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51	COMPLETE IN CASE OF A PRIVATE COLLECTO	R (Indi	cate with	an X)									
2	Are you a member of an accredited association? (indi	cate w	th an Xì	YES		NO		If yes,	submit ti	ne follo	ving de	italis	
3	Name of accredited association												
4	FAR number of accredited association												
5	Membership number			56 Dati					-		-	$\perp$	
				57 Exp	ry date				-		-	$\perp$	
8	Description of the place where the ammunition will be	store	đ	<u>]</u>									••••
					···								•••
										•••••			
		•••••	•••••									••••••	
									•••••				
						••••••						·	••••
9	-												
,	Menner in which the ammunition will be displayed			<u>J</u>									
		•••••	•••••			• • • • • • • • • • • • • • • • • • • •	••••••			•••••	··-		
			•••••••		•••••							•••••	••••
		•					•••••				••••		
		••••••	••••	······································	••••••	••			•••••	•••••			••••
		••••••	••••••			••••••				•••••		••••••	••••
			••••••		•••••			•••••			•••••	•••••	••••
		•••••	•••••		•••••		•••••			•••••		•••••	
		••••••			••••••	•••••••••••			•••••••			••••••	•
0													_
	COMPLETE IN CASE OF A PUBLIC COLLECTOR												
1	WHERE WILL THE AMMUNITION BE DISPLAYED	?											
1.1	Name of the accredited museum												
1.2	Accreditation number of the museum			81.3 Da	te issu	ed			-		-		_
.A	Manner in which the ammunition will be displayed												
				.,,				•••••			. <b></b>		
			•••••										
			•••••										
									•••••				
		•••••								<b></b>			
						•••••							
		••••••				•••••							
ĺ													

SAPS 520(c)

62	OTHER INFORMATION	I (Indicate with an X)			
63	HAVE YOU EVER BEEF (Indicate with an X)	N CONVECTED OF AN O	FFENCE COMMITTED INSI	DE OR OUTSIDE THE BORDE	RS OF THE RSA?
	YES	NO	If yes, submit the follow	मपु delais	
63.°	Police station ***		•••••	63.2 GAS/Case number	
63.4	Charge				
63.5	Outcome				
63.7				FA.S CAS/Case number	
63.8					
64	ARE THERE ANY CASE	S PENDING AGAINST )	/OU? (Indicate with an X)		
	YES	NO	If yes, submit the followin	ng details	
64.1	Police station [1]			64.2 CAS/Case number	
64.3 64.4	Offence				
64.6	Police station (2)			64.5 CAS/Case number	
	Offence				
65	HAVE ANY OF YOUR FI	REARM(S) EVER BEEN	LOST/STOLEN? (Indicate wi	lith am X)	
•••	YES	NO NO	if yes, submit the follower	og delalis	
65.1 65.3	Police station (1)	***************************************		65.2 CAS/Case number	
65,4	Circumstances	•••••			
65.5	Details of firearm				
65,7	Police station (2)  Circumstances			<sup>85,6</sup> CAS/Case number	
65.8	Details of firearm		<del></del>		
66	WAS A CASE OF NEGLIC	GENCE OPENED AND IN	NESTIGATED REGARDING	3 THE STOLEN/LOST FIREAR	V2 (1-1)
	YES	NO	If yes, submit the following		musale mindra
66.1	Police station (1)			68 7 CAS/Case number	
66.3	Charge			66.4 Outcome	
66.5 66.7	Police station <sup>(2)</sup>			66.6 CAS/Case number	
00.7	Charge	74 <u></u>	<u> </u>	96.8 Outcome	
67	HAVE YOU EVER BEEN D	EGLARED UNFIT TO P	OSSESS A FIREARM? (Indic	rale with an X)	
67.4	YES	NO DW	if yes, submit the following	details	
67.1 67.3	Police station <sup>(1)</sup>			67.2 CAS/Case number	
67.4	Charge		<u>F</u>		
67.6	Date from Police station [2]			ers Period	
67.8	Charge			67,7 CAS/Case number	
67.9	Date from			57,10 Period	
E		-		FERIOD	

