



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
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 THE APPLICATION IS RECEIVED			
1	Province		
2	Area		
3	Police station		
4	Component code		
5	Firearm applications register reference No	SAPS 85	NO
			YEAR

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)			
1 Outstanding/Additional information required			
		2 Personal number	3 Date
4 Signature of police official		5 Name in block letters	
6 Application for temporary authorization approved (indicate with an X)			
		7 Personal number	8 Date
9 Signature of CFR officer		10 Officer code	11 Name in block letters
12 Application for temporary authorization refused (indicate with an X)		13 Reason(s) for refusal	
		14 Personal number	15 Date
16 Signature of CFR officer		17 Officer code	18 Name in block letters

25	Type of Existing licence (Indicate with an X)	To trade in firearms and ammunition	To trade in ammunition	To manufacture firearms
	To manufacture ammunition		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 Postal Code

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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

38

Period for which the temporary authorization will be required

FROM

Date

				-			-		
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TO

Date

				-			-		
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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.

E. SIGNATURE OF APPLICANT (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

1

2

Signature

3

⁴ Fingerprint designation

5

Name of applicant in block letters

6

Date

7

Place

8

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

8.1

Name of police official in block letters

8.2

Persal number of police official

8.3

Rank of police official in block letters

8.4

Signature of police official

9

PARTICULARS OF WITNESS

9.1

Name of witness in block letters

9.2

Persal number of witness

9.3

Rank of witness in block letters

9.4

Signature of witness

F. 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.)

1

Name and surname of interpreter

2

Identity/Passport number of interpreter

3	Residential address					⁴ Postal Code				
5	Postal address					⁶ Postal Code				
7	Telephone number	^{7.1} Home	()	^{7.2} Work	()					
8	Cellphone number				⁸ Fax	()				
10	E-mail address									
11	Interpreted from (language)		to							

12	Date					-			-		
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14	Place	
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16							-	
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Persal number of police official(if applicable)

1	RECOMMENDATION REGARDING THE APPLICATION		
	Recommended		Not recommended

Report of inspection on premises

[illegible]

[illegible]

Date					-			-		
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Place	
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APPLICATION FOR ACCREDITATION AS AN ASSOCIATION

OFFICIAL DATE STAMP

DATE RECEIVED

¹ Application reference No

1	Province			
2	Area			
3	Police station			
4	Component code			
5	Firearm applications register reference No	SAPS 86	NO	YEAR

[illegible]

⁵ Name in block letters

		-	¹ Persal number		-	-	² Date
--	--	---	----------------------------	--	---	---	-------------------

¹¹ Name in block letters

13 Reason(s) for refusal

		-		14	Persal number				-		-			15	Date
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¹⁸ Name in block 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 citizen		Non-SA citizen with permanent residence*	
3	Identity number of natural person			
4	Surname			
6	Full names			
7	Date of birth		Age	
10	Residential address			
12	Postal address			
14	Trade or profession			
16	Name of employer/company			
17	Business address			
19	Telephone number			
19.3	Cellphone number			
21	E-mail address			

22 Marital status (Indicate with an X)

23	Single		Married		Divorced		Widow		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	Identity number of spouse/partner			
24.3	Passport number of spouse/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	Trading as name																		
29	Company registration or CC number																		
30	Postal address																		
															31 Postal Code				
32	Business address																		
															32 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																		
															40 Postal Code				
41	Business telephone number	41.1 Work	()		41.2 Fax	()											
42	E-mail address																		

43 RESPONSIBLE PERSON'S DETAILS

44	Responsible person (full name and surname)																		
45	Type of identification (indicate with an X)	SA ID					Passport number												
46	Identity/Passport number of responsible person																		
47	Cellphone number																		
48	Physical address																		
															48 Postal Code				
50	Postal address																		
															51 Postal Code				

52 PROOF SIGNATURES OF RESPONSIBLE PERSON

53
Signature of responsible person

54
Signature of responsible person

55 PARTICULARS OF PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION

56	Identity number	Full names	Surname	Capacity

MOTIVATION AS TO THE MAIN PURPOSE FOR WHICH ACCREDITATION IS REQUIRED AND EXPERIENCE IN THE APPLICABLE FIELD

INFRASTRUCTURE OF THE ORGANIZATION

QUALIFICATIONS OF PERSONNEL

PERIOD FOR WHICH ORGANIZATION EXISTS AND FUNCTIONS

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51	REGION THAT IS COVERED BY THE ORGANIZATION
62	PARTICULARS OF HOW REGISTERS WILL BE KEPT
63	NUMBER OF PAID-UP MEMBERS REGISTERED (provide proof)

64 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)

1		2	Fingerprint designation	3	Date												
				4													
					Name of applicant in block letters												
				5	Place												
				6													
					Signature of applicant												

7 **PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

7.1	<div style="border: 1px solid black; height: 25px;"></div>	7.2	<div style="border: 1px solid black; width: 100%; height: 25px; position: relative;"><div style="position: absolute; left: -10px; top: 5px;">Name of police official in block letters</div></div>
7.3	<div style="border: 1px solid black; height: 25px;"></div>	7.4	<div style="border: 1px solid black; width: 100%; height: 25px; position: relative;"><div style="position: absolute; left: -10px; top: 5px;">Rank of police official in block letters</div></div>

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.)

