	SAPS 522
	C. PARTICULARS OF THE APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
	Type of identification (include with all x)
2.1	SA ID Passport
3	Identity number
5	Passport number
7	Surname finitials
8	Full names
	Residential address 9 Postal Code
10	Postal addresse
	11 Postal Code
12	Business telephone number 12.1 Home () 12.4 Work ()
12.3	Calliphone number (13 Fax ()
14	E-mail address
15	JURISTIC PERSON'S DETAILS
16	OTHER BODIES
17	
18	Registered company name Trading as name
19	FAR number
20	Postal adgress
	²¹ Postal Code
22	Business address
	²³ Poetal Code
24	Business telephone number 24.1 Work () 24.2 Fax ()
25	E-mail address
26	RESPONSIBLE PERSON'S DETAILS
27	Responsible person (full names and surname)
28	Type of Identification (Indicate with an X) SA ID Passport number
29	identify number of responsible person
30	Passport number of responsible person
31	Celiphone number (if applicable)
32	Physical address Postal Code
34	E
	Business address 56 Postal Code

	D. PARTICULARS OF APPLICATION TO	BE CANCELLED	
	Type of licence, permit Li- certificate or authorization	cence, permit, certificat authorization number	e or Application reference number
	Reason why cancellation of application is requested		
		•••••	
		·····	
3	Date on which cancellation is requested		Date
	Police station that handled the original application		
5	Firearm applications register reference number	SAPS 86	
5	DECLARATION OF REPORTING PERSON		
	I am aware that it is an offence in terms of the Firearms Co	ntrol Act, 2000 (Act No	60 of 2000), to make a false statement in this cancellation.
	E. SIGNATURE	OF REPORTING	PERSON (Sign only if applicable)
		2	Date
	Name of reporting person in block letters		
3	Signature of reporting person	•	Flace
	F. (This section must be con	ncieted only if the repor	ting person cannot read or write)
	² Fingerprint designation	3	Date
	designation	4	
		5	Name of reporting person in block letters
		•	Riace
ì	Right index fingerprint of reporting person	····	····
	PARTICULARS OF POLICE OFFICIAL DEALING WITH	THE CANCELLATIO	<u>N</u> .
.1	Name of police official in block letters	6.2	Persal number of police official
.3	Name of police official in block letters	6.4	•
	Rank of police official in block letters		Signature of police official
	PARTICULARS OF WITNESS		
.1		7.2	
	Name of witness in block letters		Persal number of witness
3		7.4	<u></u>
	Rank of witness in block letters		Signature of witness

SAPS 522 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.) Name and sumeme of interpreter Identity/Passport number of interpreter Residential address ⁴ Code Postal address ⁶ Code 7.1 Home 7.2 Work Telephone number) 9 Fax Cellphone number 10 E-mail address interpreted from (language) To Date 13 Place Signature of interpreter 15 16 Rank of police official in block letters (If applicable) Persal number of police official (if applicable) H. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER Date Name of Designated Firearms Officer/Station Commissioner in block letters 3 Place Rank of Designated Firearms Officer/Station Commissioner in block letters Signature of Designated Firearms Officer/Station Commissioner 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	4.		RE THE					ICE STA			
	DATE RECEIVED											
	B. FOR OFFICIAL USE BY PO PERMIT, CERTIF								CENCE	ı		
1	Province										 	
2	Area		• • • • • • • • • • • • • • • • • • • •						**********		 	
3	Police station										 	
4	Component code										 ,	
5	SAPS 13 reference number		ļ	ļ	_			<u> </u>		\perp	 	
6	General firearm transactions register number			<u></u>							 L	
	c. PARTIC	CULARS OF	SURREN	DERIN	3 PEF	SON						
1	NATURAL PERSON'S DETAILS											
2	SA ID Passport											
3	Identity number of natural person				-	T			T-		-	
4	Passport number of natural person											
5	Surname							6 In	itials			
7	Residential address						1800		····		 -	
ĺ							E	Posta	Code			
9	Postal address						1888				 	
								° Post	al Code			
11	Telephone number 11.1 Home ()			Work	()				 	
11.3	Geliphone number			12	Fax	()				 	-
13	£-mail address										 	i
14	JURISTIC PERSON'S DETAILS											
15	OTHER BODIES										 	
16	Registered company name											
17	Trading as name										 	

