

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.

(Sign only if applicable)

Name of reporting person in block letters

Date _____

Signature of reporting person

Place

E.

Right index fingerprint of reporting person

Date _____

Name of reporting person in block letters

Place

6

Name of police official in block letters

Persal number of police official

Rank of police official in block letters

Signature of police official

7

Name of witness in block letters

Persal number of witness

Rank of witness in block letters

Signature of witness

F.

4

Name and surname of interpreter

Identity/Passport number of interpreter

Residential address

⁴ Postal Code

Postal address

6 Postal Code

Telephone number

7.1 Home

()

7.2 Work

1

Cellphone number

9 Fax

1

E-mail address

Interpreted from (language)

to

SAPS 521(c)

12 Date

					-			-		
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13
Signature of interpreter14 Place

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15

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Rank of police official in block letters (if applicable)16

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Persal number of police official (if applicable)**G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER**1

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Name of Designated Firearms Officer/Station Commissioner in block letters2 Date

						-			-	
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3

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Rank of Designated Firearms Officer/Station Commissioner in block letters4 Place

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5
Signature of Designated Firearms Officer/Station Commissioner6

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Persal number of Designated Firearms Officer/Station Commissioner

NOTIFICATION OF CHANGE OF COMMERCIAL AGENT PREMISES

OFFICIAL DATE STAMP

DATE RECEIVED

¹ Notification reference No

[illegible]¹ Outstanding/Additional information required[illegible]

⁵ Name in block letters

8. Application for new premises approved
(Indicate with an X)

						-		⁷ Persal number						-		-			⁸ Date
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¹¹ Name in block letters

¹² Application for new premises refused
(Indicate with an X)

13 Reason(s) for refusal

			-			14 Persal number					-		-				15 Date
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¹⁸ Name in block letters

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D. PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH

1 Specify type of licence (Indicate with an X)

1.1	To trade in firearms and ammunition	
1.2	To trade in ammunition	
1.3	To manufacture firearms	
1.4	To manufacture ammunition	
1.5	To conduct business as a gunsmith	

E. PARTICULARS OF APPLICANT**1 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			
				⁸ 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	Company registration or CC 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			

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/Passport number of responsible person			

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29	Cellphone number				
30	Physical address				
		31 Postal Code			
32	Postal address				
		33 Postal Code			

F. DETAILS OF EXISTING LICENCE

1	Licence type	Licence number	Date issued	Expiry date

2 DETAILS OF PREMISES

3	FULL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED			
	Address			
4	CLASSIFICATION OF PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL, ETC)			
5	DESCRIPTION OF THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS			
6	DESCRIPTION OF THE ALARM SYSTEM			
7	LOCATION AND DETAILS OF SAFE OR STRONGROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT			
8	DESCRIPTION OF THE BURGLAR PROOFING			
9	DESCRIPTION OF OTHER SECURITY FEATURES			

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10

*** DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH AND MAINTAIN A WORKSTATION WHICH LINKS THEIR REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS AND MANUFACTURERS DATABASE**
*** THE REGISTRAR MAY, ON GOOD CAUSE SHOWN, EXEMPT DEALERS OR GUNSMITHS FROM THIS DUTY**

Submit a description of the workstation which will link your registers to the Central Database
 in case of a dealer or a gunsmith, submit the reason(s) why the Registrar must exempt you from maintaining a linked workstation

.....

.....

.....

.....

11 Date of commencement of business on new premises

Date

						-						
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12 **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 on this notification.

