

SAPS 522

C. PARTICULARS OF THE APPLICANT

NATURAL PERSON'S DETAILS

Type of identification (Indicate with an X)

[illegible]

JURISTIC PERSON'S DETAILS

OTHER BODIES

17	Registered company name													
18	Trading as name													
19	FAR number													
20	Postal address													
										21 Postal Code				
22	Business address													
										23 Postal Code				
24	Business telephone number	24.1 Work	()	24.2 Fax	()									
25	E-mail address													

RESPONSIBLE PERSON'S DETAILS

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

DECLARATION OF REPORTING PERSON

E.	SIGNATURE OF REPORTING PERSON (Sign only if applicable)
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F. (This section must be completed only if the reporting person cannot read or write)

PARTICULARS OF POLICE OFFICIAL DEALING WITH THE CANCELLATION

PARTICULARS OF WITNESS

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G. 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																			
2	Identity/Passport number of interpreter																			
3	Residential address																			
			4 Code																	
5	Postal address																			
			5 Code																	
7	Telephone number	7.1 Home	()	7.2 Work	()															
8	Cellphone number				9 Fax	()														
10	E-mail address																			
11	Interpreted from (language)					To														

12	Date					-				-				
----	------	--	--	--	--	---	--	--	--	---	--	--	--	--

13
Signature of interpreter

14	Place										
----	-------	--	--	--	--	--	--	--	--	--	--

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

16								-		
----	--	--	--	--	--	--	--	---	--	--

Persal number of police official (if applicable)

H. 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

SURRENDERING OF FIREARM ITEM(S)

Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE SURRENDER FORM IS CAPTURED											
¹ Transaction reference No											

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE FIREARM ITEM(S), LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION IS SURRENDERED											
1	Province										
2	Area										
3	Police station										
4	Component code										
5	SAPS 13 reference number										
6	General firearm transactions register number										

C. PARTICULARS OF SURRENDERING PERSON											
--	--	--	--	--	--	--	--	--	--	--	--

1 NATURAL PERSON'S DETAILS												
2	SA ID		Passport									
3	Identity number of natural person											
4	Passport number of natural person											
5	Surname								⁶ Initials			
7	Residential address											
									⁸ Postal Code			
9	Postal address											
									¹⁰ Postal Code			
11	Telephone number		^{11.1} Home ()		^{11.2} Work ()							
11.3	Cellphone number				¹² Fax ()							
13	E-mail address											

14 JURISTIC PERSON'S DETAILS											
-------------------------------------	--	--	--	--	--	--	--	--	--	--	--

15 OTHER BODIES											
------------------------	--	--	--	--	--	--	--	--	--	--	--

16	Registered company name										
17	Trading as name										
18	FAR number										

SAPS 522(a)

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

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					

If the firearm item is not being surrendered by the holder of the licence, permit, certificate or authorization, describe the relationship of the surrendering person with the holder of the licence, permit, certificate or authorization

TYPE OF SURRENDER (Indicate with an X)

37 Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item

Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS

Date					-				-	
------	--	--	--	--	---	--	--	--	---	--

39

Reason(s) for surrendering of firearm licence, permit, certificate, authorization or item(s)

D. DETAILS OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION THAT IS TO BE SURRENDERED

	(1)	(2)	(3)	(4)
1 Type of licence				
2 Licence number				
3 Date issued				
4 Expiry date				

E. DETAILS OF FIREARM ITEM THAT IS TO BE SURRENDERED
DETAILS OF FIREARM

	(1)	(2)	(3)	(4)
1 Type				
2 Calibre				
3 Make				
4 Model				
Firearm component type:				
5 Barrel serial number				
6 Frame serial number				
7 Receiver serial number				

DETAILS OF PARTS

	(1)	(2)	(3)	(4)
9 Description of part				
10 Associated firearm make				
11 Associated firearm model				

DETAILS OF AMMUNITION

	(1)	(2)	(3)	(4)
13 Calibre				
14 Quantity				

F. SIGNATURE OF PERSON SURRENDERING THE ITEM(S) (Sign only if applicable)

1	Name of person surrendering in block letters		2	Date									
3	Signature of person surrendering		4	Place									

DECLARATION OF PERSON SURRENDERING THE ITEM(S)

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 surrendering form.