19	Postal address
	²⁰ Postal Code
21	Business address
23	²² Postal Code
24	Business telephone number 23.1 Work () 23.2 Fax ()
	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	Celliptrone number
31	Physical address
33	32 Postal Code
	Postal address M Postal Code
	Fostal Code
35	If the finarm item is not being surrendered by the holder of the licence, permit, settificate or authorization, describe the relationship of the surrendering person with the holder of the licence; permit, certificate or authorization
36	TYPE OF SURRENDER (Indicate with an X)
37	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm liters
38	Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS
35)	
	Reason(s) for surrendering of threarm licence, permit, certificate, authorization or item(s)
ı	

	D. DETAILS OF LICE	NGE, PERMIT, GERTIFIC	ATE OR AUTHORIZATI	ON THAT IS TO BE SI	JRRENDERED
		(1)	(2)	(3)	(4)
1	Type of licence				
2	Licence number				
3	Date issued				
4	Expiry date			<u> </u>	
	E.	DETAILS OF FIREARN	NITEM THAT IS TO BE	SURRENDERED	
			ETAILS OF FIREARM		
		(1)	(2)	(3)	(4)
1	Type			***************************************	
3	Calibre				
4	Make				
•	Model				<u></u>
5	Firearm component type:				
6	Barrel serial number				
7	Frame serial number				
	Receiver serial number				
8	DETAILS OF PARTS].			
9	A	(1)	(2)	(3)	(4)
10	Description of part				
11	Associated firearm make				
	Associated firearm model				
12	DETAILS OF AMMUNITION]	(8)		
13	Calibre	[(1)	(2)	(3)	(4)
14	Quentity				•••••
		<u> </u>	<u>.</u>		
	r. SIGN	IATURE OF PERSON SUI	RRENDERING THE ITEM	A(S) (Sign only (Capplicable)	
1			2		
	Name of person surrendering in blo	ick letters	Date		
3			4		
	Signature of person surrendering	••••••	Place		
5	DECLARATION OF PERSON SI	IDDENDEDING 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.

SAPS 522(a) G. (This section must be completed only if the person surrendering the item(s) cannot read or write) Date Fingerprint designation Name of person surrendering block letters Place Right index fingerprint of person surrendering PARTICULARS OF POLICE OFFICIAL DEALING WITH THE SURRENDERING Name of police official in block letters Persal number of police official 6.3 Signature of police official Rank of police official in block letters **PARTICULARS OF WITNESS** 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 PARTICULARS OF INTERPRETER (This section must be completed only if the person surrendering the item(s) cannot read of write or does not understand the content of this form.) Name and surname of interpreter identity/Passport number of interpreter Residential address * Postal Code £i Postal address ⁶ Postal Code 7.1 Hame 7.2 Work Telephone number 9 Fax Cellphone number 10 E-mail address interpreted from (language) Date 13 Place Signature of interpreter Rank of police official in block letters (if applicable) Persal number of police official (if applicable)

	E FOR OFFICIAL USE BY TH PARTICULARS OF POLICE OFFICIAL WHO PERMIT, CERTIFICATE, AUTH	RE	CEIVED THE FIREARM LICENCE
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

FORFEITURE OF FIREARM ITEM(S) Firearms Control Act, 2000 (Act No 60 of 2000)

																	
	OFFICIAL DATE STAMP		Α.		FOF	OFF WHE							STA KEP		N		
			1 Pro					.			•				•••••		
			² Are	a ice stati	rata			ļ	•••••		•••••	••		·····			
				rce stati iponent					•••••	•••••			•••••	•••••			
			⁶ Proj	erty (S	APS 1		ister		Τ	T	T						
	DATE RECEIVED		rere	rence f	umbe				1					!	<u> </u>	J	<u></u>
	B. PARTICULARS OF THE	HOI	LDER	UF LI	o = N	SE, P	EKM	1110	R AI	янс	IRIZ/	AHO	N				
	NATURAL PERSON'S DETAILS																
?	SA ID Passport			-													
,	Identity number of natural person	4			_			_					-				
i.	Passport number of natural person		}		1_						6						
	Sumame Residential address											Initials				l	L
						_					Post	al Coc	le				
	Postal address																
1				·		1					e Pos	atal Co	de				L
1.3	Telephone number 11.1 Home ()					Worl Fax		(`)							
3	E-mail address						Fax		-)							
4	JURISTIC PERSON'S DETAILS																
5	JUNIO TIC PERSON'S DETAILS																
	OTHER BODIES																
	Registered company name																
,	Trading as name	- -					-т	T									
·	FAR number Postal address	_L						1									
										²⁰ Pos	tal Co	ode	Т	\neg			
1	Business address								1000				L				
1				1000						²² Pos	tal Co	rde					
	Business telephone number 23.1 Work ()		2.	2	Fex		()								
	E-mail address																

