SAPS 520

21	Business address			
			22 Postal Code	
23	Business telephone number	23.1 Work		23.2 Fax
24	E-mail address			

25 **RESPONSIBLE PERSON'S DETAILS**

26	Responsible person (full name and surname)			
27	Type of identification (indicate with an X)	SA ID		Passport number
28	Identity number of responsible person		-	- -
29	Passport number of responsible person			
30	Cellphone number			
31	Physical address			
			32 Postal Code	
33	Postal address			
			34 Postal Code	

G. IMPORT AND/OR EXPORT DETAILS

1	Country of origin	
2	Country of destination	
3	Port of entry	
4	Port of exit	
5	Reason for permit	

6 In case of a permanent import/export permit, submit the date on which the import/export will take place

7 Date on which the import/export will take place — Date - -

8 In case of a multiple import or export permit/temporary import or export permit/in-transit permit, submit the following

9 Period for which permit is required

9.1 FROM Date - - TO 9.2 Date - -

H. TRANSPORTER'S DETAILS (Complete only in the case of an in-transit permit for business purposes)

1	FAR number			
2	Transporter's name and surname			
3	Transporter's trading name			
4	Method of transport			
5	Transporter's responsible person (name and surname)			
6	Type of identification (indicate with an X)	SA citizen		Non-SA citizen with permanent residence*
7	Identity number of responsible person		-	- -
8	Cellphone number			

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

SAPS 520

9 Validity of the transporter's permit FROM Date | | | | | - | | | - | | |

TO Date | | | | | - | | | - | | |

10 **Transport route**

I. DETAILS OF FIREARMS

1

1.1 Type	1.2 Action	1.3 Calibre	1.4 Model	1.5 Make	1.6 Frame or receiver serial number	1.7 Barrel serial number

2 **DETAILS OF AMMUNITION**

2.1

2.1.1 Type	2.1.2 Quantity

2.2

2.2.1 Type	2.2.2 Quantity

SAPS 520

3 **DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM(S)**

I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to supply it to the applicant once the necessary permit(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate.

4 **SIGNATURE OF PERSON CURRENTLY IN POSSESSION**

4.1 Name of person currently in possession in block letters

4.2 Date - -

4.3 Signature of person currently in possession

4.4 Place

5 **DECLARATION OF 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.

J. SIGNATURE OF APPLICANT (Sign only if applicable)

1 Name of applicant in block letters

2 Date - -

3 Signature of applicant

4 Place

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

1 Right index fingerprint of applicant

2 Fingerprint designation

3 Date - -

4 Name of applicant in block letters

5 Place

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

6.1 Name of police official in block letters

6.2 Persal number of police official -

6.3 Rank of police official in block letters

6.4 Signature of police official

7 **PARTICULARS OF WITNESS**

7.1 Name of witness in block letters

7.2 Persal number of witness -

7.3 Rank of witness in block letters

7.4 Signature of witness

L. 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

SAPS 520

5	Postal address				
				6 Postal Code	
7	Telephone number	7.1 Home ( )		7.2 Work	( )
8	Cellphone number			9 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)

M. PARENTAL CONSENT IN CASE OF A MINOR

1 Recommended ☐ Not recommended ☐

2 Name and surname of parent/guardian

3 Identity/Passport number of parent/guardian

4 Comments of parent/guardian

5 Date ____-____-____

6 .....
Signature of parent/guardian

7 Place

SAPS 520

N. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date ____-____-____

4 .....
Signature of nominee/authorized person

5 Place

***** NOTIFICATION OF CHANGE OF ADDRESS *****

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

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

1 RECOMMENDATION REGARDING THE APPLICATION

Recommended ☐ Not recommended ☐

2 Motivation regarding the application .....

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

4 Date ____-____-____

5 .....
Rank of Designated Firearms Officer/Station Commissioner in block letters

6 Place

7 .....
Signature of Designated Firearms Officer/Station Commissioner

8 ____-____
Persal number of Designated Firearms Officer/Station Commissioner

SAPS 520(a)

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 DEALERS, MANUFACTURERS AND GUNSMITHS

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 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 number	SAPS 86	NO / YEAR

C. FOR OFFICIAL USE BY THE DECIDING OFFICER

[1] Outstanding/Additional information required

[2] Persal number [3] Date

[4] Signature of police official [5] Name in block letters

[6] Application for a permit approved (indicate with an X)

[7] Persal number [8] Date

[9] Signature of deciding officer [10] Officer code [11] Name in block letters

[12] Application for a permit refused (indicate with an X) [13] Reason(s) for refusal

[14] Persal number [15] Date

[16] Signature of deciding officer [17] Officer code [18] Name in block letters

SAPS 520(a)

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	

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	

SAPS 520(a)

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 citizen		Passport	
39	Identity number of responsible person	-	-	-	
40	Passport number of responsible person				
41	Cellphone number				
42	Physical address				
			43 Postal Code		
44	Postal address				
			45 Postal Code		
46	Type of competency certificate (if applicable)				
47	Date of issue - -	48 Expiry date	- -		

