SAPS 521(c)

notification.
-
•••••

•••••
this form.)

1

			SAPS 521(c)
		12 Date -	-
13	Standard 1994	14 Place	
15	Signature of interpreter Rank of police official in block letters (if applicable)	16	
		Persal number of police official (if applicable)	
1	Name of Designated Firearms Officer/Station Commissioner in block let	2 Date -	-
3	Rank of Designated Firearms Officer/Station Commissioner in block lette	4 Place	
5		6	
	Signature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Sta Commissioner	tion

SAPS 521(d)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CHANGE OF COMMERCIAL AGENT PREMISES Section 37(1), 51(1) and 65(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								
	¹ Notification referen	ice No							
DATE RECEIVED									
B. FOR OFFICIAL USE BY PO	LICE STATION WHER	E THE NOTIF	ICATION	IS RECI	EIVED				
Province									
Area		•••••••••••••••••••••••••••••••••••••••	************		***********	•••••	•••••••		
Police station:			••••••	•••••	••••••	••••••	••••••		
Component code				•••••		••••••••	*********		
General firearm transactions register number									
c, FOR OFFICIAL USI	BY THE CENTRAL F	IREARMS PE	CISTED	(CEP)					
[†] Outstanding/Additional information required		inchiono no	JUGILA	(GI IV)					
		•	••••••		••••••	•••••			
						••••••			
		••••				•••••			
	rsal number				a	Date			
	Sta (GA)DET			L-1		Date			
⁴ Signature of police official		5 1	Vame in blo	ck letters					
Application for new premises approved (Indicate with an X)									
Per	sal number			-	8	Date			
							1		
⁹ Signature of deciding officer	10 Officer code	11	Name in b	lack letters			1		
12 Application for new premises refused (Indicate with an X)		ın(s) for refusal							
(Transactive value at 1 A)									
		•••••	•••••			······································			
		••••••		••••••••					
	· · · · · · · · · · · · · · · · · · ·				- Davidson				
	sal number			-	15	Date			
							1		
¹⁶ Signature of deciding officer	17 Officer code	18 N	lame in boo	k letters					

SAPS 521(d)

	D. PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH
1	Specify type of licence (Indicate with an X)
1.1 1.2 1.3 1.4 1.5	To trade in firearms and ammunition To trade in ammunition To manufacture frearms To manufacture ammunition To conduct business as a guismith
	E. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
1.1	SAID Passport
3	Identity number of natural person
4	Passport number of hatural person 5 Inflats
6	Residential address
	Postal Code
8	Postal address
10	Telephone number 40.1 Home () 40.2 Work ()
10.3	Cellphone number 11 Fax ()
12	E-mail address
13	JURISTIC PERSON'S DETAILS
14	OTHER BODIES
15	Registered company name
16 17	Trading as name
18	FAR number Company registration or CC number
19	Poétal address
	²⁵ Postal Code
21	Business address
23	Bustiness 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 (tedicate with an X) SA ID Passport millioner
28	fdentity/Passport number of responsible person

		SAPS	521(d
29	Comprises number		
30	Physical address		ι
32	Postal address		L
	T ^T Postal Code		
	F. DETAILS OF EXISTING LICENCE		
1	T. DETAILS OF CARS INGLIFICACE		
,	Licence type Licence number Date issued Expry of	<i>t</i> ate	
2			
2	DETAILS OF PREMISES		
3	FULL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED		
	Address	***********	
		••••••	
	Postal Code		
4	CLASSIFICATION OF PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL, I	etc)	
5	DESCRIPTION OF THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS		
		••••••	

5	DESCRIPTION OF THE ALARM SYSTEM		
,	Localitatis Agranus or conservations		
į	LOCATION AND DETAILS OF SAFE OR STRONGROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT		4

	DESCRIPTION OF THE BURGLAR PROOFING		
		•	
	DESCRIPTION OF OTHER SECURITY FEATURES		
L			

SAPS 521(d) 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 12 DECLARATION BY APPLICANT 1 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. SIGNATURE OF APPLICANT (Sign only if applicable) Date Name of applicant in block letters Place Signature of applicant This section must be completed only if the applicant cannot read or write) Date Fingerprint designation Name of applicant in block letters 5 Place Right index fingerprint of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION Name of police official in block letters Persal number of police official 6.3 6.4 Rank of police official in block letters Signature of police official PARTICULARS OF WITNESS 7.1 Name of witness in block letters in block letters Persal number of witness 7,3 7.4

