

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A TEMPORARY AUTHORIZATION TO TRADE IN FIREARMS AND AMMUNITION, TO CONDUCT BUSINESS AS A GUNSMITH OR TO DISPLAY FIREARMS AND AMMUNITION ON PREMISES OTHER THAN THOSE SPECIFIED IN THE DEALERS', MANUFACTURERS' OR GUNSMITHS' LICENCE

Section 36, 50, 64 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED						
	¹ Application reference N	No					
DATE RECEIVED							
B. FOR OFFICIAL USE BY PO	LICE STATION WHERE	THE APPLI	CATION IS	RECEIV	/ED		
Province							
Area					· · · · · · · · · · · · · · · · · · ·		
Police station		***************************************			••••	•••••	
Component code Pirearm applications register reference No	SAPS 86 NO			YEAR			
	E BY THE CENTRAL FIR	EARMS RE	GISTER (C	FR)			
Outstanding/Additional information required				•••••		•••••	
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 	rsal number	Π.			3 8	late	
⁴ Signature of police official			⁵ Name in bl	ock letters			
⁶ Application for temporary authorization approved	I (Indicate with an X)		Name in Di	OCK letters			
					1 :		
	rsat number			- _	* 0	ate .	
⁹ Signature of CFR officer ¹² Application for temporary authorization refused	¹⁰ Officer code		Name in bloom(s) for refu				
apprention temporary authorization request	grandens with an A)	Rease	nifa) ini isi	IS & I			
		••••••					
	ersal number	T - 1		-	15	Date	
						1	
16 Signature of CFR officer	17 Officer code	18	Name in bloc	k letters			
				-			

	D. PARTICULARS OF APPLICANT Specify the type of temporary authorization which is being applied for (Indicate with an X)
1 2 3 4 5	To trade in firearms and ammunition To trade in attribution To manufacture firearms To manufacture ammunition To conduct business as a gunsmith
6	JURISTIC PERSON'S DETAILS
7 8 9	Registered company name Trading as name FAR number
10	Postal address 11 Postal Code Business eddress
14 15	Business telephone number 13.1 Work () 13.2 Fax () E-mail address
16	Responsible person (full name and surname)
17	Type of identification (Indicate with an X) SA citizen Non-SA citizen with permanent residence*
19	Identify number of responsible person
20	Physical address 21 Postal Code
22	Postal address 23 Postal Code
24	STATE THE REASON(S) FOR THE APPLICATION FOR A TEMPORARY AUTHORIZATION
25	Type of Existing licence To trade in firearms and To trade in arrumumition To manufacture
	(Indicate with an X) arramunition firearms To manufacture arramunition To conduct business as a gunsmith
26	Licence number
27	Date issued 28 Expiry date
29	PHYSICAL ADDRESS OF THE PROPOSED PREMISES ON WHICH BUSINESS WILL BE CONDUCTED
30	Address 31 Postat Code

^{*} In case of a non-SA citizen proof of permanent residence must be submitted.

32	WHAT IS THE CLASSIFICATION OF THE PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL; ETC.)
33	DESCRIBE THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS
34	DESCRIBE THE ALARM SYSTEM
35	
	LOCATION AND PARTICULARS OF THE SAFE OR STRONGROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT
36	DESCRIBE THE BURGLAR PROOFING
37	
	DESCRIBE OTHER SECURITY FEATURES
30	
38	Period for which the temporary authorization will be required FROM Date
	TO Date

20	
39	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.