25	RESPONSIBLE PERSON'S DE	TAILS															
25	Responsible person (full name ar	nd surname)								-							
27	Type of identification (indicate with			SA	10						Pa	aspo	t num	per			
23	identity number of responsible pe		T	Τ				-					T -			-	
23	Passport number of responsible	person															
30	Celiphone number																
31	Physical address									1000	**********			,			
											³² Pos	stal Co	ode				
33	Postal address									1888							T
											34 pos	stal C	ode				
	G.	DETAILS OF	THE FI	REAR	M ITE	M(S) FO	RFEI	TED								
1	DETAILS OF FIREARM]			(3)				,	3)					(4)		
2	Туре	(1)	T-		(2)	_				3)			<u> </u>		(4)		
3	Catibre							•••••	••••••	•••••					•		
4	Make																
5	Model																
	Firearm component type:																
6	Barrel serial number												ļ				
6.1	Make					•••••							ļ				
7 7.1	Frame serial number										•••••			•••••			
7.1 B	Make			•		•••••							ļ			•••••	
8.1	Receiver serial number			••••••	•••••							• • • • • • • • • • • • • • • • • • • •		•••••	•••••		
	Make						1						<u> </u>				
9	DETAILS OF PARTS	(1)		,	(2)				ď	3)					(4)		
10	Description of part		1							<u> </u>							
11	Associated firearm make																
12	Associated firearm model									-							
13	DETAILS OF AMMUNITION																
14		[(1)		(2	2)				(3	3)					(4)		
15	Cathre			•••••••						•••••					•••••	• • • • • • • • • • • • • • • • • • • •	
	Quantity													_			
16	Reason(s) for forfeiture				•••••												
								•••••		•••••						•	
										•••••		•••••				••••	
			•••••												•••••		
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Disposal Instruction															
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Forfeiture date					Dat						Т	T			
Torrendre date							L			L		<u> </u>			! <u>.</u>
D.	FO	R OFFICIAL	USE BY T	HE F	OLI	CE S	TAT	ON							
				_							T				
]		2	Dat	e			<u> </u>		-	<u> </u>		-	L
ame of police official in block i	etters														
				4	Pla	ce									
ank of police official in block le	itters	-						-							
				6					ļ			-			
gnature of police official		_				1	L		1	1	1	1	ł	1	



SOUTH AFRICAN POLICE SERVICE

ACKNOWLEDGEMENT OF RECEIPT OF FIREARM DOCUMENTATION

<u>A</u>		PAR	ricul	ARS O	F POL	JCE S	TATIO	N					
Police station where documentation w	as received												
Telephone number		()				3	Fax	()			
Reference No.				L						<u> </u>			
B. TYPE	OF ACKN	OWLE	DGEA	MENT C)F RE	CEIPT	OF FI	REARM	DOC	JMENT	ATION		
		3											
Type of firearm documentation receive	ed:	1			•••••							······	
				••••••						•••••			
	·	•••••	•••••		•••••				•••••		•••••	•••••	
c. PARTICULARS OF	THE PERS	ON FR	OM N	ном.	THE F	REAR	M DO	CUMEN	TATIC	N IS RI	ECEIVE	ED.	
			, r	fill in if ap	рисвоне	,							
NATURAL PERSON'S DETAILS													
Identity number							Τ.	П	\top				
Passport number	TT		\dashv	_	-	+	+-		+	++	-		
Surname		1			<u> </u>				5	Initials			
									1				
JURISTIC PERSON'S DETAILS													
Registered company name													
Trading as name													
FAR number													
RESPONSIBLE PERSON'S DETAIL													
RESPONSIBLE PERSON S DETAIL													
Responsible person (full names and s	umame)							1000	***************				
Type of identification (indicate with an X)			S	A ID	т-		_	Pa	assport n	umber	,	
identity number of responsible person	- 1 - 1 -	 		_	$\downarrow \downarrow$		 -	1-1-	_		-		-
Pessport number of responsible person	on												
GOVERNMENT INSTITUTION'S DE	TAILS												
institution name													

