

SAPS 520(c)

51 COMPLETE IN CASE OF A PRIVATE COLLECTOR (Indicate with an X)

52	Are you a member of an accredited association? (Indicate with a+X)		YES		NO		If yes, submit the following details												
53	Name of accredited association																		
54	FAR number of accredited association																		
55	Membership number							56 Date joined						-			-		
								57 Expiry date						-			-		
58	Description of the place where the ammunition will be stored		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>																
59	Manner in which the ammunition will be displayed		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>																

60 COMPLETE IN CASE OF A PUBLIC COLLECTOR

61 WHERE WILL THE AMMUNITION BE DISPLAYED?	
61.1	Name of the accredited museum
61.2	Accreditation number of the museum
61.2	Date issued
61.4	Manner in which the ammunition will be displayed

62 **OTHER INFORMATION** (Indicate with an X)

63 **HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
63.1	Police station ⁽¹⁾			63.2 CAS/Case number
63.3	Charge			
63.4	Outcome			
63.5	Police station ⁽²⁾			63.6 CAS/Case number
63.7	Charge			
63.8	Outcome			

64 **ARE THERE ANY CASES PENDING AGAINST YOU?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
64.1	Police station ⁽¹⁾			64.2 CAS/Case number
64.3	Offence			
64.4	Police station ⁽²⁾			64.5 CAS/Case number
64.6	Offence			

65 **HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
65.1	Police station ⁽¹⁾			65.2 CAS/Case number
65.3	Circumstances			
65.4	Details of firearm			
65.5	Police station ⁽²⁾			65.6 CAS/Case number
65.7	Circumstances			
65.8	Details of firearm			

66 **WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
66.1	Police station ⁽¹⁾			66.2 CAS/Case number
66.3	Charge			66.4 Outcome
66.5	Police station ⁽²⁾			66.6 CAS/Case number
66.7	Charge			66.8 Outcome

67 **HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
67.1	Police station ⁽¹⁾			67.2 CAS/Case number
67.3	Charge			
67.4	Date from			67.5 Period
67.6	Police station ⁽²⁾			67.7 CAS/Case number
67.8	Charge			
67.9	Date from			67.10 Period

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68	HAS A FIREARM THAT WAS IN YOUR POSSESSION BEEN CONFISCATED? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
68.1	Police station ⁽¹⁾		68.2	CAS/Case number
68.3	Circumstances		68.4	Outcome
68.5	Police station ⁽²⁾		68.6	CAS/Case number
68.7	Circumstances		68.8	Outcome

69 **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:

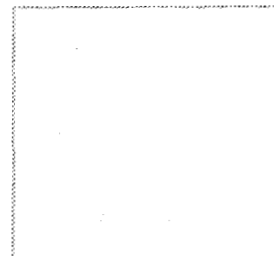
The requirements of the photo:

- 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.



2

Signature



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**

3.1
Name of witness in block letters

9.2

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

Personal number of witness

9.3
Rank of witness in block letters

9.4
.....
Personal number of witness

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

1	Name and surname of interpreter																			
2	Identity/Passport number of interpreter																			
3	Residential address																			
																Postal Code				
5	Postal address																			
																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				-			-	D	D
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13
.....
Signature of interpreter

14	Place	
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15
Rank of police official in block letters (if applicable)

16

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

Personal number of police official (if applicable)

G. PARENTAL CONSENT IN CASE OF A MINOR

	Recommended	Not recommended
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2	Name and surname of parent/guardian	
3	Identity/Passport number of parent/guardian	
4	Comments of parent/guardian	