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G. (This section must be completed only if the person surrendering the item(s) cannot read or write)

1		2		3	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"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Fingerprint designation		4		
					Name of person surrendering block letters	
				5	Place	

Right index fingerprint of person surrendering

6 PARTICULARS OF POLICE OFFICIAL DEALING WITH THE SURRENDERING

6.1		6.2	<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"/>
	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

7 PARTICULARS OF WITNESS

7.1		7.2	<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"/>
	Name of witness in block letters		Persal number of witness
7.3		7.4	
	Rank of witness in block letters		Signature of witness

H. PARTICULARS OF INTERPRETER
(This section must be completed only if the person surrendering the item(s) cannot read or write or does not understand the content of this form.)

1					
	Name and surname of interpreter				
2					
	Identity/Passport number of interpreter				
3					
	Residential address				
	Postal Code				
5					
	Postal address				
	Postal Code				
7	Telephone number	7.1 Home	()	7.2 Work	()
8	Cellphone number				
		Fax ()			
10					
	E-mail address				
11			to		
	Interpreted from (language)				
	Date				
13					
	Signature of interpreter				
15					
	Rank of police official in block letters (if applicable)				
	Date				
16					
	Persal number of police official (if applicable)				

E **FOR OFFICIAL USE BY THE POLICE STATION**
PARTICULARS OF POLICE OFFICIAL WHO RECEIVED THE FIREARM LICENCE,
PERMIT, CERTIFICATE, AUTHORIZATION OR ITEM(S)

2	Date						-			-		
---	------	--	--	--	--	--	---	--	--	---	--	--

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

6

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

Persal number of police official

SAPS 522(b)



SOUTH AFRICAN POLICE SERVICE

FORFEITURE OF FIREARM ITEM(S)

Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP					
DATE RECEIVED					

A.	FOR OFFICIAL USE BY THE POLICE STATION WHERE THE FIREARM ITEM IS KEPT							
Province								
Area								
Police station								
Component code								
Property (SAPS 10) register reference number								

B.	PARTICULARS OF THE HOLDER OF LICENCE, PERMIT OR AUTHORIZATION														
NATURAL PERSON'S DETAILS															
SA ID		Passport													
Identify number of natural person						-				-			-		
Passport number of natural person															
Surname										Initials					
Residential address															
										Postal Code					
Postal address											Postal Code				
Telephone number		Home	()	Work		()									
Cellphone number						Fax	()								
E-mail address															
JURISTIC PERSON'S DETAILS															
OTHER BODIES															
Registered company name															
Trading as name															
EPR number															
Postal address											Postal Code				
Business address											Postal Code				
Business telephone number		Work	()	Fax		()									
E-mail address															

25 RESPONSIBLE PERSON'S DETAILS

25	Responsible person (full name and surname)																
27	Type of identification (indicate with an X)	SA ID											Passport number				
23	Identity number of responsible person																
23	Passport number of responsible person																
30	Cellphone number																
31	Physical address																
													Postal Code				
33	Postal address																
													Postal Code				

C. DETAILS OF THE FIREARM ITEM(S) FORFEITED

1 DETAILS OF FIREARM

	(1)	(2)	(3)	(4)
2 Type				
3 Calibre				
4 Make				
5 Model				
Firearm component type:				
6 Barrel serial number				
6.1 Make				
7 Frame serial number				
7.1 Make				
8 Receiver serial number				
8.1 Make				

9 DETAILS OF PARTS

	(1)	(2)	(3)	(4)
10 Description of part				
11 Associated firearm make				
12 Associated firearm model				

13 DETAILS OF AMMUNITION

	(1)	(2)	(3)	(4)
14 Calibre				
15 Quantity				

16 Reason(s) for forfeiture

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[illegible]