G. SIGNATURE OF APPLICANT (Sign only if applicable)

1

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Name of applicant in block letters

2 Date

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3
Signature of applicant

4 Place

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H. This section must be completed only if the applicant cannot read or write

1

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Right index fingerprint of applicant

2 Fingerprint designation

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3 Date

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

4

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Name of applicant in block letters

5 Place

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6 PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION

6.1

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Name of police official in block letters

6.2

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Persal number of police official

6.3

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Rank of police official in block letters

6.4
Signature of police official

7 PARTICULARS OF WITNESS

7.1

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Name of witness in block letters in block letters

7.2

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Persal number of witness

7.3

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Rank of witness in block letters

7.4
Signature of witness

[illegible]

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4

Recommendation regarding the application

5

Name of Designated Firearms Officer/Station Commissioner in block letters

7

Rank of Designated Firearms Officer/Station Commissioner in block letters

9

Signature of Designated Firearms Officer/Station Commissioner

6

Date					-			-		
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8

Place										
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10

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Personal number of Designated Firearms Officer/Station Commissioner



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION ON ASSIGNMENT OF NEW RESPONSIBLE PERSON FOR JURISTIC PERSON

Section 7(4) of the Firearms Control Act, 2000 (Act No 60 of 2000)

<div style="border: 1px solid black; height: 100px; margin-bottom: 5px;"></div> <div style="text-align: center;">OFFICIAL DATE STAMP</div> <div style="border: 1px solid black; height: 100px; margin-top: 5px;"></div> <div style="text-align: center;">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 style="display: flex; flex-direction: row-reverse;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> </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	<div style="display: flex; flex-direction: row-reverse;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>

C. PARTICULARS OF THE JURISTIC PERSON	
1 JURISTIC PERSON'S DETAILS	
2 OTHER BODIES	
3 Registered company name	
4 Trading as name	
5 FAR number	<div style="display: flex; flex-direction: row-reverse;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>
6 Company registration or CC number	<div style="display: flex; flex-direction: row-reverse;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>
7 Postal address	
	⁸ Postal Code <div style="display: flex; flex-direction: row-reverse;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>
9 Business address	
	¹⁰ Postal Code <div style="display: flex; flex-direction: row-reverse;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>
11 Business telephone number	^{11.1} Work () ^{11.2} Fax ()
12 E-mail address	
13 PARTICULARS OF THE NEW RESPONSIBLE PERSON	
14 Responsible person (full name and surname)	
15 Type of identification (indicate with an X)	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">SA ID</div> <div style="width: 10%;"></div> <div style="width: 45%;">Passport number</div> </div>
16 Identity number of responsible person	<div style="display: flex; flex-direction: row-reverse;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>
17 Passport number of responsible person	<div style="display: flex; flex-direction: row-reverse;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div>

18	Cellphone number
19	Physical address
	Postal Code
21	Postal address
	Postal Code
23	Competency certificate number
24	Date of Issue - Expiry date
26	Reason for appointment of a new responsible person for the juristic person

29
.....
Signature of the new responsible 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.

4	Place	
---	-------	--

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

6.4 _____
Signature of police official

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1 **PARTICULARS OF WITNESS**7.1
Name of witness in block letters7.2
Persal number of witness7.3
Rank of witness in block letters7.4
Signature of witness**F. PARTICULARS OF INTERPRETER**
(This section must be completed only if the reporting person cannot read or write or does not understand the content of this form.)

1	Name and surname of interpreter		<input type="text"/>									
2	Identity/Passport number of interpreter		<input type="text"/>									
3	Residential address		<input type="text"/>									
			<input type="text"/>									
			<input type="text"/>									
5	Postal address		<input type="text"/>									
			<input type="text"/>									
			<input type="text"/>									
7	Telephone number	7.1 Home	()	7.2 Work	()							
8	Cellphone number				7 Fax	()						
10	E-mail address		<input type="text"/>									
11	Interpreted from (language)					to						

12
Date13
Signature of interpreter14
Place15
Rank of police official in block letters (if applicable)16
Persal number of police official (if applicable)**G. PARTICULARS OF DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER**1
Name of Designated Firearms Officer/Station Commissioner in block letters2
Date C C Y Y - M M - D D3
Rank of Designated Firearms Officer/Station Commissioner in block letters4
Place5
Signature of Designated Firearms Officer/Station Commissioner6
Persal number of Designated Firearms Officer/Station Commissioner