1	Name and surname of interpreter													
2	Identity/Passport number of interpreter													
3	Residential address													
										Postal Code				

5	Postal address											
7	Telephone number	7.1 Home	()	7.2 Work	()							
8	Cellphone number				8 Fax	()						
10	E-mail address											
11	Interpreted from (language)				to							
12	Date	<div> <div></div> <div></div> <div></div> <div></div> <div>-</div> <div></div> <div></div> <div>-</div> <div></div> <div></div> </div>										
14	Place											
15	Signature of interpreter											
16	Rank of police official (if applicable)		<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>-</div> <div></div> </div>									
			Personal number of police official (if applicable)									

1. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

[illegible]

4		5	Date					-			-												
	Name of Designated Firearms Officer/Station Commissioner in block letters																						
6		7	Place																				
	Rank of Designated Firearms Officer/Station Commissioner in block letters																						
8	<div style="border-top: 1px dashed black; margin-bottom: 5px;"></div> Signature of Designated Firearms Officer/Station Commissioner												9							-			
														Personal number of Designated Firearms Officer/Station Commissioner									

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SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION FOR BUSINESS PURPOSES

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

<p align="center">OFFICIAL DATE STAMP</p> <p align="center">DATE RECEIVED</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th align="left" colspan="12" style="padding: 2px;">A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</th> </tr> <tr> <td style="width: 30%;">1 Application reference No</td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> <td><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> </table>	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED												1 Application reference No	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED																									
1 Application reference No	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>														

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED											
Province											
Area											
Police station											
Component code											
Firearm applications register reference No	SAPS 86	NO	YEAR								

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)												
1 Outstanding/Additional information required												
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	-	2 Persal number				<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	-	-	3 Date
4 Signature of police official						5 Name in block letters						
6 Application for accreditation approved (Indicate with an X)												
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	-	7 Persal number				<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	-	-	8 Date
9 Signature of deciding officer				10 Officer code		11 Name in block letters						
12 Application for accreditation refused (Indicate with an X)												
13 Reason(s) for refusal												
<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	-	14 Persal number				<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	-	-	15 Date
16 Signature of deciding officer				17 Officer code		18 Name in block letters						

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D. 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 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 rancher	
9	For 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		5 Initials	
6	Full names			
7	Date of birth		8 Age	
			9 Gender	Male Female
10	Residential address			
			11 Postal Code	
12	Postal address			
			13 Postal Code	
14	Trade or profession		15 If self-employed, specify	
16	Name of employer/company			
17	Business address			
			16 Postal Code	
19	Telephone number	19.1 Home	()	19.2 Work
19.3	Cellphone number			20 Fax
21	E-mail address			

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	Identity number of spouse/partner			
24.3	Passport number of spouse/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	Trading as name	
29	Company registration or CC number	
30	Postal address	
		31 Postal Code
32	Business address	
		33 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 identification (indicate with an X)	SA ID					Passport number									
39	Identity number of responsible person						-					-			-	
40	Passport number of responsible person															
41	Cellphone number															
42	Physical address															
												43 Postal Code				
44	Postal address															
												43 Postal Code				

46 **PROOF SIGNATURES OF RESPONSIBLE PERSON**

47

.....
Signature of responsible person

48

.....
Signature of responsible person

49 PARTICULARS OF OTHER PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION

[illegible]

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 COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION TO PROVIDE IN-HOUSE SECURITY SERVICES

57 SCOPE OF WHAT IS TO BE PROTECTED

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 DISPLAY MECHANISMS

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62 **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

63.2 Accreditation registration number

64 **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)

1

2 Fingerprint designation

3 Date - -

4

Name of applicant in block letters

5

Place

6

Signature of applicant

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 in block letters

7.4

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.)

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

3 Residential address

4 Postal Code

5 Postal address

6 Postal Code

7 Telephone number 7.1 Home () 7.2 Work ()

8 Cellphone number 8 Fax ()

10 E-mail address

11 Interpreted from (language) to

12 Date - -

13

Signature of interpreter

14

Place

15

Rank of police official in block letters (if applicable)

16 -

Persal number of police official (if applicable)

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H. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1		RECOMMENDATION REGARDING THE APPLICATION	
2		Recommended	Not recommended
2	Motivation		
	3	Recommended conditions	

3
Name of Designated Firearms Officer/Station Commissioner in block letters

5 Date

6
Rank of Designated Firearms Officer/Station Commissioner in block letters

7 Place

8
Signature of Designated Firearms Officer/Station Commissioner

9
Persal number of Designated Firearms Officer/Station Commissioner

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

OFFICIAL DATE STAMP	A.	FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER WHEN THE APPLICATION IS CAPTURED
 	¹ Application reference No	
DATE RECEIVED		