18	Forfeiture date	Date				-		-	
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D.	FOR OFFICIAL USE BY THE POLICE STATION
----	--

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



SOUTH AFRICAN POLICE SERVICE

ACKNOWLEDGEMENT OF RECEIPT OF FIREARM DOCUMENTATION

A. PARTICULARS OF POLICE STATION

1	Police station where documentation was received																			
2	Telephone number	()					3	Fax	()											
4	Reference No																			

B. TYPE OF ACKNOWLEDGEMENT OF RECEIPT OF FIREARM DOCUMENTATION

1	Type of firearm documentation received															

C. PARTICULARS OF THE PERSON FROM WHOM THE FIREARM DOCUMENTATION IS RECEIVED
(Fill in if applicable)

1	NATURAL PERSON'S DETAILS																				
2	Identity number																				
3	Passport number																				
4	Surname											5	Initials								

6	JURISTIC PERSON'S DETAILS																			
7	Registered company name																			
8	Trading as name																			
9	FAR number																			

10	RESPONSIBLE PERSON'S DETAILS																			
11	Responsible person (full names and surname)																			
12	Type of identification (Indicate with an X)	SA ID						Passport number												
13	Identity number of responsible person																			
14	Passport number of responsible person																			

15	GOVERNMENT INSTITUTION'S DETAILS																			
16	Institution name																			
17	Institution FAR number																			

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18 RESPONSIBLE PERSON'S DETAILS

19	Responsible person (full name and surname)															
20	Type of identification (indicate with an X)															
21	SA ID															
22	Passport number															
21	Identify number of responsible person															
22	Passport number of responsible person															

D. PARTICULARS OF DESIGNATED FIREARMS OFFICER

1	Name of Designated Firearms Officer in block letters															
2	Rank of Designated Firearms Officer in block letters															
3	Persal number of Designated Firearms Officer															
4	Signature of Designated Firearms Officer															
5	OFFICIAL DATE STAMP															



SOUTH AFRICAN POLICE SERVICE

REMITTANCE ADVICE FOR FIREARM APPLICATIONS

A. PARTICULARS OF POLICE STATION	
1	Police station where application was captured
2	Telephone number () ¹ Fax ()
4	Reference number of register
B. TYPE OF APPLICATION RECEIVED	
1	Type of application
C. PARTICULARS OF APPLICANT (Complete if applicable)	
1	NATURAL PERSON'S DETAILS
2	Identity number
3	Passport number
4	Surname Initials
6	JURISTIC PERSON'S DETAILS
7	Registered company name
8	Trading as name
9	FAR number
10	RESPONSIBLE PERSON'S DETAILS
11	Responsible person (full names and surname)
12	Type of identification (indicate with an X) SA ID Passport number
13	Identity number of responsible person
14	Passport number of responsible person

D.	PAYMENT DETAILS	
----	-----------------	--

[illegible]

E.	PARTICULARS OF DESIGNATED FIREARMS OFFICER
----	--

<p>1</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Name of Designated Firearms Officer in block letters</p>	<p>2</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p>Rank of Designated Firearms Officer in block letters</p>	<p>5</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p style="text-align: center;">OFFICIAL DATE STAMP</p>
<p>3</p> <div style="border: 1px solid black; display: flex; justify-content: space-between; align-items: center; padding: 2px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>Personal number of Designated Firearms Officer</p>	<p>4</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Signature of Designated Firearms Officer</p>	