HAS A FIREARM THAT	WAS IN YOUR POSSES	SION BEEN CONFISC	ATED?	? (Indicate w	ith an X)						<del></del>
YES	NO	If yes, submit the fo	Howing	j details							
Police station (1)				68.2 CAS	Case n	ımber	<u></u> .				
Circumstances				58.4 Outo	ome						
Police station (2)				<b></b>	/Case n	umber	<u></u>				
Circumstances				eara Onto	ome						
DECLARATION BY APPL	LICANT										
m aware that it is an offen plication.	ce in terms of section 120	) (9)(f) of the Firearms (	Control	Act, 2000 (	Act No	50 of 20	000), t	o make	a fals	e state	ement i
].	SIGN	ATURE OF APPLIC	ANT	(Sign only if r	applicable	1)					
			-								
Note:											
The requirements of the	e photo:										
	st be in colour and may n										
- The photo must be	the size of a standard pas a full front view of the hea	ssport photograph.									
applicant.	a full florit view of the field	d and shoulders of the			ı	PHC	то				
- The background of	the photo must be plain.				•	110	,,,	'			
	not be wearing a hat or su	nglasses on the							3		
photograph.	ne and identification numb	or must be written									
	hotograph before it is affi								8		
form.	managraphi a arara it ia ami	tod on the approximation									
<ul> <li>The applicant must</li> </ul>									1		
	not exceed the border. ust be pressed down on t	he sheet		į							
	uld not be rolled and must										
•		·		5-1							
		18 c 2 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1 c 1								4	Finger
											design
									3		
										1	
	1.5								į		
									3	, L	
	Signature			! 1		************			3		
			6	Date		T	T	-		T	-T
			٠ ١						1		
me of applicant in block le	tters		, [								
me of applicant in block le	tters		7 [								

Name of police official in block letters

Rank of police official in block letters

8,3

Persal number of police official

Signature of police official

A company of the second of the

	7			SAPS 520(c
9	PARTICULARS OF WITNESS			
9.1			512	]
	Name of witness in block letters		Persal number of witness	J
9.3			9.4	
	Rank of witness in block letters		Persal number of witness	•
	F. (This exclion must be completed only if the	ARTICULARS	OF INTERPRETER.  A read of write of these and understand the contents of this for	m)
1	Name and surname of interpreter	<del></del> -		
2	identity/Passport number of interpreter			
3	Residential address			
			<sup>4</sup> Postal Code	
5	Postel address			
_		1. 17.	* Fostal Code	
7 B	Telephone number 7.1 Home (	)	7.5 Work ( )	
10	Cellphone number		* fax ( )	
11	E-mail address		<del>-                                    </del>	
	triterpreted from (fanguage)	<del></del>	to L	
		•	12 Gala	- D D
13			14	
	Signature of interpreter		Place	
15			16	7
	Rank of police official in block letters (if applicable)		Persal number of police official (If applicable)	
	g, PARENI	AL CONSEN	TIN CASE OF A MINOR	
1	Recommended		Not recommended	
2	Name and surname of parent/guardian		<del></del>	
3	Identity/Passport number of parent/guardian			
4	Comments of parent/guerdian	<u>  </u>	<del></del>	
İ				
			5 Date -	_
6			7	
	Signature of parent/guardian		Piace	

SAPS 520(c)

### \*\*\* NOTIFICATION OF CHANGE OF ADDRESS \*\*\*

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

H. FC	OR OFFICIAL USE BY THE DESIGNATED FI	REARMS OFFICER/STATION COMMISSIONER
	RECOMMENDATIONWITHR	EGARD TO THE APPLICATION
	Recommended	Not recommended
Motivation		
Additional conditions	<u> </u>	
••••••		
••••		
		5 Date
lame of Designated F	irearms Officer/Station Commissioner in block letters	
		7 Place
Rank of Designated Fi	rearms Officer/Station Commissioner in block letters	
		9
lignature of Designate	d Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station

SAPS 520(d)



## SOUTH AFRICAN POLICE SERVICE

## APPLICATION FOR COMPENSATION

Section 137 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								
	<sup>1</sup> Application reference No								
DATE RECEIVED									
8. FOR OFFICIAL USE BY PO	LICE STATION WHERE THE A	PPLICATION IS RECEIVED							
Area Police station									
Component code  General firearm transactions register ref No									
C. FOR OFFICIAL USI  Outstanding/Additional information required	BY THE CENTRAL FIREARM	S REGISTER (CFR)							
Oursell and Advanced and Advanced Section (Section Section Sec	<u> </u>	······································							
	rsal number	-   -   2 Date							
<sup>4</sup> Signature of police official		<sup>5</sup> Name in block letters							
Application for compensation approved (indicate with an X)	<sup>2</sup> Amount of compe to be paid		1-11						
(fidicate with an X)	to be paid								
* Pe	rsal number	Date							
<sup>10</sup> Signature of CFR officer	11 Officer code	12 Name in block letters							
Application for compensation refused (indicate with an X)	14 Reason(s) for re								
		*							
	ersal number	14 Date							
			7						
		19 Name in block letters							

SAPS 520(d)