5	Date					.			-		
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Signature of parent/guardian

7	Place	
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*** NOTIFICATION OF CHANGE OF ADDRESS ***

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

H.					
FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER					
1	RECOMMENDATION WITH REGARD TO THE APPLICATION				
	<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">Recommended</td> <td style="width: 10%;"></td> <td style="width: 50%; text-align: center; padding: 5px;">Not recommended</td> <td style="width: 10%;"></td> </tr> </table>	Recommended		Not recommended	
Recommended		Not recommended			
2	<table style="width: 100%;"> <tr> <td style="width: 15%; padding: 5px;">Motivation</td> <td style="height: 150px;"></td> </tr> </table>	Motivation			
Motivation					
3	<table style="width: 100%;"> <tr> <td style="width: 15%; padding: 5px;">Additional conditions</td> <td style="height: 150px;"></td> </tr> </table>	Additional conditions			
Additional conditions					
4	<table style="width: 100%;"> <tr> <td style="width: 80%; height: 30px;"></td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="2">Name of Designated Firearms Officer/Station Commissioner in block letters</td> </tr> </table>			Name of Designated Firearms Officer/Station Commissioner in block letters	
Name of Designated Firearms Officer/Station Commissioner in block letters					
6	<table style="width: 100%;"> <tr> <td style="width: 80%; height: 30px;"></td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="2">Rank of Designated Firearms Officer/Station Commissioner in block letters</td> </tr> </table>			Rank of Designated Firearms Officer/Station Commissioner in block letters	
Rank of Designated Firearms Officer/Station Commissioner in block letters					
8	<table style="width: 100%;"> <tr> <td style="width: 80%; height: 30px;"></td> <td style="width: 20%;"></td> </tr> <tr> <td colspan="2">Signature of Designated Firearms Officer/Station Commissioner</td> </tr> </table>			Signature of Designated Firearms Officer/Station Commissioner	
Signature of Designated Firearms Officer/Station Commissioner					
	<table style="width: 100%;"> <tr> <td style="width: 15%; padding: 5px;">Date</td> <td style="width: 85%;"></td> </tr> <tr> <td style="padding: 5px;">Place</td> <td style="width: 85%;"></td> </tr> </table>	Date		Place	
Date					
Place					
	<table style="width: 100%;"> <tr> <td style="width: 15%; padding: 5px;">Personal number of Designated Firearms Officer/Station Commissioner</td> <td style="width: 85%;"></td> </tr> </table>	Personal number of Designated Firearms Officer/Station Commissioner			
Personal number of Designated Firearms Officer/Station Commissioner					

APPLICATION FOR COMPENSATION

OFFICIAL DATE STAMP

DATE RECEIVED

A	FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED						
¹ Application reference No							

[illegible]

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)																								
<div style="display: flex; justify-content: space-between;"> 1 Outstanding/Additional information required <div style="border: 1px solid black; width: 80%; height: 20px;"></div> </div>																								
<div style="display: flex; justify-content: space-between;"> 2 Persal number <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												<div style="display: flex; justify-content: space-between;"> 3 Date <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												
<div style="display: flex; justify-content: space-between;"> 4 Signature of police official <div style="border: 1px solid black; width: 80%; height: 20px;"></div> </div>												<div style="display: flex; justify-content: space-between;"> 5 Name in block letters <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												
<div style="display: flex; justify-content: space-between;"> 6 Application for compensation approved (Indicate with an X) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												<div style="display: flex; justify-content: space-between;"> 7 Amount of compensation to be paid <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												
<div style="display: flex; justify-content: space-between;"> 8 Persal number <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												<div style="display: flex; justify-content: space-between;"> 9 Date <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												
<div style="display: flex; justify-content: space-between;"> 10 Signature of CFR officer <div style="border: 1px solid black; width: 80%; height: 20px;"></div> </div>												<div style="display: flex; justify-content: space-between;"> 11 Officer code <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												
<div style="display: flex; justify-content: space-between;"> 12 Application for compensation refused (Indicate with an X) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												<div style="display: flex; justify-content: space-between;"> 13 Reason(s) for refusal <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												
<div style="display: flex; justify-content: space-between;"> 14 Persal number <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												<div style="display: flex; justify-content: space-between;"> 15 Date <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												
<div style="display: flex; justify-content: space-between;"> 16 Signature of CFR officer <div style="border: 1px solid black; width: 80%; height: 20px;"></div> </div>												<div style="display: flex; justify-content: space-between;"> 17 Officer code <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												
<div style="display: flex; justify-content: space-between;"> 18 Application for compensation refused (Indicate with an X) <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												<div style="display: flex; justify-content: space-between;"> 19 Reason(s) for refusal <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </div>												

