SAPS 532

SOUTH AFRICAN POLICE SERVICE

INFRINGEMENT NOTICE

Section 122 of Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY POLICE STATION WHERE THE INFRINGEMENT NOTICE IS ISSUED	
1 Province	
2 Area	
3 Police station	
4 Component code	
5 Infringement notice reference number	

B. PARTICULARS OF INFRINGER

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

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24 E-mail address

25 **RESPONSIBLE PERSON'S DETAILS**

26 Responsible person (full names and surname)

27 Type of identification (Indicate with an X) SA ID Passport number

28 Identity number of responsible person - -

29 Passport number of responsible person

30 Cellphone number

31 Physical address

32 Postal Code

33 Postal address

34 Postal Code

35 **PARTICULARS OF LICENCES, PERMITS, CERTIFICATES OR AUTHORIZATIONS**

36 **DETAILS OF LICENCES, PERMITS, CERTIFICATES OR AUTHORIZATIONS**

37

Type	Number	Date of issue	Expiry date

38 Particulars of alleged offence

39 Administrative fine payable R -

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40 **Infringer's options**

The infringer may not later than 30 days after the date of service of the infringement notice -

* pay the administrative fine;
* make arrangements with the Registrar to pay the administrative fine in instalments; or
* elect to be tried in court on a charge of having committed the alleged offence

41 **Statement of failure to comply**

If an infringer fails to comply with the requirements of a notice, the Registrar may file with the clerk or registrar of any competent court a statement certified by him or her as correct, setting forth the amount of the administrative fine payable by the infringer and such statement thereupon has all the affects of a civil judgement lawfully given in that court in favour of the Registrar for a liquid debt in the amount specified in the statement

42 Response date — Date ☐☐☐☐-☐☐-☐☐

43 Place where administrative fine must be paid — Place .....

C. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO ISSUES THE INFRINGEMENT NOTICE

1 Name and surname of police official in block letters

2 Date issued ☐☐☐☐-☐☐-☐☐

3 Rank of police official in block letters

4 Place issued

5 Signature of police official .....

6 Persal number of police official ☐☐☐☐☐☐☐-☐

D. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO SERVES THE INFRINGEMENT NOTICE

1 Name and surname of police official in block letters

2 Date served ☐☐☐☐-☐☐-☐☐

3 Rank of police official in block letters

4 Place served

5 Signature of police official .....

6 Persal number of police official ☐☐☐☐☐☐☐-☐

E. ACKNOWLEDGMENT OF RECEIPT OF INFRINGEMENT NOTICE BY THE INFRINGER

1 Name and surname of infringer

2 Identity number of infringer ☐☐☐☐☐☐-☐☐☐☐-☐☐☐-☐

3 Date served — Date ☐☐☐☐-☐☐-☐☐

4 Place served — Place

5 Time served — Time

6 Signature of infringer .....

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SOUTH AFRICAN POLICE SERVICE

RESPONSE TO INFRINGEMENT NOTICE

Section 122 of Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY POLICE STATION WHERE THE RESPONSE FORM WAS ISSUED	
1 Province	
2 Area	
3 Police station	
4 Component code	
5 Address of police station	
6 Telephone number	
7 Fax number	
8 Infringement notice reference number	

B. PARTICULARS OF INFRINGER

1 **NATURAL PERSON'S DETAILS**

2	SA ID		Passport		
3	Identity number of natural person				
4	Passport number of natural person				
5	Surname		8 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	EAR number				
19	Postal address				
			20 Postal Code		

SAPS 532(a)

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

35 Particulars of alleged offence

36 Administrative fine payable R -

37 **Infringer's option** (Indicate with an X)

Pay the administrative fine	
Pay the administrative fine in instalments	
Trail in court	