	D. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
2.1	SAID Passport Non-SA citizen with permanent residence*
3	identity number of natural person
4	Passport number of natural person
5	Surname g Initiats
7	Full name
8	Residential address
10	<sup>9</sup> Poetal Gode
10	Postal address
12	11 Postal Code
12.3	Business telephone number ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
14	Celliphone number Tax ( )  E-mail address
	E-trian du prese
15	JURISTIC PERSON'S DETAILS
16	Registered company name
17	Trading as name
18	FAR number
19	Postal address
	<sup>20</sup> Poetal Code:
21	Business address
	<sup>22</sup> Postal Code
23	Business telephone number 23.4 Work ( ) 25.5 Fax ( )
24	E-mait address
25	RESPONSIBLE PERSON'S DETAILS
26	Responsible person (full name and suname)
27	Type of identification (indicate with an X) SA ID Passport number
28	Identify number of responsible person
29	Passport number of responsible person
30	Celiptione number
31	Physical address
	32 Poetal Code
33	Postal: address
	<sup>34</sup> Postal Code

 $<sup>\</sup>mbox{\ensuremath{^{+}}}$  in case of a non-SA citizen proof of permanent residence must be submitted.

	SAPS 520(d)
35	REPRESENTATIVE'S DETAILS
36	Name and surrame
37	Postal address
	38 Postal Cade
39	Telephone number 39.1 Home ( ) 39.2 Work ( )
39.3	Celliprione number 40 Fax ( )
41	E-mail address
42	PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION
43	Licence, permit, certificate or
44	autherization type Licence, permit, certificate or
	authorization rumber
45	DETAILS OF FIREARM
46	Туре
47	Calibre
48	Make
49	Model
	Firearm component type:
50	Barrel serial number 50.1 Make
51	Frame Serial number 51.1 Make
52	Receiver serial number 821 Make
53	OTHER PARTICULARS
54	Police station name
55	SAPS 13 register reference number
i6	Case reference number
57	Motivation for compensation
-	
}.	
}-	
-	
-	
3	Expected compensation amount R - 59 Amount in words

			SAPS 520(d)
60	BANK PARTICULARS		
61	Account holder name		
62	Account type	•••••••	
63	Account number		
64	Name of bank		
65	Branch name		
66	Blank branch code		
67	DECLARATION BY APPLICANT		
	I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Actorm.	t No	60 of 2000), to make a false statement in this application
	E. SIGNATURE OF APPLICA	VIT (S	ign only≇applicable)
1	SIGNATURE OF APPLICANT		
2	Name of applicant in block letters	3	Date
4	realite of applicant in block letters	5	
•	Signature of applicant	·	Place
6	SIGNATURE OF REPRESENTATIVE		
7	Name of representative in block letters	8	Date
	Name of representative in block letters	40	
9	Signature of representative	10	Place
	F. (This section must only be completed if the	applic	ant cannot read or write.)
1	<sup>2</sup> Fingerprint designation	3	Date
	designation	4	
			Name of applicant in block letters
	Dish lada (San San San San San San San San San San	5	Place
	Right Index fingerprint of applicant		
•	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION		
5.1		6.2	
	Name of police official in block letters		Persal number of police official
5.3		6.4	
	Rank of police official in block letters		Signature of police official
	PARTICULARS OF WITNESS		
.1		7.2	
	Name of witness in block letters		Persal number of witness
.3		7.4	
	Rank of witness in block letters		Signature of witness

SAPS 520(d)

	G. PARTICULARS O (This section must be completed only if the applicant cannot re	OF INTERPRETER used or write or does not understand the contents of this form.)
1	Name and surraine of interpreter	
2	Identity/Passport number of interpretar	
3	Residential address	
		<sup>4</sup> Rostal Code
5	Postal address	
_		# Poetal Code
7 8	Telephone number 71 Home ( )	7.2 Work ( )
10	Celiphoné number	Fax ( )
11	E-mall address	
	Interpreted from (language)	to
		12 Date
13	Signature of interpreter	14 Place
15	Signature of the proof	16
	Rank of police official in block letters (if applicable)	Persal number of police official (if applicable)
	H. FOR OFFICIAL USE BY THE DESIGNATED FIR	REARMS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION REGA	ARDING THE APPLICATION
	Recommended	Not recommended
2	Motivation	
3	None of Parlanded Finance Office (2)	4 Date
_	Name of Designated Firearms Officer/Station Commissioner in block letters	
5	Rank of Designated Firearms Officer/Station Commissioner in block letters	6 Place
	The state of the s	
7		8