SAPS 521(f)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF LOST/STOLEN/FOUND FIREARMS

Section 120(11) of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		A. FOR OFFICIAL USE BY POLICE STATION WHERE THE INCIDENT IS REPORTED	
DATE RECEIVED		1 Province	
		2 Area	
		3 Police station	
		4 Component code	
		5 Case ref No (CAS No/ CR No/Enq No)	
		6 SAPS 13 register reference No	
7 Description of case (robbery/theft etc)			
B. PARTICULARS OF CURRENT OWNER OF THE FIREARM			
NATURAL PERSON'S DETAILS			
SA ID		Passport	
Identity number			
Passport number			
Surname			8 Initials
Residential address			
			9 Postal Code
Postal address			
			10 Postal Code
Telephone number	11.1 Home	()	11.2 Work
Cellphone number			12 Fax
E-mail address			
JURISTIC PERSON'S DETAILS			
OTHER BODIES			
Registered company name			
Trading as name			
FAR number			
Postal address			
			20 Postal Code

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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	Identify number of responsible person			
29	Passport number of responsible person			
30	Cellphone number (if applicable)			
31	Physical address			
		32 Postal Code		
33	Postal address			
		34 Postal Code		

C. DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORIZATION

1	DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORIZATION			
2	Type of licence, permit or authorization	Licence, permit or authorization number	Date issued	Expiry date

3 DETAILS OF FIREARM

4	Type			
5	Calibre			
6	Make			
7	Model			
Firearm component type:				
8	Barrel serial number		8.1 Make	
9	Frame serial number		9.1 Make	
10	Receiver serial number		10.1 Make	

D. CIRCUMSTANCES (indicate with an X)

1	Lost	2 Stolen	3 Found (manner in which the firearm was found)	3.1 Seized	3.2 Abandoned
4	Description of incident				

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E. PARTICULARS OF POLICE OFFICIAL WHO COMPLETES THE NOTIFICATION

1			2	Date													
	Name of police official in block letters							-				-					
3			4	Place													
	Rank of police official in block letters																
5			6											-			
	Signature of police official			Persal number of police official													

F. PARTICULARS OF POLICE OFFICIAL WHO CIRCULATES THE FIREARM
ON THE FIREARMS CONTROL SYSTEM

<p>1</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Name of police official in block letters</p> <p>3</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Rank of police official in block letters</p> <p>5</p> <hr style="border-top: 1px dashed black;"/> <p>Signature of police official</p>	<p>2</p> <div style="border: 1px solid black; display: flex; align-items: center;"> <div style="background-color: #cccccc; padding: 2px 5px; font-size: small;">Date</div> <div style="flex-grow: 1; display: grid; grid-template-columns: repeat(10, 1fr); border-bottom: 1px solid black;"></div> </div> <p>4</p> <div style="border: 1px solid black; display: flex; align-items: center;"> <div style="background-color: #cccccc; padding: 2px 5px; font-size: small;">Place</div> <div style="flex-grow: 1; border-bottom: 1px solid black;"></div> </div> <p>6</p> <div style="border: 1px solid black; display: flex; align-items: center;"> <div style="flex-grow: 1; display: grid; grid-template-columns: repeat(10, 1fr); border-bottom: 1px solid black;"></div> </div> <p>Persal number of police official</p>
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SAPS 521(g)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF INCORRECT INFORMATION

<p align="center">OFFICIAL DATE STAMP</p> <p align="center">DATE RECEIVED</p>	<p>A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">¹ Notification reference No</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>	¹ Notification reference No																			
¹ Notification reference No																					

B. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS RECEIVED																			
Province																			
Area																			
Police station																			
Component code																			
General firearm transactions register number																			

C. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION																							
NATURAL PERSON'S DETAILS																							
Type of identification (Indicate with an X)																							
SA ID		Passport number		Non-SA citizen with permanent residence*																			
Identity number									-														
Passport number																							
Surname														⁶ Initials									
Full names																							
Residential address																							
													⁸ Postal Code										
Postal address																							
													¹¹ Postal Code										
Business telephone number		^{12.1} Home	()										^{12.2} Work	()									
Cellphone number												¹⁴ Fax	()										
E-mail address																							

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

16 JURISTIC PERSON'S DETAILS

17 OTHER BODIES

18	Registered company name										
19	Trading as name										
20	FAR number										
21	Postal address										
		22 Postal Code									
23	Business address										
		24 Postal Code									
25	Business telephone number	25.1 Work	()	25.2 Fax	()						
26	E-mail address										

27 RESPONSIBLE PERSON'S DETAILS

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

D. DETAILS OF INCORRECT LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

1	Licence, permit, certificate or authorization type	Licence, permit, certificate or authorization number	Date licence, permit, certificate or authorization was issued

2 OTHER INFORMATION

2.1	Description of incorrect information	2.2	Description of correct information

3	Incorrect firearm particulars		4	Correct firearm particulars	
3.1	Type		4.1	Type	
3.2	Calibre		4.2	Calibre	
3.3	Make		4.3	Make	
3.4	Model		4.4	Model	

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Firearm component type:		Firearm component type:	
3.5	Barrel serial number	4.5	Barrel serial number
3.6	Make	4.6	Make
3.7	Frame serial number	4.7	Frame serial number
3.8	Make	4.8	Make
3.9	Receiver serial number	4.9	Receiver serial number
3.10	Make	5.10	Make

5 DECLARATION OF 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 in block letters

2 Date -

3
Signature of reporting person

4 Place

F.	This section must be completed <u>only</u> if the reporting person cannot read or write
----	---

1
Right index fingerprint of reporting person

2 Fingerprint designation

3 Date -

4
Name of reporting person in block letters

5 Place

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 <u>only</u> if the reporting person cannot read or write or does not understand the contents of this form.)
----	--

1	Name and surname of interpreter	<input type="text"/>
2	Identity/Passport number of interpreter	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	Residential address	<input type="text"/>
		4 Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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[illegible]

H. PARTICULARS OF DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1	<input type="text"/>	2	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
	Name of Designated Firearms Officer/Station Commissioner in block letters												
3	<input type="text"/>	4	Place	<input type="text"/>									
	Rank of Designated Firearms Officer/Station Commissioner in block letters												
5	Signature of Designated Firearms Officer/Station Commissioner												
		6	<input type="text"/>										
			Personal number of Designated Firearms Officer/Station Commissioner										



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF REQUIREMENT TO DEACTIVATE A FIREARM

Section 150 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 NOTIFICATION IS CAPTURED

¹ Notification reference No

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. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)

¹ Outstanding/Additional information required

² Peral number

³ Date

⁴ Signature of police official

⁵ Name in block letters

⁶ Was the firearm referred for ballistic testing?

YES

NO

(Indicate with an X)

⁷ Result

⁸ Peral number

⁹ Date

¹⁰ Signature of police official

¹¹ Name in block letters

¹² Deactivation approved (Indicate with an X)

¹³ Peral number

C

¹⁴ Date

¹⁵ Signature of CFR officer

¹⁶ Officer code

¹⁷ Name in block letters

¹⁸ Deactivation refused (Indicate with an X)

¹⁹ Reason(s) for refusal

²⁰ Peral number

²¹ Date

²² Signature of CFR officer

²³ Officer code

²⁴ Name in block letters

D. PARTICULARS OF THE HOLDER OF THE LICENCE

1 NATURAL PERSON'S DETAILS

2	SA ID	Passport	
3	Identity number of natural person		
4	Passport number of natural person		
5	Surname	Initials	
7	Residential address		
	Postal Code		
9	Postal address		
	Postal Code		
11	Telephone number	11.1 Home ()	11.2 Work ()
11.3	Cellphone number	12 Fax ()	
13	E-mail address		