38 Name of infringer in block letters

39 Date - -

40 Signature of infringer

41 Place

SAPS 532(a)

c. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO RECEIVES THE RESPONSE TO THE INFRINGEMENT NOTICE

1 _____
Name and surname of police official in block letters

2 Date | | | | | - | | | - | | |

3 _____
Rank of police official in block letters

4 Place _____

5 .....
Signature of police official

6 | | | | | | | | - | |
Persal number of police official

SAPS 533

SOUTH AFRICAN POLICE SERVICE

REQUEST TO CANCEL A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Section 28, 42, 56, 70, 81 and 88(1) 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 REQUEST IS CAPTURED										
1 Request Reference No										

	B. FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED			
1	Province			
2	Area			
3	Police station			
4	Component code			
5	Firearm applications register reference number	SAPS 66	NO	YEAR

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 **Cancellation of firearm licence, permit, certificate or authorization approved** (Indicate with an X)

7 Persal number - - 8 Date

9 Signature of CFR officer 10 Officer code 11 Name in block letters

12 **Cancellation of firearm licence, permit, certificate or authorization 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

SAPS 533

D. PARTICULARS OF THE REQUESTER

1 SA ID | Passport | Persal number

2 Identity number of the requester

3 Passport number of the requester

4 Persal number | 5 Rank

6 Surname | 7 Initials

8 Residential address

9 Postal Code

10 Postal address

11 Postal Code

12 Telephone number | 12.1 Home ( ) | 12.2 Work ( )

12.3 Cellphone number | 13 Fax ( )

14 E-mail address

15 Trade or profession | 16 If self-employed, specify

17 Name of employer/company

18 Business address

19 Postal Code

20 Telephone number | 20.1 Home ( ) | 20.2 Work ( )

20.3 Cellphone number | 21 Fax ( )

22 E-mail address

E. DETAILS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION TO BE CANCELLED

1

Licence, permit, certificate or authorization number	2 Licence, permit, certificate or authorization type	3 Date issued

F. PARTICULARS OF THE HOLDER OF THE FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

1 **NATURAL PERSON'S DETAILS**

1.1 SA ID | Passport

1.2 Identity number of natural person

2 Passport number of natural person

3 Surname | 4 Initials

5 Residential address

6 Postal Code

SAPS 533

7	Postal address			
			8 Postal Code	
9	Telephone number	9.1 Home ( )	9.2 Work	( )
9.3	Cellphone number		10 Fax	( )
11	E-mail address			

12 **JURISTIC PERSON'S DETAILS**

13 **OTHER BODIES**

14	Registered company name			
15	Trading as name			
16	FAR number			
17	Postal address			
			18 Postal Code	
19	Business address			
			20 Postal Code	
21	Business telephone number	21.1 Work ( )	21.2 Fax	( )
22	E-mail address			

23 **RESPONSIBLE PERSON'S DETAILS**

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

33 Reason(s) why cancellation of licence, permit, certificate or authorization is requested

34 Date on which cancellation is requested — Date - -

35 **DECLARATION BY THE REQUESTOR**

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 request form.

SAPS 533

G. SIGNATURE OF REQUESTER

1 Name of requester in block letters

2 Date - -

3 Rank of requester in block letters

4 Place

5 Signature of requester

6 Persal number of requester

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

1 RECOMMENDATION REGARDING THE CANCELLATION OF THE FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Recommended ☐ Not recommended ☐

1.1 Motivation

2 Name of Designated Firearms Officer/Station Commissioner in block letters

3 Date - -

4 Rank of Designated Firearms Officer/Station Commissioner in block letters

5 Place

6 Signature of Designated Firearms Officer/Station Commissioner

7 Persal number of Designated Firearms Officer/ Station Commissioner

SAPS 533(a)

SOUTH AFRICAN POLICE SERVICE

REQUEST TO SUSPEND A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Section 41, 55, 69 and 80 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 REQUEST IS CAPTURED

[1] Request reference No

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED

1 Province

2 Area

3 Police station

4 Component code

5 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] Suspension of firearm licence, permit, certificate or authorization approved (indicate with an X)