F. PARTICULARS OF 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				
			8 Postal Code		
9	Postal address				
			10 Postal Code		
11	Telephone number	11.1 Home ( )	11.2 Work	( )	
11.3	Cellphone number		12 Fax	( )	
13	E-mail address				
14	Are there any additional firearm licence holders for this firearm? (Indicate with an X)	YES		NO	

15 **JURISTIC PERSON'S DETAILS**

16	Registered company name	
17	Trading as name	
18	FAR number	

SAPS 520(a)

19	Postal address				
			20 Postal Code		
21	Business address				
			22 Postal Code		
23	Business telephone number	23.1 Work ( )		23.2 Fax ( )	
24	E-mail address				

25 **RESPONSIBLE PERSON'S DETAILS**

26	Responsible person (full name and surname)			
27	Type of identification (indicate with an X)	SA citizen		Passport number
28	Identity number of responsible person	-	-	-
29	Cellphone number			
30	Physical address			
		31 Postal Code		
32	Postal address			
		33 Postal Code		

G IMPORT AND/OR EXPORT DETAILS

1	Country of origin	
2	Country of destination	
3	Port of entry	
4	Port of exit	
5	Reason for permit	

6 In case of a permanent import/export permit submit the date on which the import/export will take place

7 Date on which the import/export will take place: Date - -

8 In case of a multiple import or export permit/temporary import or export permit/in-transit permit submit the following

9 Period for which permit is required

10 FROM Date - - TO Date - -

H TRANSPORTER'S DETAILS (Complete only in the case of an in-transit permit)

1	FAR number			
2	Transporter's name and surname			
3	Transporter's trading name			
4	Method of transport			
5	Transporter's responsible person (name and surname)			
6	Type of identification (indicate with an X)	SA citizen		Non-SA citizen with permanent residence*
7	Identity number of responsible person	-	-	-
8	Cellphone number			

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

SAPS 520(a)

9 Validity of the transporter's permit FROM Date | | | | | - | | | - | | |

TO Date | | | | | - | | | - | | |

10 Transport route

I. DETAILS OF FIREARMS

1

1.1 Type	1.2 Action	1.3 Calibre	1.4 Model	1.5 Make	1.6 Frame or receiver serial number	1.7 Barrel serial number

SAPS 520(a)

2 **DETAILS OF AMMUNITION**

2.1

2.1.1 Type	2.1.2 Quantity

2.2

2.2.1 Type	2.2.2 Quantity

3 **DECLARATION 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 permit(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate.

SAPS 520(a)

4 **SIGNATURE OF PERSON CURRENTLY IN POSSESSION**

4.1 Name of person currently in possession in block letters

4.2 Date

4.3 Signature of person currently in possession

4.4 Place

5 **DECLARATION OF 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.

J. SIGNATURE OF APPLICANT (Sign only if applicable)

1 Name of applicant in block letters

2 Date

3 Signature of applicant

4 Place

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

1 Right index fingerprint of applicant

2 Fingerprint designation

3 Date

4 Name of applicant in block letters

5 Place

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

6.1 Name of police official in block letters

6.2 Persal number of police official

6.3 Rank of police official in block letters

6.4 Signature of police official

7 **PARTICULARS OF WITNESS**

7.1 Name of witness in block letters

7.2 Persal number of witness

7.3 Rank of witness in block letters

7.4 Signature of witness

L. 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

SAPS 520(a)

7	Telephone number	7.1 Home ( )		7.2 Work	( )
8	Cellular phone			9 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)

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

4 Comments of parent/guardian

5 Date | | | | | - | | | - | | |

6 Signature of parent/guardian

7 Place

SAPS 520(a)

N. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date ____-____-____

4 .....
Signature of nominee/authorized person

5 Place

***** NOTIFICATION OF CHANGE OF ADDRESS *****

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

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

1 RECOMMENDATION REGARDING THE APPLICATION

Recommended ☐ Not recommended ☐

2 Motivation regarding the application

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

4 Date ____-____-____

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

6 Place

7 Signature of Designated Firearms Officer/Station Commissioner

8 ____-____ Persal number of Designated Firearms Officer/Station Commissioner

SAPS 520(a)

P.	FOR OFFICIAL USE BY THE SCRUTINY COMMITTEE (In the case of multiple import or export permit/permanent export permit)	
1	RECOMMENDATION REGARDING THE APPLICATION	
	Recommended	Not recommended
2	Recommendation from Scrutiny Committee	

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

SAPS 520(b)

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR PERMIT TO TRANSPORT FIREARMS AND AMMUNITION

Section 83, 85(1) and 86(1) 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 number	SAPS 86	NO / YEAR

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

SAPS 520(b)

D. 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 THE 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 **OTHER BODIES** (eg body corporate, close corporation or company)

28 Registered company name

29 Trading as name

30 FAR number

31 Company registration or CC number

32 Postal address

33 Postal Code

SAPS 520(b)

