone number Horne () Work ()
14	E-mail-address
15	JURISTIC PERSON'S DETAILS
	JUNISTIC PERSON'S DETAILS
16	OTHER BODIES
17	Registered company name
18	Trading as name
19	FAR number
20	Postal address
22	21 Postal Code
	Business address 21 Postal Code
24	Business felephone number 24.1 Work () 24.2 Fax ()
25	E-mail address
26	RESPONSIBLE PERSON'S DETAILS
27	Responsible parson (full names and surname)
28	Type of identification (tedicate with an X) SA ID Passport number
29	fdentily number of responsible person
30	Passport number of responsible person

^{*} Proof of permanent residence must be submitted if an applicant is not a SA citizen.

SAPS 518(a) 31 Celiphone number 32 Physical address 33 Postal Code Postal address 35 Postal Code 36 OTHER INFORMATION (Indicate with an X) WAS YOUR APPLICATION HANDED IN 90 DAYS BEFORE EXPIRY OF THE EXISTING LICENCE? IF NO, SUBMIT THE REASON (Indicate with an X) 37 Reason(s) YES NO 38 WAS YOUR APPLICATION HANDED IN AFTER THE DUE DATE, BUT BEFORE EXPIRY OF EXISTING LICENCE, IF YES, SUBMIT THE REASON (Indicate with an X) YES NO Reason(s) 39 WAS YOUR APPLICATION HANDED IN AFTER THE EXPIRY OF EXISTING LICENCE, IF YES, SUBMIT THE REASON (Indicate with an X) Reason(s) YES NO

DECLARATION BY APPLICANT

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

SAPS 518(a)

	E SIGNATURE OF APPLICA	NT (s	ign only if ap	plicable	s)						_
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	The requirements of the photo:		contribution and foreign					Table Control Control Control			
	 The photograph must be in colour and may not exceed the border. The photo must be the size of a standard passport photograph. The photo must be a full front view of the head and shoulders of the applicant. The background of the photo must be plain. The applicant may not be wearing a hat or sunglasses on the photograph. The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form. The applicant must sign in black ink. The signature may not exceed the border. 	•			PHO	ЭТС)		1		
	 The whole finger must be pressed down on the sheet. The fingerprint should not be rolled and must be a flat impression. 			********							
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	Signature	,.,,		*********		anne gang pantan sanan sanan	and the second of the second	***************************************			
5		6	Date			T	-			1: [
	Name of applicant in block letters			21	LL					·	
		7	Place								
В	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION		7								
8.1		8.2		_			T	Г	Τ	1	
	Name of police official in block letters		Persal nu	mber o	f police o	official	٠		J	_	
8,3		8.4									
	Rank of police official in block letters		Signature	of poli	ce officia	d					
9	PARTICULARS OF WITNESS										
9.1		9.2					T	<u> </u>			
	Name of witness in block letters		Persal nui	nber o	f witness	•					
9.3	Rank of witness in block letters	9.4	Signature	of witr							
	F. PARTICULARS OF (This section must be completed only if the applicant cannot re				nderstan	d the c	onteni	soft	his fo	m.)	
1	Name and surname of interpreter										
2	Identify/Passport number of interpreter	\neg	T	T	П	\top	Ī		T	T	
3	Residential address										
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	Rank of police official in block letters(if applicable)	rsal number of police official (if applicable)
	G. IN CASE OF NOMINEE/AUTHORI	IZEO PERSON
2	Name and surname of nominee/authorized person	
2	Identity/Passport number of nominee/authorized person	
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4	5	
	Signature of nominee/authorized person	ace
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	H. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS (JEFFICEROS FATION COMMISSIONER
1	RECOMMENDATION REGARDING THE APPL	ICATION (indicate with X)
2	RECOMMENDATION REGARDING THE APPL Recommended	ICATION (indicate with X) Not recommended
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