### SOUTH AFRICAN POLICE SERVICE

# NOTIFICATION OF LOST OR STOLEN LICENCES, PERMITS, CERTIFICATES AND AUTHORIZATIONS Section 29(1), 44(1), 58(1), 72(1) and 82(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP	A.		•	******	BY TH			******	N		
		<sup>1</sup> Notifica	tion referen	nce No								
	DATE RECEIVED											
1	B. FOR OFFICIAL USE BY THE PO	LICE STAT	ION WH	ERE TH	E NOT	IFICATION	ON IS R	ECEIV	ED			
2	Province	•		••••••					•••••		•	<b>.</b>
3	Area							•••••				
4	Police station	····								•••••		
5	Component code	<del></del>				T	T	T	-		T-	_
	General firearm transactions register number				<u></u>		<u> </u>					_
	C. TYPE OF LICENCE, PER	UMIT, CERTU	CATE O	RAUTHO	ORIZATI	ON (Indica	te with an	X)				
1	Competency cartificate	2.9	Lice	nce issu	ed to pa	rficular c	ategories	s of per	sons			
.1	To trade in filearms	3	Lice	tce to de	al in firea	irms and a	mmunitio	n				
.2	To manufacture firearms	3.1	Lice	ace to me	mufactur	e firearms	and emi	nunition				
.3	To conduct business as a guinsmith	3.2	Lice	ice to co	nduct bu	SIN <b>0\$\$</b> 85	a gunsmi	Ui .				
4	To possess a firearm	3.3	Pere	nits								
	Licences	4	Pern	it to pos	sess ami	nunition ir	a private	ocilecti	<b>0</b> 0			
1	Licence to possess a firearm for self-defence	4.1	Pern	nit to poss	sess ami	nunition in	a public	collectio	an .			
2	Licence to possess restricted firearm for self-defence	4.2	lmpc	it permit								
3	Licence to possess a firearm for occasional hunting and sports-shooting	4.3	Ехро	rt permit								
4	Licence to possess a firearm for dedicated frunting and dedicated sports-shooting	4.4	Tran	sporter's	permit							
5	Licence to possess a firearm in a private collection	4.5	In-tra	nsit pem	nt							٦
6	Licence to possess a firearm, in a public collection (museums)	4.6	Multi	ple impor	t and exp	oor permit						7
7	Licence to possess a firearm for business purposes. Business in hunting	4.7	Tem	ocraty im	port-/exp	ort permit						
8	Licence to possess a firearm for business purposes: Business other than funding		F								<u></u>	_

continue

5	Authorizations	6.4	To conduct t	ousin <b>ess in hunting</b>				
5.1	Temporary authorization to possess a finearm	6.5	To provide s	ecurity services for its own	ı business			
5.2	Temporary authorization to trade in filearms and ammunition	6.6	As a sports-	shooting and hunting asso	ciation			
5.3	Temporary authorization to a manufacturer to display firearms and emmunition	6.7	As a collecto	ors' association				
5.4	Temporary authorization to conduct business as a gunsmith	6.8	As a пъзец	m				
6	Accreditation	6.9	As a public o	collector				
6.1	As a shooting range	6.10	As a game r	ancher				
6.2	To provide training	6.11	As an officia	Institution				
6.3	To provide firearms for the use in theatrical, film or television productions							
7	Details of original i	icence, per	mit, certificate	or authorization				
	Licence, permit, certificate or authorization			Date issued	T	Expiry d	atė	
7.1		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
7.2		•••••						
7.3			••••			•••••		
7.4		• • • • • • • • • • • • • • • • • • • •						
7.5								
В	DE	TAILS OF	FIREARM(S)				<del></del>	
	In case of a licence or temporary author (1)	rization to po	ossess a firearm,	submit the details of the f	irearm(s)	(4)		
8.1	Type		(2)	(3)		(4)		
8.2	Calltre		***************************************			***************************************		
8.3	Make					***************************************		
8.4	Model							
8.5	Firearm component type:	T		1	<del>T</del>			
8.6	Barrel serial number	ļ	•••••••••••••••••••••••••••••••••••••••					
8.7	Frame serial number  Receiver serial number		•••••					
9	Lost Stolen (Indicate the circum	n:stances with	an X)					
10	Describe incident							
			••••					
	•••••							
			••••••					
						•••••		
l								
11	Date on which loss or theft was discovered				-	-		
12	Notification time	ta No	tification date					