NOTICE OF APPEAL

Section 133 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP

DATE RECEIVED

FOR OFFICIAL USE BY THE APPEAL BOARD											
<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;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> ² Date </div>	
<div style="display: flex; justify-content: space-between;"> ³ Signature of the Secretary: Appeal Board <div style="border: 1px solid black; width: 150px; height: 30px;"></div> </div>										<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> ⁴ Name in block letters </div>	
<div style="display: flex; justify-content: space-between;"> ⁵ Appeal upheld (indicate with an X) <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>										<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> ⁶ Conditions </div>	
										<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> ⁷ Date </div>	
<div style="display: flex; justify-content: space-between;"> ⁸ Signature of the Chairperson: Appeal Board <div style="border: 1px solid black; width: 150px; height: 30px;"></div> </div>										<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> ⁹ Name in block letters </div>	
<div style="display: flex; justify-content: space-between;"> ¹⁰ Appeal not upheld (indicate with an X) <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>										<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> ¹¹ Comments </div>	
										<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> ¹² Date </div>	
<div style="display: flex; justify-content: space-between;"> ¹³ Signature of the Chairperson: Appeal Board <div style="border: 1px solid black; width: 150px; height: 30px;"></div> </div>										<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 100%; height: 20px;"></div> ¹⁴ Name in block letters </div>	

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	B. PARTICULARS OF APPLICANT
--	------------------------------------

	NATURAL PERSON'S DETAILS
--	---------------------------------

	SA ID		Passport	
	Identity number			
	Passport number			
	Surname			Initials
	Residential address			
				Postal Code
	Postal address			
				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			
				Postal Code
	Business address			
				Postal Code
	Business telephone number	22.1 Work	()	22.2 Fax ()
	E-mail address			

	RESPONSIBLE PERSON'S DETAILS
--	-------------------------------------

	Responsible person (full names and surname)			
	Type of identification (indicate with an X)	SA ID		Passport number
	Identity number of responsible person			
	Passport number of responsible person			
	Cellphone number			
	Physical address			
				Postal Code
	Postal address			
				Postal Code

	REPRESENTATIVE'S DETAILS
--	---------------------------------

	Full name and surname			
	Type of identification (indicate with an X)	SA ID		Passport number

[illegible]

C. TYPE OF APPEAL (Indicate with an X)

1	Refusal of a licence, permit, certificate or authorization
2	An administrative decision
3	Declaration of unfitness
4	Cancellation of a licence, permit, certificate or authorization

5	Reference number(s)
6	Licence, permit, certificate or authorization application number(s)
7	Licence, permit, certificate or authorization number(s)

[illegible]

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D. FIREARM DETAILS
(Complete only if the appeal involve a firearm)

	(1)	(2)	(3)	(4)
1 Type				
2 Calibre				
3 Make				
4 Model				

Firearm component type:

5 Barrel serial number				
6 Frame serial number				
7 Receiver serial number				

E. DETAILS OF THE CURRENT OWNER OF THE FIREARM

1 SA ID		Passport	
2 Identity number			
3 Passport number			
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			

DECLARATION BY APPLICANT/AUTHORIZED PERSON/REPRESENTATIVE

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 notice.

F. SIGNATURE OF APPLICANT (Sign only if applicable)

1		2 Date	
	Name of applicant in block letters		
3		4 Place	
	Signature of applicant		

G. SIGNATURE OF AUTHORIZED PERSON/REPRESENTATIVE

1	Name and surname of authorized person/representative		
2	Designation		3 Date
4	Signature of authorized person/representative		
		5 Place	

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H.		(This section must only be completed if the applicant cannot read or write)															
1		2	Fingerprint designation <div style="border: 1px solid black; height: 50px; margin-top: 10px;"></div>	3	Date					-				-			
				4													
					Name of applicant in block letters												
				5	Place												

Right index fingerprint of applicant

PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTICE

<p>6.1</p> <div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <p>Name of police official in block letters</p> <p>6.3</p> <div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <p>Rank of police official in block letters</p> <p>7</p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">PARTICULARS OF WITNESS</div> <p>7.1</p> <div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <p>Name of witness in block letters</p> <p>7.3</p> <div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <p>Rank of witness in block letters</p>	<p>6.2</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;">-</td> <td style="width: 12.5%;"> </td> </tr> </table> <p>Persal number of police official</p> <p>6.4</p> <hr style="border-top: 1px dotted black;"/> <p>Signature of police official</p> <p>7.2</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;"> </td> <td style="width: 12.5%;">-</td> <td style="width: 12.5%;"> </td> </tr> </table> <p>Persal number of witness</p> <p>7.4</p> <hr style="border-top: 1px dotted black;"/> <p>Signature of witness</p>											-												-	
										-															
										-															

PARTICULARS OF INTERPRETER

(This section must only be completed if the applicant cannot read or write, or does not understand the content of this form.)