Signature of witness

Rank of witness in block letters

	SAPS 521(d)
	L PARTICULARS OF INTERPRETER
	(This section must be completed only if the applicant cannot raid or write or does not understand the contents of this form.)
1	Name and surrainse of interpreter
2	identity/Passport number of interpreter
3	Residential address
	⁴ Postal Code
5	Postal address
	Fusial adultess
7	
8	1
10	Caption to tomes
11	E-mail address interpreted from (language) to
	megrenes rom (iniguage)
	12 Date
13	14 700-22
	Signature of interpreter
15	16
	Rank of police official in block letters (if applicable) Persal number of police official (if applicable)
	1 FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION REGARDING THE APPLICATION
1	RECOMMENDATION REGARDING THE APPLICATION Recommended Not recommended
1 2	Recommended Not recommended
	Recommended Not recommended
2	Recommended Not recommended Report of inspection on pramises
2	Recommended Not recommended Report of inspection on pramises
2	Recommended Not recommended Report of inspection on pramises
2	Recommended Not recommended Report of inspection on pramises
2	Recommended Not recommended Report of inspection on pramises
2	Recommended Not recommended Report of inspection on pramises
2	Recommended Not recommended Report of inspection on pramises

SAPS 521(d)

4	Recommendation regarding the application	
5		6 Date
	Name of Designated Firearms Officer/Station Commissioner in block letters	
,		8 Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters	
3		10 -
	Signature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station

SAPS 521(e)



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)

	OFFICIAL DATE STAMP	A.		2000000000000	00000000			. USI			000000000	00000000	*********	00000000000	V		
		1	Notifica	tion ref	erenc	e No)	T		Τ	T	Π	T	Π		******	
		1			_											_	
	DATE RECEIVED																
	B FOR OFFICIAL USE BY PO	LICE S	TATIC	N WE	IERI	: T H	IE N	OTIF	CA	TION	IS R	ECE	IVE	1			
1	Province																
2	Area		· · · · · · · · · · · · · · · · · · ·			•••••							• • • • • • • •			• • • • • • • • • • • • • • • • • • • •	
3	Police station			•••••	•••••		•••••				•••••				•••••	•••••	
4	Component code		•••••••	•••••						•••••	•••••					•••••	
5	General firearm transactions register number				\Box				$oxed{oxed}$					\Box			
	c. PARTI	CHI AE	IS OF	THE	II I DI	STI	o DE	Den	A)								
	- Fanti	COLA	13 01	TIAL.	JOIN	•		ar o c	14								
	JURISTIC PERSON'S DETAILS																
!	OTHER BODIES																
	Registered company name																
	Trading as name																
	FAR number																
	Company registration or CC number				\perp												
'	Postal address													·			
											Post	al Co	de				
	Business address								····	888			2002260000				
1											⁰ Pos	tal C	ode				_
2	Business telephone number 511 Work ()				11.4	Fax		()							
-	E-mall address																
3	PARTICULARS OF THE NEW RESPONSIBLE PERS	ON															
4	Responsible person (full name and surname)																
5	Type of identification (indicate with an X)			SAI) כ						Pas	noqaa	lnum	oe!			
6	Identity number of responsible person							-					-			-	
7	Passnot number of responsible person															1	

	·	SAPS 521 (e)
18	Cellphone number	
19	Physical address	
		²⁰ Postal Code
21	Postal address	,
		72 Postar Code
23	Competency certificate number	
24		Expry date
26		
	Reason for appointment of a new responsible person for the juristic person.	
	· ·	
27	PROOF SIGNATURES OF THE NEW RESPONSIBLE PERSON	
	PROOF SIGNATURES OF THE NEW RESPONSIBLE PERSON	
28		29
	Signature of the new responsible person	Signature of the new responsible person
30	DECLARATION OF REPORTING PERSON	
	I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act	t No 60 of 2000), to make a false statement in this notification.
	D. SIGNATURE OF REPI	
1		2
	Name of reporting person in block letters	Cate
3		4 Place
	Signature of reporting person	
	E. (This section must be completed only if the	reporting person cannot tead or write.)
1		
	² Fingerprint designation	Oate - -
		4
		Name of reporting person in block letters
		5 Place
	Right index fingerprint of reporting person	(2000)
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION	
6.1		6.2
	Name of police official in block letters	Persal number of police official
6.3		6.4
	Rank of police official in block letters	Signature of police official