[7] Reason(s) for suspension

[8] Period of suspension

[9] Persal number

[10] Date

[11] Signature of CFR officer

[12] Officer code

[13] Name in block letters

[14] Suspension of firearm licence, permit, certificate or authorization refused (indicate with an X)

[15] Reason(s) why suspension is unnecessary

[16] Persal number

[17] Date

[18] Signature of CFR officer

[19] Officer code

[20] Name in block letters

SAPS 533(a)

D. PARTICULARS OF THE REQUESTER

1 **NATURAL PERSON'S DETAILS**

1 SA ID | Passport | Persal number

2 Identity number of the requester

3 Passport number of the requester

4 Persal number | 5 Rank

6 Surname | 7 Initials

8 Residential address

9 Postal Code

10 Postal address

11 Postal Code

12 Telephone number | 12.1 Home ( ) | 12.2 Work ( )

12.3 Cellphone number | 13 Fax ( )

14 E-mail address

15 **JURISTIC PERSON'S DETAILS**

16 **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

26 **RESPONSIBLE PERSON'S DETAILS**

27 Responsible person (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

32 Physical address

33 Postal Code

34 Postal address

35 Postal Code

SAPS 533(a)

E. PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION TO BE SUSPENDED

1

1 Licence, permit, certificate or authorization type	2 Licence, permit, certificate or authorization number	3 Date issued	4 Expiry date

5 Reason (Indicate with an X) | Alleged offence [ ] | Firearm lost/stolen [ ] | Indicate case details below

5.1 Alleged offence	
5.1.1 Police station	
5.1.2 Reference number	
5.1.3 Description of case	

5.2 Firearm lost/stolen	
5.2.1 Police station	
5.2.2 Reference number	
5.2.3 Description of case	

6 Date on which suspension is requested — Date [ ][ ][ ][ ] - [ ][ ] - [ ][ ]

7 **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.

F. SIGNATURE OF REQUESTER

1 [ ]
Name of requester in block letters

2 Date [ ][ ][ ][ ] - [ ][ ] - [ ][ ]

3 [ ]
Rank of requester in block letters

4 Place [ ]

5 .....
Signature of requester

6 [ ][ ][ ][ ][ ][ ][ ] - [ ]
Persal number of requester

SAPS 533(a)

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

1 **RECOMMENDATION REGARDING THE SUSPENSION OF THE FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION**

Recommended ☐ Not recommended ☐

2 Motivation regarding the request for suspension .....

.....

.....

.....

.....

.....

.....

.....

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

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SOUTH AFRICAN POLICE SERVICE

TRANSFER OF FIREARM OWNERSHIP

Section 125(2)(a)(iii) 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 APPLICATION IS CAPTURED
1	Transfer reference No

B.	FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED	
1	Province	
2	Area	
3	Police station	
4	Component code	
5	SAPS 13 register reference number	
6	General firearm transactions register ref no	NO / YEAR

C.	PARTICULARS OF CURRENT OWNER
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 name

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

25 **RESPONSIBLE PERSON'S DETAILS**

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

35 Reason(s) for transfer of firearm .....

.....

.....

D. DETAILS OF FIREARM(S) TO BE TRANSFERRED

1 **DETAILS OF FIREARM(S)**

		(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				

SAPS 534

E. PARTICULARS OF DEALER/GUNSMITH TO WHOM THE FIREARM IS TRANSFERRED

1	Registered company name				
2	Trading as name				
3	FAR number				
4	Postal address				
				5 Postal Code	
6	Business address				
				7 Postal Code	
8	Business telephone number	8.1 Work ( )		8.2 Fax ( )	
9	E-mail address				

10 **DECLARATION BY PERSON WHO IS THE LAWFUL OWNER OF THE FIREARM(S)**

I hereby declare that the above firearm(s) is/are legally in my possession and that I intend to sell or supply it once the necessary authorization(s) has/have been obtained and that the details of the firearm(s) are correct and accurate.

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 transfer of firearm ownership form.