	SIGNATURE OF APPLIC	ANT	(Sign only if applicable)
	Note:		
	The requirements of the photo:		
	 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. The whole finger must be pressed down on the sheet. The fingerprint should not be rolled and must be a flat impression. 		PHOTO
			⁴ Fingerprint
			designation
2			3
	Signature		
Γ		6	Date
Na	me of applicant in block letters		
		7	Place
F	ARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION		
		8.2	· {
Na	me of police official in block letters		Persal number of police official
		8.4	
Ra	nk of police official in block letters		Signature of police official
P	ARTICULARS OF WITNESS		
		9.2	
Na	me of witness in block letters		Persal number of witness
		9.4	
Ra	nk of witness in block letters		Signature of witness
F	PARTICULARS OF (This section must be completed only if the applicant cannot rea		
1	ame and surname of interpreter		
	ientity/Passport number of interpreter		

	SAPS 518(b)
Residential address	
	* Postal Code
Postal address	
	⁶ Postal Code
lephane number 7.1 Hame ()	^{7.2} Work ()
hone number	* Fax ()
naif address	
erprefed from (fanguage)	to
	12
	'2 Date - -
ure of interpreter	14 Place
ture of interpreter	
	16
of police official in block letters(if applicable)	Persal number of police official(if applicable)
FOR OFFICIAL USE BY THE DESIGNATION	ED FIREARMS OFFICER/STATION COMMISSIONER
	NREGARDING THE APPLICATION
Recommended	Not recommended
ort of inspection on premises	
litional conditions recommended	

		SAPS 518(b
		······
2		3 Date
	Name of Designated Firearms Officer/Station Commissioner in block letters	
4		5 Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters	
6		7
	Signature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION AS AN ASSOCIATION

Section 8 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		DEFICIAL US ERE THE AP					
	¹ Application referen	ce No				ПТ	
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DATE RECEIVED							
B. FOR OFFICIAL USE BY PO	OLICE STATION WHER	RE THE APPL	CATION I	RECE	IVED		
Province			•••••			,	
Area			***************************************			•••••	
Palice station Component code							
Firearm applications register reference No	SAPS 86 NO			YEAR			
c. FOR OFFICIAL US	SE BY THE CENTRAL F	IREARMS RE	GISTER ((FR)			
Outstanding/Additional information required							
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& p.	ersal number			- -	3	Date	
⁴ Signature of police official			⁵ Name in blo	ock lettere			
* Application for accreditation approved (Indicate wi	ith an X)		THAT IS IT DI	or letters	<u> </u>		

	ersal number	-		-	8 (Date	
⁹ Signature of deciding officer	19 Officer code	1	¹ Name in bl	ock letters	s		
¹⁷ Application for accreditation refused (Indicate with	iariX) ¹³ Reaso	n(s) for refusat					
	•••••••	••••••					•••••
							·····
- # p	ersal number	-		- 1	15	Date	
							
¹⁶ Signature of deciding officer	17 Officer code	1	8 Name in bi	ock letters			

	D. TYPE OF ACCREDITATION (Indicate with an X)
1	As a sports-shooting and hunting association
2	As a sports-shooting association
3	As a hunting association
4	As a collectors association
5	Other (submit description of association)
	E. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
2.1	SA offizer Non-SA offizen with permanent residence*
3	Squartity number of natural person
6	Julian III.
7	Full names Date of birth FAge Gender Male Female
10	Residential address
	ft Postal Code
12	Postal address
	18 Postal Code
14	Trade or profession 15 If saif-employed, specify
16 17	Name of employed company
	Business address 18 Postal-Code
19	Telephone number 191 Home () 192 Work ()
19.3	Caliptione number 20 Fax ()
21	E-mail address
22	Marital status (Indicate with an X)
23	Single Married Divorced Wildow Widower
	Other (specify)
24	PARTICULARS OF SPOUSE/PARTNER (If applicable)
24.1	Type of identification (Indicate with an X)
24.1.1	SA ID Passport
24.2	Identify number of spouse/partner
24,3	Passport number of apouse/partner
24.4	Name and surname In the case of a non-SA citizen proof of permanent residence must be submitted