D.	PARTICULARS OF APPLICANT
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Type of identification (Indicate with an X)

Type of identification (Indicate with an X)

15	JURISTIC PERSON'S DETAILS
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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																				
																12 Postal Code					
33	Postal address																				
																14 Postal Code					

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35	REPRESENTATIVE'S DETAILS
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36	Name and surname												
37	Postal address												
									38 Postal Code				
39	Telephone number	39.1 Home	()	39.2 Work	()								
39.3	Cellphone number				40 Fax	()							
41	E-mail address												

42 PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

43	Licence, permit, certificate or authorization type	
44	Licence, permit, certificate or authorization number	

45	DETAILS OF FIREARM
----	--------------------

46	Type	
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	52.1	Make	

53 OTHER PARTICULARS

[illegible]

SAPS 520(d)

60 **BANK PARTICULARS**

61	Account holder name	
62	Account type	
63	Account number	
64	Name of bank	
65	Branch name	
66	Bank branch code	

57 **DECLARATION BY APPLICANT**

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 application form.

E.	SIGNATURE OF APPLICANT (Sign only if applicable)
----	---

1 **SIGNATURE OF APPLICANT**

2	
---	--

Name of applicant in block letters

3	Date					-				-		
---	------	--	--	--	--	---	--	--	--	---	--	--

4	
---	--

Signature of applicant

5	Place	
---	-------	--

6 **SIGNATURE OF REPRESENTATIVE**

7	
---	--

Name of representative in block letters

8	Date					-				-		
---	------	--	--	--	--	---	--	--	--	---	--	--

9	
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Signature of representative

10	Place	
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F.	(This section must only be completed if the applicant cannot read or write.)
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1		2	Fingerprint designation

Right Index fingerprint of applicant

3	Date					-				-		
---	------	--	--	--	--	---	--	--	--	---	--	--

4	
---	--

Name of applicant in block letters

5	Place	
---	-------	--

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

6.1	
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Name of police official in block letters

6.2										-	
-----	--	--	--	--	--	--	--	--	--	---	--

Personal 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										-	
-----	--	--	--	--	--	--	--	--	--	---	--

Personal number of witness

7.3	
-----	--

Rank of witness in block letters

7.4	
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Signature of witness

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

1	Name and surname of interpreter											
2	Identity/Passport number of interpreter											
3	Residential address											
			* Postal Code									
5	Postal address											
			* 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								-		
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Persal number of police official (if applicable)

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

1	RECOMMENDATION REGARDING THE APPLICATION	
	Recommended	Not recommended
2	Motivation	

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								-		
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Persal number of Designated Firearms Officer/Station Commissioner

NOTIFICATION OF LOST OR STOLEN LICENCES, PERMITS, CERTIFICATES AND AUTHORIZATIONS

OFFICIAL DATE STAMP

DATE RECEIVED

¹ Notification reference No.[illegible]