	b. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION
1	NATURAL PERSON'S DETAILS
1.1	3A ID Passport
2	Identity number of natural person
3	Passport number of natural person
4	Surname 5 initials
6	Residential address
_	<sup>7</sup> Postal Crote
8	Postal address
10	<sup>9</sup> Postal Code
11	Telaphone number ( ) 192 Work ( )
13	Celiphone number 12 Fax ( )
	E-mail address
14	JURISTIC PERSON'S DETAILS
15	OTHER BODIES
16	Registered company name
17	Trading as name
18	FAR number
19	Postal address
	Postal Code
21	Bueiness addrass
23	Historians faterings number 23.1 (april 1) 22.2 Fee. ( )
24	Secretary Secretary Secretary ( )
	E-mail address
25	RESPONSIBLE PERSON'S DETAILS
26	Responsible person (full name and surname)
27	Type of identification (miscate with an A) SA ID Passport number
28	Identify number of responsible person
29	Passport number of responsible person
30	Cellphone number
31	Physical address
33	Postaf Code
	Postal address
	Postal Code

44.1

DECLARATION BY REPORTING PERSON													
If a licence, permit or authorization is lost or stoler within 24 hours of the discovery of the loss or the		e licence, p	ermit	or authoriz	ation mu	ıst info	m the	Registr	ar of	such	loss o	r theft	
				37	Г								
Signature of reporting person	•••••				Name	of repo	ting pe	erson ir	bloc	k lette	rs		
Identity/Passport number of reporting person											Ι		
If you are not the holder of the licence, permit, of (eg neighbour, friend, spouse, etc)	ertificate or autho	inzation, in	what r	nanner are	you rel	ated to	ihe hok	der?					
E. FOR OFFICIAL USE BY	/ THE POLICE	OFFICIA	L W	но сом	PLETE	ES TH	E NO	TIFIC	ATIO	N			
Name of police official in block letters	]		2	Date		Τ		] -			-		
Rank of police official in block letters	]		4	Place									
Signature of police official			6	Persal nu	mber of	police o	official		-				
F. FOR OFFICIAL USE B	Y THE POLICE	E OFFICI	4L V	/HO CAP	TURE	S THE	NOT	IFICA	TION	1			
	]		2	Date				_			-		
Name of police official in block letters	1		4		a								
Rank of police official in block letters	J		•	Place									
			6		ТТ	$\perp$	$\overline{}$						
Signature of police official	•			Persal nur	nber of	police o	fficial						

SAPS 521(a)



## SOUTH AFRICAN POLICE SERVICE

# NOTIFICATION OF CEASING TO CARRY ON BUSINESS

Section 146 of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP		١,							THE							
		1	Notific	ation i	refere	nce N	0	T	Ī	Ī	Ī	Π	Τ	T	T	T	T
		<u> </u>						<u> </u>	⊥			I		1			J
	DATE RECEIVED																
	B. FOR OFFICIAL USE BY PO	lice s	TATE	TAL 1	MHE	OE T	ue v	OTI	ich.	TION	to r	en	*:N##*I				
1	Province				A2110-	<u> </u>	F11 1)	10111	ICA	IIOIV	K <b>7</b> F	t. U	HVE	,			
2	Area		•••••		••••••	••••		•••••				•••••	•••••	•••••	•		
3	Police station		•••••	•••••	•••••	•••••	•••••		•••••			•••••	•••••	•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •
4	Component code										,						
5	SAPS-13 reference number			+		_	_		+		_			1		_	
٠	General firearm transactions register number			_		<u> </u>								_		$\perp$	
	C. PARTICULARS OF THE HOLDER	OF TH	E LIC	ENC	E, PE	RM	T, CI	ERTI	FICA	TE O	RA	JTH	ORIZ	ATIO	)N		
1	NATURAL PERSON'S DETAILS																
	The state of the s																
1.1	SA ID Passport				1								,				
3	identity number of natural person	-						-	_	1	_		-	_	<u> </u>	-	
4	Passport number of natural person						<u> </u>										_
6	Surname					-					5 ,	nitials	,			<u> </u>	L_
	Residential address					<u> </u>				7							
8	Postal address									P	ostai	Code					
										9.	ostal	0 44					$\vdash$
10	Telephone number 10.1 Home (	)				10,2	Wark			)	Valai	COUL	•		1		
10.3	Celiphone number					11			<u>`</u>	<del></del>							
12	E-mail address					10000000			`	<del></del>	_			_			$\dashv$
13																	
	JURISTIC PERSON'S DETAILS																
14	Registered company name																
15	Trading as name													·			
16	FAR number	$\perp$															
.,	Postal address					_				80000	0000000	******					
										18	Post	al Co	de	- 1	1	- }	- }