Responsible person (full names and surname)										
Type of identification (indicate with an X)			SAID				₽⊞	ssport nu	mber	
dentity number of responsible person				T	-			-		
Passport number of responsible person		TT								
D. PAR	FIGULARS C)F DESK	GNATE	FIREA	RMS		R			
D PAR	TIGULARS O	OF DESK	GNATE	FIREA	RMS	OFFICE 5	R			
Name of Designated Firearms Officer in block		esignated					R			



SOUTH AFRICAN POLICE SERVICE

REMITTANCE ADVICE FOR FIREARM APPLICATIONS

	A. PARTICULARS OF POLICE STATION
1	Police station where application was captured
2	Telephone number () 3 Fax ()
4	Reference number of register
	B. TYPE OF APPLICATION RECEIVED
1	Type of application
	C: PARTICULARS OF APPLICANT (Complets if applicable)
1	NATURAL PERSON'S DETAILS
2	identity number
3	Passport number
4	Surname * inflials
6	JURISTIC PERSON'S DETAILS
7	Registered company name
8	Trading as name
3	FAR number
10	RESPONSIBLE PERSON'S DETAILS
11	Responsible person (full names and surneme)
12	Type of identification (missale with an X) SA (D Passport number
3	Identify number of responsible person:
4	Paseport number of responsible person

			SAPS 523(a)
	D.	PAYMENT DETAILS	
	FCS application reference No		
	Amount to be paid R		
	E. PARTIC	CULARS OF DESIGNATED FIREARMS OF	FICER
1		2	5
•		L	
	Name of Designated Firearms Officer in block letters	Rank of Designated Firearms Officer in block letters	
			OFFICIAL DATE STAMP
3		4	
	Persal number of Designated Firearms Officer	Signature of Designated Firearms Officer	



SOUTH AFRICAN POLICE SERVICE

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

OFFICIAL DATE STAMP	
 DATE RECEIVED	

A. FOR OFFICIAL USE	BY	THE	APP	EAL	ВО	ARD							
Outstanding/Additional information required													
	•				•••••			•••••	,,		•••••	**********	•••••
			••••	•••••	•••••	•••••		•••••	•••••	•••••		*********	
		•••••	•••••	•••••	•••••	•••••		••••••			••••••	••••••	
	•••••	••••••	•••••	•••••	•••••			•••••	•••••	•••••	••••••		••••••
	<u> </u>	Τ	<u> </u>		Γ-	T	Т	١.	T^-	Т	² Dat		
	I		Ь			<u></u>	<u> </u>	L	<u></u>				
³ Signature of the Secretary: Appeal Board			L		in bio	ck let							
				ame	in Dic	CK (Et	ters						
Appeal upheld (with an X)	- C	ondit	ons										
		••••										•••••	
							•••••					•••••	
												·	
					-			-	Γ	T	7 Dat	e.	
												7	
⁸ Signature of the Chairperson: Appeal Board			9 N	lame	in blo	ck let	ters						
10 Appeal not upheld (indicate with an X)	11 C	omii	ents										
	********	·····		*****	····			******	····				
		•••••	••••••	•••••	•••••	•	•••••		•••••	•••••		******	
	•••••	•••••	•••••		•••••			•••••					
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												_	
42		إ											
¹³ Signature of the Chairperson: Appeal Board		14	Nam	e in t	lock	letters	\$						