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25	JURISTIC PERSON'S DETAILS
26	OTHER BODIES (eg body corporate, close corporation or company)
27	Registered company name
28	
29	Trading as name
30	Company registration of CC number
	Postal address
	³¹ Postal Code
32	Business: address
	. sa Postal Code
34	Business telephone number 34.1 Work () 34.2 Fax ()
35	E-mail address
36	
	PARTICULARS OF MAIN ADDRESS (HEAD OFFICE)
37	Business address
	38-Postal Code
39	Postal address
	+6 Postal Code
41	
42	Business telephone number 411 Work () 41.2 Fax ()
	Е-mall address
43	RESPONSIBLE PERSON'S DETAILS
44	
	Responsible person (full name and surname)
45	
45	Type of identification (indicate with an X) SA ID Passport number
46	Type of identification (indicate with an X) SA3D Passport number identity/Passport number of responsible person
46	Identity/Passport number of responsible person
46 47	Identity/Passport number of responsible person Celiphone number
46 47	Identity/Passport number of responsible person Celliphone number Physical address
46 47 48	Identity/Passport number of responsible person Celliphone number Physical address 49 Postal Code Postal address
46 47 48 50	Edentity/Passport number of responsible person Edentity/Passport number Edentity/Passport number of responsible person Eden
46 47 48	Identity/Passport number of responsible person Celliphone number Physical address 49 Postal Code Postal address
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46 47 48 50 52 53	Ediphone number Physical address Postal Code Postal Code Prostal Code Proportion of responsible person Signature of responsible person PARTICULARS OF PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION
46 47 48 50 52	Editify/Passport number of responsible person Celliphone number Physical address 49 Postal Code Postal address PROOF SIGNATURES OF RESPONSIBLE PERSON 54 Signature of responsible person Signature of responsible person
46 47 48 50 52 53	Ediphone number Physical address Postal Code Postal Code Prostal Code Proportion of responsible person Signature of responsible person PARTICULARS OF PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION
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46 47 48 50 52 53	Ediphone number Physical address Postal Code Postal Code Prostal Code Proportion of responsible person Signature of responsible person PARTICULARS OF PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION

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	MOTIVATION AS TO THE MAIN	PURPOSE FOR WHICH ACCRED	TATION IS REQUIRED AND EXP	PERIENCE IN THE APPLICABLE FIELD
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58	INFRASTRUCTURE OF THE ORG	SANIZATION		
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	QUALIFICATIONS OF PERSONNE	EL .		
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	PERIOD FOR WHICH ORGANIZA	FION EXISTS AND FUNCTIONS		
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61	RECION THAT IS COVERED BY THE SECONITATION.
	REGION THAT IS COVERED BY THE ORGANIZATION
62	PARTICULARS OF HOW REGISTERS WILL BE KEPT
63	NUMBER OF PAID-UP MEMBERS REGISTERED (provide proof)
54	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.
	F. SIGNATURE OF APPLICANT (Sign only if applicable)
	2 Date
	Fingerprint designation
	4
	Name of applicant in block letters
	5
	Right index fingerprint of applicant
	6
	Signature of applicant
	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION
.1	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION 7.2
	Name of police official in block letters Persal number of police official
.3	Name of police official in block letters Persal number of police official 7.4
.3	Name of police official in block letters Persal number of police official
.3	Name of police official in block letters Persal number of police official 7.4 Rank of police official in block letters Signature of police official G. PARTICULARS OF INTERPRETER
.3	Name of police official in block letters Persal number of police official 7.4 Rank of police official in block letters Signature of police official
.3	Name of police official in block letters Persal number of police official 7.4 Rank of police official in block letters Signature of police official G. PARTICULARS OF INTERPRETER
.3	Name of police official in block letters Persal number of police official 7.4 Rank of police official in block letters Signature of police official G. PARTICULARS OF INTERPRETER (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
.3	Name of police official in block letters Persal number of police official 7.4 Rank of police official in block letters Signature of police official G: PARTICULARS OF INTERPRETER (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
.3	Name of police official in block letters Persal number of police official 7.4 Rank of police official in block letters Signature of police official G. PARTICULARS OF INTERPRETER (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