-			SAPS 521(e)
3	PARTICULARS OF WITNESS		
7.1		7.2	2
	Name of witness in block letters		Persal number of witness
7.3		7.4	4
	Rank of witness in block letters		Signature of witness
	F. PARTICULARS Of This section must be completed only if the reporting person cannot be completed on the re		
1 .	Name and surname of interpreter		
2	Identity/Passport number of interpreter		
3	Residential address		
			⁴ Poetal Code
5	Postal address:		
			* Postel Code
7	Telephone number 7.1 Home ()		72 Work ()
8	Celiphone number		* Fax ()
10	E-rrall address		
11	Interpreted from (language)		to
		12	2 Date
13		14	Place
15	Signature of interpreter		
13	Rank of police official in block letters (if applicable)	16	Persal number of police official (If applicable)
	G. PARTICULARS OF DESIGNATED FIREARI	MS O	OFFICER/STATION COMMISSIONER
1		2	Date C C Y Y - M M - D D
	Name of Designated Firearms Officer/Station Commissioner in block letters		
3		4	Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters		
5	Cianature of Designated Fireway, Office (C)	6	
	Signature of Designated Firearms Officer/Station Commissioner		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		А,	FC	or of	FICI					STAT		VHER	E THE	•			
			¹ Provi	nce			<u></u>	<u> </u>	ww.20000		<u>cognication (CC)</u>	<u></u>		AAAAAAAAAA			<u>~ 5000000</u>	<u> </u>
			² Area															
			³ Police	e statio	n													
			4 Comp	onent i	code													
			⁵ Case No/ CR	ref No	(CAS													
			SAPE	•••••		-												
	DATE RECEIVED		refere	nce No														
	Description of case (robbery/theft etc)																	
		J		•••••						•	•••••	•••••		••••••		•••••		******
							•••••			•••••		******				•••••		
							~											
	B. PAR	HCUI	LARS	JF GU	IKKE	IN E	JVVIV.	EKI) 	HE I	HKE#	KM						
1	NATURAL PERSON'S DETAILS																	
2	SA ID Passport																	
3	Identity number													-			-	
4	Passport number																	
5	Surname											6	nitiais					
7	Residential address																	
											8	Posta	l Cod	e				
9	Postal address										li cons							
							- Essession		228832		1	Post	al Co	ie				
11	Telephone number 11.1 Home	()				100000000	Worl	k .	()							
11.3	Celiphone number						12	Fex		()							
	E-mail address								_									
14	JURISTIC PERSON'S DETAILS																	
15	OTHER BODIES																	
	OTHER BODIES																	
16	Registered company name																	
17	Trading as name																	
18	FAR number				<u> </u>													
19	Postal address										1000							
												e Pos	tal Co	de		İ		- 1

	SAP	S 521(f)
21	Business address	
	⁴⁴ Postal Code	
23	Business telephone number 23.1 Wark () 23.2 Fax ()	
24	E-mail address	
25	RESPONSIBLE PERSON'S DETAILS	
26	Responsible person (full name and surname)	
27	Type of identification (inscale with an X) SA ID Passport number	
28	icientify humber of responsible person	
29	Passport number of responsible person	
30	Cellphone number (if applicable)	
31	Physical address	
	²² 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 Uconce, permit or Date issued Expry date authorization number	
	direction in the second	
3	DETAILS OF FIREARM	
4	Туре	
5	Callbre	
6		
7	Make	
	Madel	
в	Firearm component type:	
5	Barrel serial number 8.1 Make	
10	Frame serial number 91 Make	
	Receiver serial number 10.1 Make	
	D. CIRCUMSTANCES (Indicate with an X)	
	Lost 2 Stolen 5 Found (mariner in which the firesim was found) 3.1 Selzed 3.2 Abandoned	
	Description of incident	<u>∞4</u>
1	1	
1		