1	Name and surname of interpreter																									
2	Identity/Passport number of interpreter																									
3	Residential address																									
4																										
5	Postal address																									
6																										
7	Telephone number		7.1 Home		()		7.2 Work		()																	
8	Cellphone number												9 Fax		()											
10	E-mail address																									
11	Interpreted from (language)												to													
12	Date																									
13	Signature of interpreter																									
14	Place																									
15	Rank of police official in block letters (if applicable)																									
16	Personal number of police official (if applicable)																									

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SOUTH AFRICAN POLICE SERVICE

REQUEST TO ALTER FIREARM BY A GUNSMITH

Section 59 of the Firearms Control Act, 2000 (Act No 60 of 2000)

<p style="text-align: center; margin: 0;">OFFICIAL DATE STAMP</p> <p style="text-align: center; margin: 0;">DATE RECEIVED</p>	<p style="text-align: center; margin: 0;">A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE REQUEST IS CAPTURED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;"> ¹ Request 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> </tr> </table>	¹ Request reference No											
¹ Request reference No													

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED											
Province											
Area											
Police station											
Component code											
General firearm transactions register No											

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

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E. PARTICULARS OF THE REQUESTER	
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NATURAL PERSON'S DETAILS

SA ID		Passport								
Identity number										
Passport number										
Surname										
Residential address										
Postal address										
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					
Business address																	
												22 Postal Code					
Business telephone number	21.1 Work	()					23.2 Fax	()									
E-mail address																	

RESPONSIBLE PERSON'S DETAILS

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

F. PARTICULARS OF GUNSMITH

Gunsmith's name	
Gunsmith's FAR number	

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3	Postal address										
		4 Postal Code									
5	Business address										
		6 Postal Code									
7	Business telephone number	7.1 Work	()	7.2 Fax	()						
8	E-mail address										



DECLARATION BY REQUESTER

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 request form.

G. SIGNATURE OF REQUESTER/GUNSMITH (Sign only if applicable)

1											2	Date					-			-		
	Name of requester in block letters																					
3	Signature of requester										4	Place										
5	DETAILS OF GUNSMITH																					
6											7	Date					-			-		
	Name of gunsmith in block letters																					
8	Signature of gunsmith										9	Place										

H. (This section must be completed only if the requester cannot read or write.)

1											2	Fingerprint designation											3	Date					-			-		
												Name of requester in block letters																						
	Right index fingerprint of the requester																					5	Place											

PARTICULARS OF POLICE OFFICIAL DEALING WITH REQUEST

6.1											6.2										
	Name of police official in block letters											Persal number of police official									
6.3											6.4	Signature of police official									
	Rank of police official in block letters																				

PARTICULARS OF WITNESS

7.1											7.2										
	Name of witness in block letters											Persal number of witness									
7.3											7.4	Signature of witness									
	Rank of witness in block letters																				

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

1	Name and surname of interpreter																					
2	Identity/Passport number of interpreter																					

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3	Residential address				4	Postal Code	5	6	7	8
5	Postal address				6	Postal Code	7	8	9	10
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	Persal number of police official (if applicable)									

J. IN CASE OF NOMINEE/AUTHORISED PERSON

1	Name and surname of nominee/authorized person										
2	Identity/Passport number of nominee/authorized person	3	4	5	6	7	8	9	10	11	12
3	Date										
4	Signature of nominee/authorized person										
5	Place										

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

1	RECOMMENDATION REGARDING THE REQUEST										
2	Motivation	3	4	5	6	7	8	9	10	11	
3	Name of Designated Firearms Officer/Station Commissioner in block letters	4	Date								
5	Rank of Designated Firearms Officer/Station Commissioner in block letters	6	Place								
7	Signature of Designated Firearms Officer/Station Commissioner										
8	Persal number of Designated Firearms Officer/Station Commissioner										