	SAPS 530
	B. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	SAID Passport
3	Identity number
4	Passport number
5	Surname ⁵ Initiats
,	Residential address * Postal Code
9	Postal address
11	Telephone number
11.3	Telephone number
13	E-mail address
14	JURISTIC PERSON'S DETAILS
15	OTHER BODIES
16	Registered company name
17	Trading as name
18	FAR number
	Postal address 20 Postal Code
21	Business address
	²² Postal Code
23 24	Business telephone number 23 t Work () 13.2 Fax () E-mell address
2:5	RESPONSIBLE PERSON'S DETAILS
26	Responsible person (full names and surname)
27	Type of identification (Indicate with an X) SA ID Passport number
28 29	Identity number of responsible person - - -
30	Passport number of responsible person Celiphone number
31	Physical address
	32 Postal Code
3:3	Postal address
į	³⁴ Postal Code
3 5i	REPRESENTATIVE'S DETAILS
3€	Full name and surname
37	Type of identification (noticals with an X) SA ID Passport number

dentity number of rep			000000000000000000000000000000000000000	1 1	- 1		J	1 1	i	ı			SA
			1			+	1-	-	_		-		- -
assport number of re	presentative									<u></u>			
liphone number													
ysical address													
									42 Posta	l Cod	g .		
ostal address													т
								l	44 Post	ll Cod	ę		
-mail address													
3.			ТҮРІ	E OF APE	PEAL (Ir	dicate w	ilh an X)						
Refusal of a acence, p	ermit, certific	ate or author	ization		7								
n administrative deci	noie				7								
Declaration of unfitnes	us:				7								
Cancellation of a ticen	ce, permit, cr	ertificate or a	thorization										
													
Reference number(s)												••••	
Joence, permit, certifi				(\$)				•	•••••				•••••
icence, permit, certifi	cate or autho	rization numb	per(s)										
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		•••••	***************************************	•	•••••	•••••	•••••			:	•		
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								••••••	••••••				

					SAPS 530
	D.	(Compl	FIREARM DETAILS	am)	
		(1)	(2)	(3)	(4)
1	Туре				
2	Calibre				
3	Make				
4	Model				
	Firearm component type:				
5	Barrel serial number				
6	Frame serial number				
7	Receiver serial number		<u></u>		
	E.	DETAILS OF T	THE CURRENT OWNER C	F THE FIREARM	
1	SAID P	assport			
2	identity number	,		-	
3	Passport number				
4	Surname			5 Initials	
6	Residential address				
_				⁷ Postal Co	de
8	Postal address				
10		40.8	160	⁹ Postal Co	de
10.3	Telephone number	^{10 t} Home ()	10.2 W		
12	Celiphone number		11 Fa	()	
	E-mail address				
13	DECLARATION BY APPLIC	ANT/AUTHORIZED PERSON	/REPRESENTATIVE		
	I am aware that it is an offence	in terms of the Firearms Contro	ol Act, 2000 (Act No 60 of 2000), to make a false statement in	n this notice.
	F.	SIGNATURE C	OF APPLICANT (Sign only If a	pplicable)	
ı	'		2 Date		
	Name of applicant in block lette	rs		····	
3			4 Place		
	Signature of applicant				
	G.	SIGNATURE C	F AUTHORIZED PERSON	WREPRESENTATIVE	
	Name and surname of author	zed person/representativa			
:	Designation		3 Date	-	-
	Signature of authorized person/	representative	5 Place		

•		SAPS 53
H. (This section must only be completed if the app	olic	
² Fingerprint	3	Date
Fingerprint designation 4		
		Name of applicant in block letters
	5	Place
Right index fingerprint of applicant		
PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTICE		
6	5.2	
Name of police official in block letters		Persal number of police official
	5.4	
Rank of police official in block letters		Signature of police official
PARTICULARS OF WITNESS		
Name of witness in block letters	.2	Persal number of witness
	'.4	resamment withess
Rank of witness in block letters		Signature of witness
I. PARTICULARS OF IN	T	FRPRETER
(This section must only be completed if the applicant cannot read o		
Name and surname of interpreter		
Identify/Passport number of interpreter		
Residential address		⁴ Postal Code
Postal address		FISHII GULH
		⁶ Postal Code
Telephone number 7.1 Home ()		^{7,2} Wark ()
Cellphone number		g Fax ()
E-mail address Interpreted from (language)	_	1 10
	2	to
·	2	Date
•	4	Place
Signature of interpreter		
11		
Rank of police official in block letters (if applicable)	F	Persal number of police official (if applicable)



SOUTH AFRICAN POLICE SERVICE

REQUEST TO ALTER FIREARM BY A GUNSMITH Section 59 of the Firearms Control Act, 2000 (Act No 60 of 2000)