5	Postal address	
		⁶ Postal Code
7	Telephone number 7.1 Home ()	4-4
В		
10	Celiphone number	^g Fax ()
	E-mait address	
11	interpreted from (language)	to
		12
		14 Date
13		14
	Signature of interpreter	Place
	Signature of interpreter	
15		16
	Rank of police official (if applicable)	Persal number of police official (if applicable)
	I. FOR OFFICIAL USE BY THE DESIGNATED FIRE	EARMS OFFICER/STATION COMMISSIONER
1		
	RECOMMENDATION REGAR	RDING THE APPLICATION
	Recommended	Not recommended
2	Metivation	
3	Recommended conditions	
,		
		5 Date
	Name of Designated Firearms Officer/Station Commissioner in block letters	
5		7 🚇
	Rank of Designated Firearms Officer/Station Commissioner in block letters	Place
	The state of the s	
3		9
	Signature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION FOR BUSINESS PURPOSES

Section 8 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		OFFICIAL USI ERE THE APP			
	¹ Application reference	e No			
DATE RECEIVED					
DATE REGEREES					
B. FOR OFFICIAL USE BY POLI	CE STATION WHER	E THE APPLI	CATION IS F	RECEIVED	
Province					
Area	,				
Police station		•••••			
Component code			· · · · · · · · · · · · · · · · · · ·		
Firearm applications register reference No	SAPS 86 NO		Y	EAR	
c. FOR OFFICIAL USE I	BY THE CENTRAL F	IREARMS RE	GISTER (CF	R)	
¹ Outstanding/Additional information required					
		•••••••••••		•••••	
			•		
- 2 Perss	al number			3	Date
	1				
⁴ Signature of police official	Г		⁵ Name in blo	ck letters	
* Application for accreditation approved (Indicate with a	n.X)				
				T T	
- Fersa	si number				Date
⁹ Signature of deciding officer	¹⁰ Officer code		¹¹ Name in blo	ock letters	
12 Application for accreditation refused (Indicate with an	x) Reason	n(s) for refusal			
		••••••			
- 14 Pars	af number	-		1	Date
		-			
¹⁶ Signature of deciding officer	17 Officer code		18 Name in blo	ck letters	

	TYPE OF ACCREDITATION (Indicate with an X)
1	As a shooting range
2	To provide training in the use of firearms
3	To:provide firearms for the use in theatrical, film or television productions
4	To conduct business in bunting
5	To provide an in-house security service
6	As a museum
7	As a public collector in firearms and amountain
8	As a game rancher
9	Far other business purposes (specify the purpose)
	E. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
2.1	SA citizen Non-SA citizen with permanent residence*
3	identity number
4	Surname * nitials *
e	Full names
7	Date of birth * Age * Gender Male Female
10	Residential address
12	Postal address
	13 Pastal Code
14	Trade or profession 15 If self-employed, specify
16	Name of employer/company
17	Business address
	18 Postal Code
19	Telephone number () 18.2 Work ()
19.3	Celliphone humber 20 Fax ()
21	E-mail adulfress
22	Marital status (Indicate with an X)
23	Single Married Divorced Widow Widower
	Other (specify)
24	PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable)
24.1	Type of identification (Indicate with an X)
24.1.1	SA ID Passport
24.2	#dentity number of spouse/partner
24.3	Passport number of spouse/partner
24.4	Name and surname