17

	SAPS 521(a)
19	Business address
	20 Postal Code
21	Business telephone number 21.1 Work ( ) 21.2 Fax ( )
22	E-mail address
23	RESPONSIBLE PERSON'S DETAILS
24	Responsible person (full name and surname)
25	Type of identification (tedicale with an X) SA ID Passport number
26 27	identity number of responsible person
28	Passport number of responsible person
29	Celiphone number
	Physical address   *** Postal Code
31	Postal address
	12 Postal Code
33	Reason for ceasing to carry on as a business
	Proceeding to court of the state of the stat
· 4	
34	Date of ceasing to carry on as a business  Date
35	Address where firearms will be stored until they are disposed of
	de Postal Code
37	Particulars of the manner in which the firearm(s) will be disposed of

LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION DETAILS

SAPS 521(a)

# Details of licence, permit, certificate or authorization Type of licence, permit, certificate or authorization Licence, permit, certificate or authorization number 1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8 1.9 1.11 1.12 1.13 1.14 1.15 1.16 1.17 1.18 1.19 1.20 1.21 1.22 1.23 1.24 1.25 1.26 1.27 1.28 1.30 1.31 1.32 1.33 1.35 1.36 1.37 1.38 1.39

SAPS 521(a)

2	DECLARATION BY REPORTING PERSON	
	I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this notification.	
	E. SIGNATURE OF REPORTING PERSON (Sign only if applicable)	
1	2 Date	
	Name of reporting person	_
3	4 Place	
	Signature of reporting person	
	F: (This section must be completed only if the reporting person cannot read or write)	
1	2 Fingerprint designation	
	4	
	Name of reporting person in block letters	
	Place	
_	Right index fingerprint of reporting person	
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION	
6.1	Name of police official in block letters  Persal number of police official	
6.3	Name of police official in block letters  Persal number of police official  5.4	
	Rank of police official in block letters Signature of police official	
7	PARTICULARS OF WITNESS	
7.1	7.2	
	Name of witness in block letters  Persal number of witness	
7.3	7.4	
	Rank of witness in block letters Signature of witness	<b></b>
	G. PARTICULARS OF INTERPRETER  (This section must be completed <u>prity</u> if the reporting person cannot read or write or does not understand the contents of this form.)	
1	Name and surname of interpreter	٦
2	Identity/Passport number of interpreter	
3	Residential address	4
5	<sup>4</sup> Postal Code	$\dashv$
	Postal address  6 Postal Code	+
7	Telephone number 7.1 Home ( ) 7.2 Work ( )	
8	Cellphone number 9 Fax ( )	_
10	E-mail address	+
	Interpreted from (language) to	
	12 Date     -   D	

ignature of interpreter		Piaca Piaca	
		16	
ank of police official in block letters (if applic	able)	Persal number of police official (if applicable)	
H. FOR OFFICIAL US	E BY THE DESIGNATED I	FIREARMS OFFICER/STATION COMMISSIONER	
Results of Inspection of firearms			
***************************************			
			·····
***************************************	••••••••••		
•••••			
••••••	•••••		
	······		
Address where firearms are stored			
	***************************************		
***************************************		in the second second	
***************************************	***************************************		*******
			•
			•••••
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PATRITIES			·····
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			••••••
••••••••	•••••••••••••••••••••••••••••••••••••••	······································	
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	<del>-</del>	5	
me of Designated Firearms Officer/Station (	Commissioner in block letters	Date	
Sooignated Filediths Officer/Station (	Solid in Piock leffels		
	<u></u>	7 Place	
nk of Designated Firearms Officer/Station C	ommissioner in block letters		
		9	
nature of Designated Firearms Officer/Stati		Persal number of Designated Firearms Officer/Station	

SAPS 521(b)



## SOUTH AFRICAN POLICE SERVICE

# **NOTIFICATION OF CHANGE OF ADDRESS**

Section 25(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP	A.			FOR WH	OFF IERE	ICIA THE	L USE	BY IFIC	THE	POL IN IS	ICE CAI	STA	TION ED	ų		
		1 N	lotifica	tion r	eferen	ce No											
		Ь						1					L		L		L
	DATE RECEIVED																
				******													
	B. FOR OFFICIAL USE BY POLI	CE SI	ATIC	)N V	VHE	RE TI	ÆΝ	OTIF	CAT	ION	IS RI	ECE	VED				
î. 	Province									· • • • • • • • • • • • • • • • • • • •							
5	Area																
3	Police station															•••••	
4	Component code																
5	General firearm transactions register number								1								
	C. PARTICULARS OF THE HOLDER OF	• 1 FIE	LIG	:NC	= PE	KMI		ERIIF	ICA	E 0	R AU	11910	)RIZ#	NI IO	N		
1	NATURAL PERSON'S DETAILS																
1.1	SA ID Passport								٠								
2	Identity number of natural person							-					-				
3	Passport number of natural person									T							
4	Surname										* in	itlale					
	Details of new address		·														
6	Residential address																
										7	Postal	Ced		T			
8	Postal address									<b>B</b> 0000			1			1	
				<del></del>						9	Posta	Cod	В		T		
10	Telephone number 10,4 Home ( )	~~~~				10.2	Wot		(	)						1	
10,3	Geliphone number						Fax		(	<del>,</del>							
12	E-mall address								<u>`</u>								-
			·········	···													
13	JURISTIC PERSON'S DETAILS																
14	OTHER BODIES																
	OTTLINEDUILS																
15	Registered company name																
16	Trading as name																
17	FAR number																