1	Competency certificate	2.9	Licence issued to particular categories of persons
1.1	To trade in firearms	3	Licence to deal in firearms and ammunition
1.2	To manufacture firearms	3.1	Licence to manufacture firearms and ammunition
1.3	To conduct business as a gunsmith	3.2	Licence to conduct business as a gunsmith
1.4	To possess a firearm	3.3	Permits
2	Licences	4	Permit to possess ammunition in a private collection
2.1	Licence to possess a firearm for self-defence	4.1	Permit to possess ammunition in a public collection
2.2	Licence to possess restricted firearm for self-defence	4.2	Import permit
2.3	Licence to possess a firearm for occasional hunting and sports shooting	4.3	Export permit
2.4	Licence to possess a firearm for dedicated hunting and dedicated sports shooting	4.4	Transporter's permit
2.5	Licence to possess a firearm in a private collection	4.5	In-transit permit
2.6	Licence to possess a firearm, in a public collection (museums)	4.6	Multiple import and export permit
2.7	Licence to possess a firearm for business purposes Business in hunting	4.7	Temporary import/export permit
2.8	Licence to possess a firearm for business purposes, Business other than hunting		

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5	Authorizations	6.4	To conduct business in hunting
5.1	Temporary authorization to possess a firearm	6.5	To provide security services for its own business
5.2	Temporary authorization to trade in firearms and ammunition	6.6	As a sports shooting and hunting association
5.3	Temporary authorization to a manufacturer to display firearms and ammunition	6.7	As a collectors' association
5.4	Temporary authorization to conduct business as a gunsmith	6.8	As a museum
6	Accreditation	6.9	As a public collector
6.1	As a shooting range	6.10	As a game rancher
6.2	To provide training	6.11	As an official institution
6.3	To provide firearms for the use in theatrical, film or television productions		

7	Details of original licence, permit, certificate or authorization		
	Licence, permit, certificate or authorization number	Date issued	Expiry date
7.1			
7.2			
7.3			
7.4			
7.5			

8				
DETAILS OF FIREARM(S)				
In case of a licence or temporary authorization to possess a firearm, submit the details of the firearm(s)				
	(1)	(2)	(3)	(4)
8.1	Type			
8.2	Calibre			
8.3	Make			
8.4	Model			
Firearm component type:				
8.5	Barrel serial number			
8.6	Frame serial number			
8.7	Receiver serial number			

9	Lost	<input type="checkbox"/>	Stolen	<input type="checkbox"/>	(Indicate the circumstances with an X)
10	Describe incident				

11	Date on which loss or theft was discovered					-					
12	Notification time										
13	Notification date					-					

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D. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

NATURAL PERSON'S DETAILS

1.1	SA ID		Passport	
2	Identity number of natural person			- - - - -
3	Passport number of natural person			
4	Surname			⁵ Initials
6	Residential address			
				⁷ Postal Code
8	Postal address			
				⁹ Postal Code
10	Telephone number	^{10.1} Home	()	^{10.2} Work
11	Cellphone number			¹² Fax
13	E-mail address			

JURISTIC PERSON'S DETAILS

OTHER BODIES

16	Registered company name													
17	Trading as name													
18	FAR number													
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													

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							

35 **DECLARATION BY REPORTING PERSON**

If a licence, permit or authorization is lost or stolen, the holder of the licence, permit or authorization must inform the Registrar of such loss or theft within 24 hours of the discovery of the loss or theft.

36
Signature of reporting person

37
Name of reporting person in block letters

38 Identity/Passport number of reporting person

39 If you are not the holder of the licence, permit, certificate or authorization, in what manner are you related to the holder?
(eg neighbour, friend, spouse, etc)

E. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO COMPLETES THE NOTIFICATION