	SAPS 521
	Complete only in the case of found firearm(s)
- 4	
5.1	Location: Where filearm: was, found:
	IS A CASE OF NEGLIGENCE OPENED FOR THE LOSS OR THEFT OF THE FIREARM? (Indicate with an X)
	YES NO If yes; submit the following details
.1	Police station 5:2 CAS/Case number
	Date on which loss/theft was discovered
	Notification time 9 Notification date
_	
0	DECLARATION OF REPORTING PERSON
	Any holder of a licence, permit or authorization to possess a firearm, and any other person who was in possession of or who had control of a firearm
	when it was lost, stolen or destroyed and who fails to report the loss, theft or destruction to the police station nearest to the place where it occurred, within 24 hours after having become aware of the loss, theft or destruction of the firearm, is guilty of an offence.
1	12
1	
	Signature of reporting person Name of reporting person in block letters
3	Identity number/Pessport
	number of reporting person
4	Persal number of reporting person in case of police official
5	
,	If you are not the holder of the acence, permit or authorization, in what manner are you related to the holder? (e.g. neighbour, friend, spouse etc)

777 5077 5077 5077 5077 5077 5077 5077			SAPS 5
E PARTICULARS OF	POLICE OFFICIAL WHO	CO	MPLETES THE NOTIFICATION
	· _	2	Date
Name of police official in block letters			
		4	Place
Rank of police official in block letters	_		
		6	
Signature of police official	****		Persal number of police official
F. PARTICUL	ARS OF POLICE OFFICIA	AL V	VHO CIRCULATES THE FIREARM
	ON THE FIREARMS G	ONT	ROL SYSTEM
	7	2	Date
Name of police official in block letters	-		
		4	Place
Rank of police official in block letters		4	Place
Rank of police official in block letters		4	Place

SAPS 521(g)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF INCORRECT INFORMATION

	OFFICIAL DATE STAMP	A. FOR OFFICIAL WHERE THE				~~~~		
		¹ Notification reference No					T	
			<u> </u>			•		
	DATE RECEIVED							
	B. FOR OFFICIAL USE BY THE	POLICE STATION WHERE T	HE NO	TIFICATIO	ON IS REC	EIVED	ı	
1	Province							
2	Area			•••••			. 	
3	Police station			•••••	•••••			
5	Component code						- 1	
•	General Treams transactions register number							
	c PARTICULARS OF THE HOLDER (OF THE LICENCE, PERMIT, O	ERTIF	ICATE OF	AUTHOR	IZATK)N	
	NATURAL PERSON'S DETAILS							
	Type of identification (Indicate with an X)							
.1	SA ID Passport number	Non-SA citize	en with p	ermanent re	sidence"			
	identity number				-			-
	Passport number						_	
	Surname			6	Initials			
	Full names							
	Residential address			9 ~	stal Code		.	 i
,	Postal address			P.0	SIEN CODE			
				11 p	ostal Code		$\neg \vdash$	\top
2	Business telephone number ()	12.2 Work	()		LL		
3	Celiphone number	14 Fax	()				
,	E-mail address							

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

Page 1 of 4

SAPS 521(g) 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 25.2 Fax 25.1 Work 25 Business felephone number 26 E-mail address 27 RESPONSIBLE PERSON'S DETAILS 28 Responsible person (full names and surname) 29 Type of identification (ladicate with an X) SAID Passport number 3() identity number of responsible person 31 Passport number of responsible person 32 Celiphone number 33 Physical address 34 Postal Code 35 Postal address 36 Postal Code DETAILS OF INCORRECT LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION Date licence, permit, certificate or authorization was issued Licence, permit, certificate or authorization type Licence, permit, certificate or authorization number OTHER INFORMATION 2.1 2.2 Description of incorrect information Description of correct information 3 Incorrect firearm particulars Correct firearm particulars 4.1 Type Type 3.2 42 Callbre Catibre 4.3 Make 3.3 Make 3.4 4 4 Model Model

SAPS 521(g)

	Firearm component type:	Firearm component type:
3.5	Barrel serial number	4.5 Barrel serial number
3.6	Make	46 Make
3.7	Frame serial number	4.7 Frame serial number
8.5	Маке	^{4.8} Make
9,5	Receiver serial number	4.9 Receiver serial number
3.10	Make	310 Make
5	DECLARATION OF REPORTING PERSON	
	I am aware that it is an offence in terms of the Firearms Control Act, 2000	0 (Act No 60 of 2000), to make a false statement in this notification.
		REPORTING PERSON Hydrapplicable)
		Date
	Name of reporting person in block letters	
	Signature of reporting person	4 Place
	F. This section must be completed only	If the reporting person cannot read or write
	² Fingerprint designation	3 Date
	designation	4
		Name of reporting person in block letters
		5
	Right index fingerprint of reporting person	Place
	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION	ON
1		5.2
1	Name of police official in block letters	Persal number of police official
3 [6.4
Į	Rank of police official in block letters	Signature of police official
1		
ı	PARTICULARS OF WITNESS	
• [7.2
i	Name of witness in block letters	Persal number of witness
' [7.4
i	Rank of witness in block letters	Signature of witness
	G. PARTICULARS ((This section must be completed <u>only</u> if the reporting person can	OF INTERPRETER inot read or write or does not understand the contents of this form.)
	Name and surname of interpreter	
	Identity/Passport number of interpreter	
	Residential address	
ľ	1	⁴ Postal Code