								٤	APS 521(b)
	Details of new address								
18	Postal address								
							<sup>19</sup> Postal Code		
20	Business address								
							<sup>21</sup> Postal Code		
22.	Business telephone number 27.1 Work	( )			<sup>2.2</sup> Fax	( )			
23	E-mail address								
24	RESPONSIBLE PERSON'S DETAILS								
25	Responsible person (full name and surname)								
26	Type of identification (Indicate with an X)			SA ID			Passport nur	nper	
27	Identify number of responsible person					-	T T -		1-1
28	Passport number of responsible person								
29	Celiphone number								
30	Physical address								
							31 Postal Code		
32	Postal address							21	
							34 Postal Code		
34			^						
	Are there additional firearm licence holder(s) lices YES NO		submit full o	lata la					
	754   190	, ju yes	, suommanni	retails					
35	ADDITIONAL LICENCE HOLDER(S) PARTICU	LARS							
35.1	SA ID Passport								
36	identity number of natural person					-			.
37	Passport number of natural person			1					
38	Surname						se initials		
	(1)			(2)		(3)		(4)	
40	Type of licence								
41	Eloence number								
42	Cate issued								
43	Expiry date		<u> </u>						
44	DID THE ADDITIONAL LICENCE HOLDER ALS	O MOVE T	O THE NEW	ADDRES	§?				
	YES NO			***************************************				*******************************	
45	DO YOU HAVE THE PRESCRIBED SAFE? (Ind	icate with an )	X)						
	YES NO								
45.1	IF YES, SUBMIT FULL DETAILS								
l									

DECLARATION BY REPORTING PERSON

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

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10

11

Celiphone number

interpreted from (language)

E-mail address

SAPS 521(b) SIGNATURE OF REPORTING PERSON D. (Sign only if applicable) Date Name of reporting person in block letters Place Signature of reporting person (This section must be completed only if the reporting person cannot read or write.) Date Fingerprint designation Name of reporting person in block letters Place Right index fingerprint of reporting person PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION Name of police official in block letters Persal number of police official 6.4 6.3 Signature of police official Rank of police official in block letters PARTICULARS OF WITNESS 7.1 Name of witness in block letters Persal number of witness 7.3 7.4 Signature of witness Rank of witness in block letters PARTICULARS OF INTERPRETER (This section must be completed only if the reporting person cannot read or write or does not understand the contents of this form.) Name and surname of interpreter identity/Passport number of interpreter Residential address <sup>4</sup> Postal Code Postal address <sup>6</sup> Postal Code 7.1 Home 7.2 Work Telephone number