34	Business address				
			35 Postal Code		
36	Business telephone number	36.1 Work	( )	36.2 Fax	( )
37	E-mail address				

38 **RESPONSIBLE PERSON'S DETAILS**

39	Responsible person (full name and surname)				
40	Type of identification (indicate with an X)	SA citizen		Non-SA citizen with permanent residence*	
41	Identity number of responsible person	- - -			
42	Passport number of responsible person				
43	Cellphone number				
44	Physical address				
			45 Postal Code		
46	Postal address				
			47 Postal Code		

E. OTHER DETAILS

1	HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? (indicate with an X)				
	YES		NO		If yes, submit the following details
1.1	Police station (1)		1.2 CAS/Case number		
1.3	Charge				
1.4	Outcome				
1.5	Police station (2)		1.6 CAS/Case number		
1.7	Charge				
1.8	Outcome				

2	ARE THERE ANY CASES PENDING AGAINST YOU? (indicate with an X)				
	YES		NO		If yes, submit the following details
2.1	Police station (1)		2.2 CAS/Case number		
2.3	Offence				
2.4	Police station (2)		2.5 CAS/Case number		
2.6	Offence				

3	HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN? (indicate with an X)				
	YES		NO		If yes, submit the following details
3.1	Police station (1)		3.2 CAS/Case number		
3.3	Circumstances				
3.7	Details of firearm				
3.5	Police station (2)		3.6 CAS/Case number		
3.7	Circumstances				
3.8	Details of firearm				

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

SAPS 520(b)

4	WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM? (indicate with an X)					
	YES		NO		If yes, submit the following details	
4.1	Police station (1)			4.2 CAS/Case number		
4.3	Charge			4.4 Outcome		
4.5	Police station (2)			4.6 CAS/Case number		
4.7	Charge			4.8 Outcome		

5	HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM? (indicate with an X)					
	YES		NO		If yes, submit the following details	
5.1	Police station (1)			5.2 CAS/Case number		
5.3	Charge					
5.4	Date from			5.5 Period		
5.6	Police station (2)			5.7 CAS/Case number		
5.8	Charge					
5.9	Date from			5.10 Period		

6	HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED? (indicate with an X)					
	YES		NO		If yes, submit the following details	
6.1	Police station (1)			6.2 CAS/Case number		
6.3	Circumstances			6.4 Outcome		
6.5	Police station (2)			6.6 CAS/Case number		
6.7	Circumstances			6.8 Outcome		

7	PARTICULARS OF TWO-WAY COMMUNICATION SYSTEM

8	DESCRIPTION OF SAFETY MEASURES FITTED TO VEHICLES

SAPS 520(b)

9 **DESCRIPTION OF SECURITY PRECAUTIONS**

10 **DESCRIPTION OF HOW THE PRESCRIBED REGISTERS WILL BE KEPT**

11 **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)

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

SAPS 520(b)

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

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 9 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)

H. PARENTAL CONSENT IN CASE OF A MINOR

1 Recommended Not recommended

2 Name and surname of parent/guardian

3 Identity/Passport number of parent/guardian

6 Comment of parent/guardian

SAPS 520(b)

5 Date - -

6 Signature of parent/guardian

7 Place

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

1 RECOMMENDATION REGARDING THE APPLICATION

Recommended ☐ Not recommended ☐

2 Motivation

3 Recommended conditions

4 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

SAPS 520(c)

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A PERMIT TO COLLECT AMMUNITION

Section 18 and 19 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 number	SAPS 86	NO	YEAR

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

SAPS 520(c)

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	- - -
4	Passport number	
5	Surname	6 Initials
7	Full names	
8	Residential address	
		9 Postal Code
10	Postal address	
		11 Postal Code
12	Telephone number	12.1 Home ( ) 12.2 Work ( )
12.3	Cellphone number	13 Fax ( )
14	E-mail address	
15	Description of type of residence (eg shack, flat, caravan, cottage, house, hostel)	
16	Trade or profession	17 If self-employed, specify
18	Name of employer/company	
19	Business address	
		20 Postal Code
21	Telephone number	21.1 Home ( ) 21.2 Work ( )
21.3	Cellphone number	22 Fax ( )
23	E-mail address	

24 **Marital status** (Indicate with an X)

24.1	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	

26 **JURISTIC PERSON'S DETAILS**

27 **OTHER BODIES** (eg body corporate, close corporation or company)

28	Registered company name	
29	Trading as name	

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

SAPS 520(c)

30	FAR number				
31	Postal address				
			32 Postal Code		
33	Business address				
			34 Postal Code		
35	Business telephone number	35.1 Work ( )	35.2 Fax ( )		
36	E-mail address				

37 **RESPONSIBLE PERSON'S DETAILS**

38	Responsible person (full names and surname)			
39	Type of identification (indicate with an X)	SA ID		Passport number
40	Identity number of responsible person	-	-	
41	Passport number of responsible person			
42	Cellphone number			
43	Physical address			
		44 Postal Code		
45	Postal address			
		46 Postal Code		

47 **OTHER DETAILS** (Indicate with X)

48	Private collector		Public collector
49	Reason(s) for applicant to collect ammunition		

50 **PLEASE MOTIVATE IF MORE THAN 200 ROUNDS OF AMMUNITION OF ANY PARTICULAR CALIBRE IS REQUIRED**