2

			SAPS 521(g)
5	Postal address		
			⁶ Postal Code
7	Telephone number 7.1 Home ()		7.2 Work ()
8	Celiphone number		⁹ Fax ()
10	E-mail address		
11	interpreted from (language)		to
		12	Date
13		14	Place
	Signature of interpreter		
15		16	
	Rank of police official in block letters (if applicable)		Persal number of police official (if applicable)
	H. PARTICULARS OF DESIGNATED FIREARMS	OF	FIGER/STATION COMMISSIONER
1		2	Date
	Name of Designated Firearms Officer/Station Commissioner in block letters		
3	,	4	Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters		
5		6	
	Signature of Designated Firearms Officer/Station Commissioner		Persal number of Designated Firearms Officer/Station Commissioner

SAPS 521(h)



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 I	DATE S	TAM	P			Α.										LICE STATION CAPTURED					
							1 Notif	icatio	en refi	ereni	e No		Г	Π		Π	Π	T	T			
			B. FOR OFFICIAL USE BY POLICE STATION WHERE THE NOTIFICATION IS RECEIVED																			
							¹ Prov	ince														
							3 Polic	ce st	ation			•••••										
	DATE R	ECEIV	ED				4 Con	par	ent co	de												
							5 Gene regis	eral f der n	irearn umbe	n tran	sacti	ons										
C.		F	OR	OFF	ICIAL	USE	BY THE	CE	VTR/	AL. F	IRE	ARM	S RI	GIS	TER	(CFF	?)					
¹ Outstandin	g/Addition	**********	********		**********	***************************************																
															•••••							
					100	·		\$20000E							,			,	Ecceptions	×>>>>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				•		² Persi	al number				<u> </u>		-	<u></u>	L	-	L.,	<u> </u>	3	Date		
																}			-			
	4 Sic	nature	of po	lice of	fficial		•••				L			⁵ Nan	ne in l	block	etter	•				
⁶ Was the fir						?				ΥI	ES			I Val		O	Citcit		(Ind	icate w	rith an	X)
⁷ Result			********		,									J				3	1			
	$\perp \downarrow$			-		8 Persa	il number						-	<u>L</u> .				<u> </u>	9 [Dale		
	¹⁰ Signatu	o of po	line e	fficial	•••••								11	Nam	o in h	look k	ttore					
¹² Deactivation								Т						140111	CHID	IOCK R	- CIEIS					
		******			******							•••••	•••••	•••••		•••••	••		••••			
	TTT		Т	-		¹³ Pers	al numbe	r	С				-	Γ		-			14	Date		
	•	·*·						4									_					
		•••••					<u>L</u>															
18	15 Signatur	e of CF	R off	icer			¹⁶ O		r code					¹⁷ Na	me in	block	lette	rs				
* Deactivati	on refused	(Indicate	e with	an X)				8	'- R	easi	m(s)	for re	fusa									
					•••••	•••••		···	•••••		•••••	••••••					•••••				•••••	
	•••••••					•••••	•••••	••••			•••••		•••••	•••••	•••••	• • • • • • • • • • • • • • • • • • • •		•••••	•••••			
	П		Т	- [²⁰ Pers	al number						-						21	Date		
	<u> </u>							1										·				
							\square	L														
	²² Signatur	e of CF	R off	icer			²³ O	fficer	code	•			2	4 Nar	ne in	block	letter	s				