25	JURISTIC PERSON'S DETAILS
26	OTHER BODIES (eg body corporate, close corporation or company)
27	Registered company name
28	Trading as name
29	Company registration or GC number
30	Postal address
	31 Postal Code
32	Business address
	Postal Code
34	Business telephone number 34.1 Work () 34.2 Fax ()
35	E-mail address
36	RESPONSIBLE PERSON'S DETAILS
37	Responsible person (full name and surname)
38	Type of identiffication (tadicate with an X) SA IO Passport number
39	identity number of responsible person
40	Passport number of responsible person
41	Celiptione number
42	Physical address
	49 Postal Code
44	Postal address
	45 Postal Code
46	PROOF SIGNATURES OF RESPONSIBLE PERSON
47	Signature of responsible person Signature of responsible person
9	PARTICULARS OF OTHER PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION
50	Identity number Full names Surname Capacity
L	

51	PARAGRAPH 52 - 55 MUST BE COMPLETED FOR ALL TYPES OF ACCREDITATION
52	MOTIVATION OF PURPOSE AND SCOPE FOR WHICH ACCREDITATION IS REQUIRED
53	DESCRIPTION OF THE MAIN PURPOSE OF THE BUSINESS
54	DESCRIPTION OF SECURITY MEASURES PERTAINING TO THE STORAGE, TRANSPORT AND SAFEKEEPING OF FIREARMS TO BE USED.
55	DESCRIPTION OF HOW REGISTERS WILL BE KEPT
56	
57	COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION TO PROVIDE IN-HOUSE SECURITY SERVICES
-	SCOPE OF WHAT IS TO BE PROTECTED
i	
58	NUMBER OF PERSONS WHO WILL BE ISSUED WITH FIREARMS
59	COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A MUSEUM
60	DESCRIPTION OF ACCESS CONTROL
61	DESCRIPTION OF DISTRICT AV SECURATIONS
	DESCRIPTION OF DISPLAY MECHANISMS

SAPS 519(a) COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A PUBLIC COLLECTOR 63 PARTICULARS OF AN ACCREDITED MUSEUM WHERE THE FIREARM COLLECTION WILL BE DISPLAYED 63.1 Name Accreditation registration number **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 SIGNATURE OF APPLICANT (Sign only if applicable) Date Fingerprint designation Name of applicant in block letters Place Right index fingerprint of applicant Signature of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION 7.2 Name of police official in block letters Persal number of police official 7.3 7.4 Signature of police official Rank of police official in block letters G. PARTICULARS OF INTERPRETER (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 7.2 Work 7.1 Hame Telephone number 9 Fax Cellphone number 10 E-mail address interpreted from (language) to Date 13 Signature of interpreter 15 Rank of police official in block letters (If applicable) Persal number of police official (if applicable)

H. FOR OFFICIAL USE BY THE DESIGNATED FIR	EARMS OFFICER/STATION COMMISSIONER
RECOMMENDATION REGAI	RDING THE APPLICATION
Recommended	Not recommended.
Motivation	
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Recommended conditions	
	5 Date
ame of Designated Firearms Officer/Station Commissioner in block letters	
	7 Place
ank of Designated Firearms Officer/Station Commissioner in block letters	<u> </u>
	.9
gnature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION AS AN OFFICIAL INSTITUTION

Section 8 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP				Д												EAR APTU									
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* Aı	olice	ation	for a			1 app	rovec	1																	
⁶ Aj	oplica dicate	ation e with	for a			п арр	rovec	1					••••			•••••			•••••						
⁸ Aj	pplica dicate	ation a with	for a			н арр	rovec		7.0													Ta .			
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*Aj	pplic dicate	ation e with	for a			н арр	-		7 Pen	sal nun	nber		7			-			-		<u> </u>) • E)ate		
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			L	ccred	itation	of dec	- ciding	officer			10 Office			m(s) 1	or re	*******		ne in	- biock	letters	s	* E)ate		
			L	ccred	itation	of dec	- ciding	officer	r		10 Office			m(s) 1	or re	*******		ne in	- biock	letters	s] • I)ate		
			L	ccred	itation	of dec	- ciding	officer	r		10 Office			m(s) f	or re	*******		ne in	- biock	letters	s] * t)ate		
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			L	ccred	itation	of dec	- ciding	officer	r te with a	m X)	1º Office	** R	easc			*******		ne in	block	letters	s				