	A.			CIAL U								
	¹ Reques	st reference	No									
DATE RECEIVED	_]											
e. FOR OFFICIAL USE BY	POLICE STATE	ON WHE	DF T	up DP/	HIEG.	7 IO C	POD	WED.				
Province								***				
Area		••••••	•	••••••			•••••••	•••••			•••••	
Police station					••••••	.,		•••••	•••••			•••••
Component code												
General firearm transactions register No		<u> </u>			\bot			\perp				
c. FOR OFFICIAL I	USE BY THE C	ENTRAL	FIRE	ARMS	eEGIS	na:	(CER	1				
Outstanding/Additional information required							10000	4		<u> </u>		
3		J	•••••	•	•••••				·····		•••••	•••••
	***************************************	•••••		· · · · · · · · · · · · · · · · · · ·		•••••	,		,	••••		
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- *	Persal number		T	1 -			- 1	\neg		³ Da	ta	
											•	
		·										
4 Cinnelland of pains official				5								
Signature of police official				5	Name	in bloc	ck lette	rs				
				5	Name	in bloc	k lette	rs				
Alteration approved (indicate with an X)	Persal number			5	Name	in bloc	ck lette	rs		b Da		
Alteration approved (Indicate with an X)	Persal number			5	Name	in bloc	ck lette	rs				
Alteration approved (Indicate with an X)				<u> </u>	I		-1	<u> </u>				
Alteration approved (Indicate with an X)	Persal number			-	Name		-1	<u> </u>				
Alteration approved (indicate with an X) 7 Signature of CFR officer		er code	on(s) f	-	Name		-1	<u> </u>				
Alteration approved (Indicate with an X)			on(s) fo	-	Name		-1	<u> </u>				
Alteration approved (indicate with an X) 7 Signature of CFR officer			en(s) fo	-	Name		-1	<u> </u>				
Alteration approved (Indicate with an X)			ents) f	-	Name		-1	<u> </u>				
Alteration approved (Indicate with an X) 9 Signature of CFR officer Alteration refused (Indicate with an X)			n(s) to	-	Name		-1	<u> </u>		* Da		
Alteration approved (Indicate with an X) 9 Signature of CFR officer Alteration refused (Indicate with an X)	1º Office		mus f	-	Name		-1	<u> </u>		* Da	dete	
Alteration approved (indicate with an X) - 7 9 Signature of CFR officer 2 Alteration refused (indicate with an X)	1º Office	13 Reaso	in i	11 H refuse	Name	in bloc	-	<u> </u>		* Da	dete	

D _c	TYPE OF REQU	EST TO ALTER	FIREARM (In	dicate with an X)		
Alteration to the mechanism of a	firearm so that more than one	shot van be disch	arged with a sinc	le depression a	f the trigger	
Alteration to the calibre of a firea			-	· · · · · · · · · · · · · · · · · · ·	90	
Alteration to the barrel length of						
Afteration to remove the secial nu		mark of a firearm				
Other, specify						<u> </u>
Reason(s) for the request to hav	o a firearm altered by a numer	uith				
		J	•••••••			•
••••••		·····			•••••	
				•••••		•••••
	***************************************			••••••		
		·····	•••••			••••••••••
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						••••••
1						

	***************************************	•••••		******************		
			•••••	***************************************		
Date of request			Date		-	-
DETAILS OF FIREARM(S) THA	T MUST BE ALTERED	7				
	(1)	. (2)		(3)		(4)
Type of licence						
Licence number				••••••••••••		
Expiry date						
				7.4		
Calibre						
Make				•••••		
Model						
Firearm component type:						
Barrel serial number						
Make						
Frame serial number		***************************************		•••••		
Make						
Receiver serial number		***************************************		***************************************		
Make	i					į.

	Ē.		PARTIC	CULAR	S OF 1	HE RE	QUES	STER							
	NATURAL PERSON'S DETAILS														
	SAID Passport]												
	Identity number			T		1		-	\prod	T	T -	T	T-	<u> </u>	Γ
	Pasaport number														
	Surname									6 Ini	llels.				
	Residential address														
								·	8	Postal (Cade				L
	Postal address					·			1882					ı	_
						1449	Worl		No.	Postal	Code			ii	L
.3	Telephone number 511 Celliphone number	Home ()		***************************************	12	VVon Fax	(·				
	E-mail address					<u> </u>	raa	')						
															