9 Fax

to

	12	100000000000											
	12	Date	,					-					
Signature of interpreter	14	Plac	ė										
	16		1		l:		[		- -				
	IREARI												
Name of Designated Firearms Officer/Station Commissioner in block letter	2	Date						-			-		
	4	Plac	e										
Signature of Designated Firearms Officer/Station Commissioner	6				f Des	ignat	ed Fir	earms	- Office	cer/Sta	ation		
	Name of Designated Firearms Officer/Station Commissioner in block letter  Rank of Designated Firearms Officer/Station Commissioner in block letters	Signature of interpreter  Rank of police official (if applicable)  G. FOR OFFICIAL USE BY THE DESIGNATED FIREARI  Name of Designated Firearms Officer/Station Commissioner in block letters  4  Rank of Designated Firearms Officer/Station Commissioner in block letters	Signature of interpreter    Rank of police official (if applicable)   Persa   G.	Signature of interpreter    Rank of police official (if applicable)   Persal num   G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFIC     Name of Designated Firearms Officer/Station Commissioner in block letters     Rank of Designated Firearms Officer/Station Commissioner in block letters     Signature of Designated Firearms Officer/Station Commissioner     Place   Persal num   Persal num	Signature of interpreter    Rank of police official (if applicable)   Persal number of police	Signature of interpreter    Rank of police official (if applicable)   Persal number of police	Signature of interpreter    Rank of police official (if applicable)   Persal number of police officer	Signature of interpreter  Rank of police official (if applicable)  Persal number of police official (if applicable)	Signature of interpreter  16  Rank of police official (if applicable)  Persal number of police official (if applicable)  G. FOR OFFICIAL USE BY THE DESIGNATED FIREARM'S OFFICER/STATION COMMIS  Name of Designated Firearms Officer/Station Commissioner in block letters  4  Place  Rank of Designated Firearms Officer/Station Commissioner in block letters  Signature of Designated Firearms Officer/Station Commissioner  Persal number of Designated Firearms  Persal number of Designated Firearms	Signature of interpreter  16 Persal number of police official (if applicable)  Persal number of police official (if applicable)  G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSION  Name of Designated Firearms Officer/Station Commissioner in block letters  4 Place  Rank of Designated Firearms Officer/Station Commissioner in block letters  5 Signature of Designated Firearms Officer/Station Commissioner  Persal number of Designated Firearms Officer/Station Commissioner	Signature of interpreter  16 Persal number of police official (if applicable)  G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER  Name of Designated Firearms Officer/Station Commissioner in block letters  4 Place  Signature of Designated Firearms Officer/Station Commissioner in block letters  8 Persal number of Designated Firearms Officer/Station Commissioner in block letters	Signature of interpreter  16 Persal number of police official (if applicable)  G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER  Parsal number of police official (if applicable)  2 Date  Name of Designated Firearms Officer/Station Commissioner in block letters  4 Place  Signature of Designated Firearms Officer/Station Commissioner in block letters  6 Persal number of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station	Signature of interpreter  16 Persal number of police official (if applicable)  Persal number of police official (if applicable)  G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER  2 Date  Name of Designated Firearms Officer/Station Commissioner in block letters  4 Place  Rank of Designated Firearms Officer/Station Commissioner in block letters

SAPS 521(c)



### SOUTH AFRICAN POLICE SERVICE

### NOTIFICATION OF CHANGE IN CIRCUMSTANCES

Section 26(1), 38(1), 52(1) and 66(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED												
		<sup>1</sup> No	tificatio	n refere	nce No		T					T	T	T
							-							
	DATE RECEIVED													
	B. FOR OFFICIAL USE BY POLIC	CE STA	ATION	WHE	RE THE	NOTIF	ICA	TION	IS R	ECE	IVED			
1	Province													
2	Area	•••••	······			•••••		•••••			•••••		· · · · · · · · · · · · · · · · · · ·	
. 3	Police station	••••••	•••••							•••••				
4	Component code				••••••		•••••		•••••	•••••		•••••		
5	General firearm transactions register number						T		Γ			T	T	
	c. PARTICULARS OF THE HOLDER OF	THE	LICEN	CE, P	ERMIT,	CERTI	FICA	ITE C	RA	UTH	ORIZ/	ATION	i .	
1	NATURAL PERSON'S DETAILS													
1.1	SA ID Passport													
2	identity number of natural person	ПТ	T	T		Τ.					- 1	$\neg$	T	T
3	Passport number of natural person	1	_	+	<del>                                      </del>		-					$\top$	_	
4	Surname	ž			11				5	nitials		_		
6	Residential address													
	·							7	Post	al Co	ie	T		T
8	Postal address							10000						
								9	Post	al Co	de .	T	$\top$	T
10	Telephone number 10.3 Home (	)			10.2	Vork	(	)						
10.3	Cellphone number				11 F8	<del>**</del> *********	(	)						
12	E-mail address													
13														
	JURISTIC PERSON'S DETAILS													
14	OTHER BODIES													
15	Registered company name													
16	Trading as name													
17	FAR number		T	T	IT									
18	Postal address													

	SAPS 521(c)
	<sup>19</sup> Postal Code
20	Business address
	· <sup>21</sup> Postal Code
22	Business telephane number 22,1 Work ( ) 22,2 Fax ( )
23	E-mail address
24	RESPONSIBLE PERSON'S DETAILS
25	Responsible person (full name and surname)
26	Type of identification (indicate with an X) SAID Passport number
27	Identity number of responsible person
28	Passport number of responsible person
29	Celiphone number
30	Physical address
	<sup>31</sup> Postal Code
32	Postal address
	<sup>23</sup> Posial Code
34	DETAILS OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION
35	Licence, permit, certificate or Licence, permit, certificate or authorization number Date issued
	authorization type
ne	
16	OTHER INFORMATION
37	Description of change in circumstances
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