1
Name of police official in block letters

2 Date

3
Rank of police official in block letters

4 Place

5
Signature of police official

6
Persal number of police official

F. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CAPTURES THE NOTIFICATION

1
Name of police official in block letters

2 Date

3
Rank of police official in block letters

4 Place

5
Signature of police official

6
Persal number of police official

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 DATE RECEIVED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="13" style="text-align: center; padding: 2px;">A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED</th> </tr> <tr> <td style="padding: 2px;">¹ Notification reference No</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="13" style="text-align: center; padding: 2px;">B. FOR OFFICIAL USE BY POLICE STATION WHERE THE NOTIFICATION IS RECEIVED</th> </tr> <tr> <td style="padding: 2px;">Province</td> <td colspan="12"></td> </tr> <tr> <td style="padding: 2px;">Area</td> <td colspan="12"></td> </tr> <tr> <td style="padding: 2px;">Police station</td> <td colspan="12"></td> </tr> <tr> <td style="padding: 2px;">Component code</td> <td colspan="12"></td> </tr> <tr> <td style="padding: 2px;">SAPS-13 reference number</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> <tr> <td style="padding: 2px;">General firearm transactions register number</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="13" style="text-align: center; padding: 2px;">C. 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SAPS 521(a)

19	Business address					
					²⁰ Postal Code	
21	Business telephone number	^{21.1} Work	()	^{21.2} Fax	()	
22	E-mail address					

RESPONSIBLE PERSON'S DETAILS

24	Responsible person (full name and surname)																							
25	Type of identification (indicate with an X)	SA ID										Passport number												
26	Identify number of responsible person							-							-					-				
27	Passport number of responsible person																							
28	Cellphone number																							
29	Physical address																							
																	50 Postal Code							
31	Postal address																							
																	12 Postal Code							

33	Reason for ceasing to carry on as a business	
----	--	--

34 Date of ceasing to carry on as a business

35	Address where firearms will be stored until they are disposed of	
	36 Postal Code	<input type="text"/> <input type="text"/>

[illegible]

SAPS 521(a)

D LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION DETAILS	
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	
1.10	
1.11	
1.12	
1.13	
1.14	
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1.38	
1.39	

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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

Name of reporting person

2

Date

3

Signature of reporting person

4

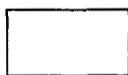
Place

F. (This section must be completed only if the reporting person cannot read or write)

1



2 Fingerprint designation



3

Date

4

Name of reporting person in block letters

5

Place

Right index fingerprint of reporting person

6

PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION

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

G. 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.)

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

SAPS 521(a)

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.

FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1

Results of inspection of firearms

2

Address where firearms are stored

3

Comments

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



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CHANGE OF ADDRESS

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

<div style="border: 1px solid black; height: 150px; margin-bottom: 10px;"></div> <div style="text-align: center; font-weight: bold;">OFFICIAL DATE STAMP</div> <div style="text-align: center; font-weight: bold; margin-top: 100px;">DATE RECEIVED</div>	<div style="background-color: #cccccc; text-align: center; font-weight: bold; padding: 2px;"> A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED </div> <div style="border: 1px solid black; padding: 2px;"> ¹ Notification reference No <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; height: 20px;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> </div>																																										
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Cellphone number	¹¹ Fax																																										
E-mail address																																											
Registered company name																																											
Trading as name																																											
FAR number																																											

SAPS 521(b)

Details of new address			
18	Postal address		
		19 Postal Code	
20	Business address		
		21 Postal Code	
22	Business telephone 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)	SA ID
27	Identity number of responsible person	Passport number
28	Passport number of responsible person	
29	Cellphone number	
30	Physical address	
		31 Postal Code
32	Postal address	
		32 Postal Code

34	Are there additional firearm licence holder(s) licensed to your name?	
	YES	NO
	If yes, submit full details	

35 ADDITIONAL LICENCE HOLDER(S) PARTICULARS

35.1	SA ID	Passport
36	Identity number of natural person	
37	Passport number of natural person	
38	Surname	39 Initials

	(1)	(2)	(3)	(4)
40	Type of licence			
41	Licence number			
42	Date issued			
43	Expiry date			

44	DID THE ADDITIONAL LICENCE HOLDER ALSO MOVE TO THE NEW ADDRESS?	
	YES	NO

45	DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)	
	YES	NO

45.1	IF YES, SUBMIT FULL DETAILS	
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46 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.