	C. GOVERNMENT INSTITUTION'S DETAILS (Indicate with an X)
	Name of government institution
	Physical address
	* Postal Code
	Postal address 1 Postal Code
	Contact telephone number **Work () ** Fax ()
	E-mail additions
	RESPONSIBLE PERSON'S DETAILS
	Responsible person (full name and sunname)
5	Type of identification (indicate with an X) SAID Passport number
1	Identify/Passport number of responsible person
3	Celifphone number
	Physical address
5	Postal address
	16 Postal Code
7	PROOF SIGNATURES OF RESPONSIBLE PERSON
3	11
	Signature of responsible person Signature of responsible person
ı	Signature of responsible person Signature of responsible person
ı	Signature of responsible person OTHER DETAILS Signature of responsible person
ı	Signature of responsible person OTHER DETAILS Signature of responsible person
ı	Signature of responsible person OTHER DETAILS Signature of responsible person
ı	Signature of responsible person OTHER DETAILS Signature of responsible person
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1	Signature of responsible person OTHER DETAILS MOTRIATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED

	PARTICULARS OF A HOW REGISTER WILL BE KEPT REGARDING THE ISSUING OF FIREARMS AND THE PROCEDURE ON HOW FIREARMS WILL BE CONTROLLED
ŀ	
	PARTICULARS OF THE PLACE WHERE REGISTERS WILL BE KEPT FOR INSPECTION BY A POLICE OFFICIAL
	DESCRIPTION OF THE LINKED WORKSTATION THAT MUST BE MAINTAINED
	PURPOSE FOR WHICH FIREARMS ARE NEEDED
	DETAILS OF THE TYPE OF FIREARMS AND THE NUMBER ROUNDS OF AMMUNITION THE OFFICIAL INSTITUTION INTENDS TO ACQUIRE
	DESCRIPTION OF SAFETY CONTROL PROCEDURES REGARDING THE SAFEGUARDING OF FIREARMS AND THE SAFEKEEPING FACILITIES

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.