B.			FOR OFFICIAL USE BY THE DECIDING OFFICER AT THE CENTRAL FIREARMS REGISTER (CFR)		
¹ Outstanding/Additional information required					
-					
¹ Persal number			² Date		
..... ⁴ Signature of police official			[] ⁵ Name in block letters		
⁶ Application for accreditation approved <small>(Indicate with an X)</small>			[]		
-					
⁷ Persal number			⁸ Date		
..... ⁹ Signature of deciding officer			[][][] [] ¹⁰ Officer code ¹¹ Name in block letters		
¹² Application for accreditation refused <small>(Indicate with an X)</small>			[] ¹³ Reason(s) for refusal		
-					
¹⁴ Persal number			C	C	¹⁵ Date
..... ¹⁶ Signature of deciding officer			[][][] [] ¹⁷ Officer code ¹⁸ Name in block letters		

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C. GOVERNMENT INSTITUTION'S DETAILS (Indicate with an X)	
1	Name of government institution
2	Physical address
	Postal Code
4	Postal address
	Postal Code
6	Contact telephone number ^{A1} Work () ^{A2} Fax ()
7	E-mail address
8	RESPONSIBLE PERSON'S DETAILS
9	Responsible person (full name and surname)
10	Type of identification (Indicate with an X) SA ID Passport number
11	Identity/Passport number of responsible person
12	Cellphone number
13	Physical address
	Postal Code
15	Postal address
	Postal Code
17	PROOF SIGNATURES OF RESPONSIBLE PERSON
18	Signature of responsible person
19	Signature of responsible person
20	OTHER DETAILS
21	MOTIVATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED
22	MOTIVATION REGARDING THE NEED FOR THE OFFICIAL INSTITUTION TO POSSESS FIREARMS

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23	PARTICULARS OF A HOW REGISTER WILL BE KEPT REGARDING THE ISSUING OF FIREARMS AND THE PROCEDURE ON HOW FIREARMS WILL BE CONTROLLED
24	PARTICULARS OF THE PLACE WHERE REGISTERS WILL BE KEPT FOR INSPECTION BY A POLICE OFFICIAL
25	DESCRIPTION OF THE LINKED WORKSTATION THAT MUST BE MAINTAINED
26	PURPOSE FOR WHICH FIREARMS ARE NEEDED
27	DETAILS OF THE TYPE OF FIREARMS AND THE NUMBER ROUNDS OF AMMUNITION THE OFFICIAL INSTITUTION INTENDS TO ACQUIRE
28	DESCRIPTION OF SAFETY CONTROL PROCEDURES REGARDING THE SAFEGUARDING OF FIREARMS AND THE SAFEKEEPING FACILITIES
29	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.

7 **PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

7.4
.....
Signature of police official

8 PARTICULARS OF WITNESS

8.4 _____
Signature of witness

E. PARTICULARS OF INTERPRETER
(This section must only be completed if the applicant cannot read or write or does not understand the content of this form.)

16

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

Personal number of police official (if applicable)

**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)

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D. TYPE OF PERMIT (Indicate with an X)

1 Multiple import or export permit	2 Import permit	3 Export permit	4 In-transit permit	5 Temporary import or export permit
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E. PARTICULARS OF APPLICANT
1 NATURAL PERSON'S DETAILS
2 Type of identification (Indicate with an X)

2.1 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	9 Age
10 Gender	Male Female
11 Residential address	
12 Postal Code	
13 Postal address	
14 Postal Code	
15 Trade or profession	16 If self-employed, specify
17 Name of employer/company	
18 Business address	
19 Postal Code	
20 Telephone number	20.1 Home ()
20.2 Work ()	
20.3 Cellphone number	21 Fax ()
22 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 spouse/partner	
25.4 Full Name and Surname	

26 JURISTIC PERSON'S DETAILS

27 Registered company name	
28 Trading as name	
29 FAR number	
30 Postal address	

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32	Business address			31 Postal Code				
34	Business telephone number	34.1 Work	()	34.2 Fax	()			
35	E-mail address							

RESPONSIBLE PERSON'S DETAILS

37	Responsible person (full name and surname)								
38	Type of identification (indicate with an X)	SA citizen		Non-SA citizen with permanent residence*					
39	Identity number of responsible person								
40	Passport number of responsible person								
41	Cellphone number								
42	Physical address								
44	Postal address			43 Postal Code					
				45 Postal Code					
46	Type of competency certificate (if applicable)								
47	Date of issue							48 Expiry date	

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

1 NATURAL PERSON'S DETAILS

2	Surname			3 Initials				
4	Full names							
5	Identity number of natural person							
6	Passport number of natural person							
7	Residential address							
9	Postal address			8 Postal Code				
				10 Postal Code				
11	Telephone number	11.1 Home	()	11.2 Work	()			
11.3	Cellphone number			12 Fax	()			
13	E-Mail address							

14 JURISTIC PERSON'S DETAILS

15	Registered company name							
16	Trading as name							
17	FAR number							
18	Company registration or CC number							
19	Postal address							
				20 Postal Code				

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