	SAPS 521(h)
	D. PARTICULARS OF THE HOLDER OF THE LICENCE
1	NATURAL PERSON'S DETAILS
2	SÁ ID Passport
3	identity number of natural person
4	Passport number of natural person
5	Sumarre 6 initials
7	Residential address
	* Postal Code
9	Postal address
	10 Postal Code
11	Talaphone number 11,1 Home () 11,2 Work ()
11.3	Celliphone number 12 Fax ()
13	E-mail address
14	JURISTIC PERSON'S DETAILS
15	OTHER BODIES
16	Registered company harne
17	Trading as name
18	FAR number
19	Postal address .
	²⁶ Postal Code
21	Business address
	22 Rostal 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 (todicate with an X) SA ID Passport number
28	Identity number of responsible person
29	Passport number of responsible person
30	Gellphone number
31	Physical address
	³² Postai Code
33	Postal address
	⁸⁴ Postal Code

		SAPS 52	21 (h)
	E	PARTICULARS OF FIREARM	
1	Eleence number		
2	TYPE OF FIREARM (indicate with an X)		
3	Rifle Other specify	Shotgun Handgun	
4	Calibre Make		
6	Model		
7	Firearm component type: Barrel serial number	7.1 Make	
9	Frame serial number Receiver serial number	9.1 Make 9.1 Make	
10	GUNSMITH'S DETAILS		
11	Gunamith's trading as name		
12	FAR number Reason for deactivation	13 Licence number of gunsmilh	-
		· · · · · · · · · · · · · · · · · · ·	
15	Name of gunsmith in block letters	16 Date	
17		18 Place	
19	Signature of gunsmith	THE LOCK OF	
	DECLARATION BY THE HOLDER OF THE	E LICENCE	

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(h)
20	PARTICULARS OF THE HOLDER OF THE LICENCE		
2 ·1	Name of the holder of the licence in block letters	22	Date
24	Signature of the holder of the licence	25	Place
	F. (This section must be completed only if the su	rrei	idering person carnot read or write.)
1		3	Date
	2 Fingerprint designation		
		4	Name of surrendering person in block letters
		5	Place
	Right index fingerprint of surrendering person		
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION		
6.1		6.2	
6.3	Name of police official in block letters	6.4	Persal number of police official
	Rank of police official in block letters		Signature of police official
7	PARTICULARS OF WITNESS		
7.1		7.2	
7.3	Name of witness in block letters	7.4	Persal number of witness
	Rank of witness in block letters		Signature of witness
	G. PARTICULARS OF If (This section must be completed only if the surrendering person cannot		
1	Name and surname of interpreter		
2	Identity/Passport number of interpreter		
3	Residential address		
5	Posial address		* Postal Code
			⁶ Postal Code
7 8	Telephone number 7.1 Home ()		7.2 Work () 9 Fax ()
10	Celiphone number E-mail address		** Fax ()
11	Interpreted from (language)		to
		12	Date
13		14	Place
	Signature of interpreter		
15	Rank of police official in block letters (if applicable)	16	Persal number of police official (if applicable)

SAPS 521(h)

Motivation regarding the notification	
moneyer redstand, the naticalies	
	· · · · · · · · · · · · · · · · · · ·
	4 Date
ame of Designated Firearms Officer/Station Commissioner in block letters	
- C - C - C - C - C - C - C - C - C - C	6 Place
ank of Designated Firearms Officer/Station Commissioner in block letters	

SAPS 522



SOUTH AFRICAN POLICE SERVICE

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

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

E. TYPE OF APP	LICATION	TO BE CANCELLED (Indicate with an X)
Competency certificates	4.3	Application for accreditation as an official institution
Application for a competency certificate	5	Permits
Application for a further competency certificate	5.1	Application for a permit to collect ammunition in a private collection
Licences	5.2	Application for a permit to collect anniunifion in a public collection
Application for a licence to possess a firearm	5.3	Application for multiple import or export permit
Application for a licence to deal in firearms and/or ammunition	5.4	Application for permanent import or export permit
Application for a licence to manufacture firearms and/or ammunition	5.5	Application for a temporary import or export permit
Application for a license to conduct business as a gunsmith	5.6	Application for an in-transit permit
Temporary authorizations	5.7	Application for permit to transport firearms and ammunition
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
Application for a temporary authorization to trade in firearms and emmunition	7	Application for the renewal of a licence, permit or authorization
Application for a temporary authorization to conduct business as a gunsmith	8	Application to declare premises a firearm-free zone
Application for a temporary authorization to display firearms and ammunition	9	Application to manufacture a new firearm or ammunition type
Accreditations	10	Application for compensation
Application for accreditation as an association	11	Application for authorization to possess more than 2 400 primers
Application for accreditation for business purposes	12	Other (specify)