	JURISTIC PERSON'S DETAILS														
	OTHER BODIES														
	Registered company name						,	· · · ·							
	Trading as name							-			·				
	FAR number														_
	Postal address		J										•		
									20	Postal	Code				
	Business address								1888			81		r	
	21.				• • • • •					Postal	Code	<u> </u>	<u> </u>		
		Wark ()			23.2	Pax	()						
1	E-mail address														
İ	RESPONSIBLE PERSON'S DETAIL	<u>s</u>													
	Responsible person (full names and s	uname)									-				
	Type of identification (indicate with an X				SAIE					Pass	port nur	iber			
	identity number of responsible person							-]-				
	Passport number of responsible person	n		لــــــــــــــــــــــــــــــــــــــ											
	Celiphone number									-					
	Physical address							····					т		
	Dorfol address								<u>.</u>	Postal	Code				_
l	Postal address								34	Postal	Carls	_	1	\neg	
L									l l	- vaidi	avue.	1	1 1		
	F.	P	ARTIC	ULARS	OF GI	INSMIT	Н								
	Gunsmith's name				· · · ·										
	Gunsmith's FAR number			TT		\top									

		SAPS 531
3	Postal address	
		*Postaj Code
5	Business address	
.,		⁶ Postat Code
7 B	Business telephone number 7.4 Work ()	7.2 Fax ()
6	E-mail address	
ĘI	DECLARATION BY REQUESTER	
	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 request form.
	G. SIGNATURE OF REQUI	ESTER/GUNSMITH (Sign only # applicable)
	G. SIGNATURE OF REQUE	ESTER/SUNSMITH (Sign only # applicable)
1		2 Date
	Name of requester in block letters	
3	Signature of requester	4 Place
5		
	DETAILS OF GUNSMITH	
6	Name of gunsmith in block letters	7 Date
8	Traine of gardinar in block letters	9
·	Signature of gunsmith	9 Place
	H. (This section must be completed only if	the requester cannot read or write.)
1		3 Date
	² Fingerprint designation	
		4
		Name of requester in block letters
		5 Place
	Right index fingerprint of the requester	
6	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
	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	Persal number of witness
	Rank of witness in block letters	Signature of witness
	This section must be completed only if the requester canno	OF INTERPRETER of 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	000000000000000000000000000000000000000
5		* Pastal Code
5	Postal acidress	
7	Telephone number 71 Home ()	* Postal Code
8	Celiphone number	5 Fax. ()
10	E-mail address	
11	Interpreted from (language)	to
		12 Date
13		14
10	Signature of interpreter	Place
15		16
	Rank of police official in block letters (if applicable)	Persal number of police official (if applicable)
	J. IN CASE OF NOMINEE/AUTI	HORISED PERSON
1	Name and surname of nominee/authorized person	
2	Identity/Passport number of nominee/authorized person	
		3
		Date - -
4	Claustina of assissa (with sixed assess	⁵ Place
	Signature of nominee/authorized person	
	K FOR OFFICIAL USE BY THE DESIGNATED FI	REARMS OFFICER/STATION COMMISSIONER
1	K. FOR OFFICIAL USE BY THE DESIGNATED FI	
	RECOMMENDATION REGAR	
1 2	RECOMMENDATION REGAR	IDING THE REQUEST
	RECOMMENDATION REGAR	IDING THE REQUEST
	RECOMMENDATION REGAR	IDING THE REQUEST
	RECOMMENDATION REGAR	IDING THE REQUEST
	RECOMMENDATION REGAR	IDING THE REQUEST
	RECOMMENDATION REGAR	IDING THE REQUEST
	RECOMMENDATION REGAR	IDING THE REQUEST
	RECOMMENDATION REGAR	IDING THE REQUEST
2	RECOMMENDATION REGAR	IDING THE REQUEST
	Recummended Motivation	IDING THE REQUEST
2	RECOMMENDATION REGAR	Not recommended Not recommended 4 Date
3	Recummended Motivation	Not recommended Not recommended 4 Date
3	Recommended Motivation Name of Designated Firearms Officer/Station Commissioner in block letters Rank of Designated Firearms Officer/Station Commissioner in block letters	Not recommended Not recommended 4 Date
3 5	Recommended Motivation Name of Designated Firearms Officer/Station Commissioner in block letters	Not recommended Not recommended 4 Date