SAPS 521(b)

D. SIGNATURE OF REPORTING PERSON <small>(Sign only if applicable)</small>	
1 <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Name of reporting person in block letters	2 <div style="border: 1px solid black; display: inline-block; padding: 2px;">Date</div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: -1px;"></div>
3 Signature of reporting person	4 <div style="border: 1px solid black; display: inline-block; padding: 2px;">Place</div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: -1px;"></div>
E. (This section must be completed <u>only</u> if the reporting person cannot read or write.)	
1 <div style="border: 1px solid black; width: 100px; height: 100px; float: left; margin-right: 10px;"></div> <div style="clear: both;"></div> 2 Fingerprint designation <div style="border: 1px solid black; width: 80px; height: 40px; margin-left: auto;"></div>	3 <div style="border: 1px solid black; display: inline-block; padding: 2px;">Date</div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: -1px;"></div>
Right index fingerprint of reporting person	4 <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Name of reporting person in block letters
	5 <div style="border: 1px solid black; display: inline-block; padding: 2px;">Place</div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: -1px;"></div>
6. PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION	
6.1 <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Name of police official in block letters	6.2 <div style="border: 1px solid black; display: inline-block; padding: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: -1px;"></div> Persal number of police official
6.3 <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Rank of police official in block letters	6.4 Signature of police official
7. PARTICULARS OF WITNESS	
7.1 <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Name of witness in block letters	7.2 <div style="border: 1px solid black; display: inline-block; padding: 2px;"></div> <div style="border-bottom: 1px solid black; width: 100%; margin-top: -1px;"></div> Persal number of witness
7.3 <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Rank of witness in block letters	7.4 Signature of witness
F. PARTICULARS OF INTERPRETER <small>(This section must be completed <u>only</u> if the reporting person cannot read or write or does not understand the contents of this form.)</small>	
1 Name and surname of interpreter	
2 Identity/Passport number of interpreter	
3 Residential address	
5 Postal address	
7 Telephone number	
8 Cellphone number	
10 E-mail address	
11 Interpreted from (language)	

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13

Signature of interpreter

15

Rank of police official (if applicable)

12

Date

14

Place

16

Persal number of police official (if applicable)

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

1

Name of Designated Firearms Officer/Station Commissioner in block letters

2

Date

3

Rank of Designated Firearms Officer/Station Commissioner in block letters

4

Place

5

Signature of Designated Firearms Officer/Station Commissioner

6

Persal number of Designated Firearms Officer/Station Commissioner



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)

<div style="text-align: center; margin-bottom: 20px;">OFFICIAL DATE STAMP</div> <div style="text-align: center; margin-top: 100px;">DATE RECEIVED</div>	<div style="background-color: #cccccc; text-align: center; padding: 2px;">A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED</div> <div style="border: 1px solid black; padding: 2px;"> ¹ Notification reference No </div>
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B. FOR OFFICIAL USE BY POLICE STATION WHERE THE NOTIFICATION IS RECEIVED	
1 Province	
2 Area	
3 Police station	
4 Component code	
5 General firearm transactions register number	

C. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION	
1 NATURAL PERSON'S DETAILS	
1.1 SA ID	Passport
2 Identity number of natural person	
3 Passport number of natural person	
4 Surname	⁶ Initials
6 Residential address	
	⁷ Postal Code
8 Postal address	
	⁹ Postal Code
10 Telephone number	^{10.1} Home () ^{10.2} Work ()
10.3 Cellphone number	¹¹ Fax ()
12 E-mail address	
13 JURISTIC PERSON'S DETAILS	
14 OTHER BODIES	
15 Registered company name	
16 Trading as name	
17 FAR number	
18 Postal address	

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											19 Postal Code							
20	Business address												21 Postal Code					
22	Business telephone number		22.1 Work		()				22.2 Fax		()							
23	E-mail address																	

RESPONSIBLE PERSON'S DETAILS

[illegible]

DETAILS OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

[illegible]

OTHER INFORMATION

[illegible]