	D. SIGNATURE OF APPL	ICANT	(Sign only if applicable)
	² Fingerprint designation	3	Date
		4	Name of applicant in block letters
	Right index fingerprint of applicant	5	Place
		6	Signature of applicant
,	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	N	
1.1	Name of police official in block letters	7.2	Persal number of police official
.3		7.4	
1	Rank of police official in block letters		Signature of police official
	PARTICULARS OF WITNESS	8.2	
1.1	Name of witness in block letters	0.2	Persal number of witness
1.3		B.4	
	Rank of witness in block letters		Signature of witness
	E. PARTICULARS (This section must only be completed if the applicant cannot	OF INTI	ERPRETER
	E. PARTICULARS C	OF INTE	ERPRETER
!	E. PARTICULARS ((This section must only be completed if the applicant cannot	OF INTE	ERPRETER
	E. PARTICULARS ((This section must only be completed if the applicant cannot Name and surname of interpreter	OF INTE	ERPRETER write or does not understand the content of this form.)
!	E. PARTICULARS (This section must only be completed if the applicant cannot Name and sumame of interpreter Identity/Passport number of interpreter	DE INTE	ERPRETER
! }	E. PARTICULARS ((This section must only be completed if the applicant cannot Name and sumaine of interpreter Identity/Passport number of interpreter Residential address	OF INTE	ERPRETER write or does not understand the content of this form.)
! }	E. PARTICULARS ((This section must only be completed if the applicant cannot Name and sumaine of interpreter Identity/Passport number of interpreter Residential address	DE INTI	ERPRETER write or does not understand the content of this form.) 4 Postel Code
:	E. PARTICULARS (This section must only be completed if the applicant cannot Name and surname of interpreter identity/Passport number of interpreter Residential address Postal address	DF INTI	ERPRETER write or does not understand the content of this form.) 4 Postel Code 8 Postel Code
:	E. PARTICULARS ((This section must phly be completed if the applicant cannot have and surname of interpreter identity/Passport number of interpreter. Residential address Postal address Telephone number 7.1 Home ()	DE INTI	# Postal Code Work ()
:	E. PARTICULARS ((This section must only be completed if the applicant cannot have and surname of interpreter identity/Passport number of interpreter Residential address Postal address Telephone number 7.1 Home () Cellphone number	DF INTI	# Postal Code Work ()
	E. (This section must only be completed if the applicant cannot Name and surname of interpreter identity/Passport number of interpreter. Residential address Postal address Telephone number 7.1 Home () Celiphone number E-mail address	DE INTI	# Postal Code **Postal Code **Postal Code **Postal Code **Postal Code
	E. (This section must only be completed if the applicant cannot Name and surname of interpreter identity/Passport number of interpreter. Residential address Postal address Telephone number 7.1 Home () Celiphone number E-mail address	read or)	### Postal Code Postal Code Page Postal Code Page Page
! ;	E. (This section must only be completed if the applicant cannot Name and surname of interpreter identity/Passport number of interpreter. Residential address Postal address Telephone number 7.1 Home () Celiphone number E-mail address	feed or)	# Postal Code **Postal Code **Postal Code **Postal Code **Postal Code **Postal Code **Postal Code
! ;	E. PARTICULARS (This section must only be completed if the applicant cannot have and sumaine of interpreter identity/Passport number of interpreter. Residential address Postal address Telephone number 7.1 Home () Cellphone number E-mail address interpreted from (language)	feed or)	### Postal Code Postal Code Page Postal Code Page Page



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR MULTIPLE IMPORT OR EXPORT PERMIT/ PERMANENT IMPORT OR EXPORT PERMIT/TEMPORARY 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 the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		USE BY THE POLICE STATION APPLICATION IS CAPTURED	
	¹ Application reference No		
DATE RECEIVED			
B. FOR OFFICIAL USE BY P	OLICE STATION WHERE APP	LICATION IS RECEIVED	
Province			
Area			
Police station			
Component code			
Firearm applications register reference number	SAPS 88 NO	YEAR	
* Outstanding/Additional information required - t Per * Signature of police official * Application for a permit approved (Indicate with an X)	sal number	- - 3 Date	
71.			
- 1º Per	sal number	Date	
⁹ Signature of deciding officer 12 Application for a permit refused (Indicate with an 来)	10 Officer code 13 Reason(s) for re	¹¹ Name in block letters	
	rsak number	_	
	Sacrumper	15 Date	

	D. TYPE OF PERMIT (Indicate with an X)
	1 Multiple import or export permit 2 Permit 0 r export
	E. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
2.1	SA ID Paseport
3	identity number of natural person
4	Passport number of natural person
5	Surriame ⁶ Initials
8	Full names
11	Date of bitth - - ** Age ** Gender Male Female Residential address
13	¹² Postal Gode
,,	Postal address 14 Postal Code
15	Trade or profession 14 If self-employed, specify
17	Name of employer/company
18	Business address
00	19 Postal Code
20.3	Telephone number 20.1 Home () 20.2 Work ()
22	Celiphone number 21 Fax () E-mail address
23	Marital status (Indicate with an X)
24	Single Married Divorced Widow Widower Other (specify)
25	PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable)
25.1	Type of identification (Indicate with an X)
25,1,1	SA ID Passport
25.2	Identity number of spouse/partner
25.3	Passport number of spause/partner
25.4	Full Name and Surname
26	JURISTIC PERSON'S DETAILS
27	Registered agriphing hame
28	Trading as name
29	FAR mumber
30	Postal address

[•] In case of a non-SA citizen proof of permanent residence must be submitted