14 JURISTIC PERSON'S DETAILS

15 OTHER BODIES

16	Registered company name		
17	Trading as name		
18	FAR number		
19	Postal address		
	Postal Code		
21	Business address		
	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		
	Postal Code		
33	Postal address		
	Postal Code		

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[illegible]

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23 **PARTICULARS OF THE HOLDER OF THE LICENCE**21
Name of the holder of the licence in block letters22 Date 24
Signature of the holder of the licence25 Place **F. (This section must be completed only if the surrendering person cannot read or write.)**1
Right index fingerprint of surrendering person2 Fingerprint designation
3 Date 4
Name of surrendering person in block letters5 Place 6 **PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION**6.1
Name of police official in block letters6.2
Persal number of police official6.3
Rank of police official in block letters6.4
Signature of police official7 **PARTICULARS OF WITNESS**7.1
Name of witness in block letters7.2
Persal number of witness7.3
Rank of witness in block letters7.4
Signature of witness**G. PARTICULARS OF INTERPRETER**
(This section must be completed only if the surrendering person cannot read or write or does not understand the contents of this form.)

1	Name and surname of interpreter		<input type="text"/>									
2	Identity/Passport number of interpreter		<input type="text"/>									
3	Residential address		<input type="text"/>									
			* Postal Code		<input type="text"/>							
5	Postal address		<input type="text"/>									
			* Postal Code		<input type="text"/>							
7	Telephone number	7.1 Home	()		7.2 Work	()						
8	Cellphone number					9 Fax	()					
10	E-mail address		<input type="text"/>									
11	Interpreted from (language)		<input type="text"/>				to	<input type="text"/>				

12 Date 13
Signature of interpreter14 Place 15
Rank of police official in block letters (if applicable)16
Persal number of police official (if applicable)

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

RECOMMENDATION REGARDING THE NOTIFICATION

Motivation regarding the notification

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

Date _____

Place

Persal number of Designated Firearms Officer/Station Commissioner

CANCELLATION OF AN APPLICATION FOR A LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED		
	¹ Province		
	² Area		
	³ Police station		
	⁴ Component code:		
	⁵ Firearm applications register reference No.	SAPS 85	NO
DATE RECEIVED			

B.	TYPE OF APPLICATION TO BE CANCELLED (Indicate with an X)
----	--

1	Competency certificates	4.3	Application for accreditation as an official institution
1.1	Application for a competency certificate	5	Permits
1.2	Application for a further competency certificate	5.1	Application for a permit to collect ammunition in a private collection
2	Licences	5.2	Application for a permit to collect ammunition in a public collection
2.1	Application for a licence to possess a firearm	5.3	Application for multiple import or export permit
2.2	Application for a licence to deal in firearms and/or ammunition	5.4	Application for permanent import or export permit
2.3	Application for a licence to manufacture firearms and/or ammunition	5.5	Application for a temporary import or export permit
2.4	Application for a licence to conduct business as a gunsmith	5.6	Application for an in-transit permit
3	Temporary authorizations	5.7	Application for permit to transport firearms and ammunition
3.1	Application for a temporary authorization to possess a firearm	6	Application for a duplicate licence, permit, certificate or authorization for lost, stolen and defaced licences
3.2	Application for a temporary authorization to trade in firearms and ammunition	7	Application for the renewal of a licence, permit or authorization
3.3	Application for a temporary authorization to conduct business as a gunsmith	8	Application to declare premises a firearm-free zone
3.4	Application for a temporary authorization to display firearms and ammunition	9	Application to manufacture a new firearm or ammunition type
4	Accreditations	10	Application for compensation
4.1	Application for accreditation as an association	11	Application for authorization to possess more than 2 40G primers
4.2	Application for accreditation for business purposes	12	Other (specify)