F. SIGNATURE OF CURRENT OWNER (Sign only if applicable)

1 **SIGNATURE OF CURRENT OWNER**

2 Name of current owner in block letters

3 Date - -

4 Signature of current owner

5 Place

6 **SIGNATURE OF DEALER/GUNSMITH**

7 Name of dealer/gunsmith in block letters

8 Date - -

9 Signature of dealer/gunsmith

10 Place

G. (This section must only be completed if the current owner cannot read or write.)

1 Right index fingerprint of current owner

2 Fingerprint designation

3 Date - -

4 Name of current owner in block letters

5 Place

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

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

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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

H. PARTICULARS OF INTERPRETER

(This section must be completed only if the current owner 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 Postal Code	
5	Postal address				
				6 Postal Code	
7	Telephone number	7.1 Home ( )		7.2 Work	( )
8	Cellphone number			9 Fax	( )
10	E-mail address				
11	Interpreted from (language)		to		

12 Date - -

13 Signature of interpreter

14 Place

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

16 Persal number of police official (if applicable)

I. PARTICULARS OF POLICE OFFICIAL

1 Name of police official in block letters

2 Date - -

3 Rank of police official in block letters

4 Place

5 Signature of police official

6 Persal number of police official

SAPS 535

SOUTH AFRICAN POLICE SERVICE

FORWARDING SCHEDULE

1 Forwarding police station name

2 Name of destination police station

3 Component code of forwarding police station

4 Forwarding date

Forwarding police station

5 No	6 Name	7 Identity/FAR number	8 Document type	9 Reference number	10 Number of pages of document	11 Recipient police station ✓	12 Page numbers not received

13 PARTICULARS OF FORWARDING DESIGNATED FIREARMS OFFICER

14 Name of Designated Firearms Officer in block letters

15 Rank of Designated Firearms Officer in block letters

16 Persal number of Designated Firearms Officer

17 Signature of Designated Firearms Officer

SAPS 535

A. ACKNOWLEDGEMENT OF RECEIPT

Remarks

B. RECIPIENT

1 Name of police official in block letters

2 Rank of police official in block letters

3 Persal number of police official

4 Signature of police official

OFFICIAL DATE STAMP

SAPS 536

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR AUTHORIZATION TO POSSESS MORE THAN 2 400 PRIMERS

Section 93 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 APPLICATION IS CAPTURED
1 Application reference No	

B.	FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED
1 Province	
2 Area	
3 Police station	
4 Component code	
5 General firearms transaction register number	

C.	FOR OFFICIAL USE BY THE DECIDING OFFICER
1 Outstanding/Additional information required	
2 Persal number	3 Date
4 Signature of police official	5 Name in block letters
6 Application for authorization to possess approved (indicate with an X)	
7 Persal number	8 Date
9 Signature of deciding officer	10 Officer code / 11 Name in block letters
12 Application for authorization to possess refused (indicate with an X)	13 Reason(s) for refusal
14 Persal number	15 Date
16 Signature of deciding officer	17 Officer code / 18 Name in block letters

SAPS 536

D. PARTICULARS OF APPLICANT

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

19 Company registration or CC 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

26 **RESPONSIBLE PERSON'S DETAILS**

27 Responsible person (full name 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

32 Physical address

33 Postal Code

34 Postal address

35 Postal Code

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E. PARTICULARS OF FIREARM(S) FOR WHICH PERMISSION IS REQUIRED TO POSSESS MORE THAN 2 400 PRIMERS

		(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				

8 Provide reason(s) for the need to possess more than 2 400 primers for each firearm

Firearm 1

Firearm 2

Firearm 3

Firearm 4

SAPS 536

F. SIGNATURE OF APPLICANT (Sign only if applicable)

1 Name of applicant in block letters

2 Date - -

3 Signature of applicant

4 Place

G. (This section must be completed only if the applicant cannot read or write.)

1 Right index fingerprint of applicant

2 Fingerprint designation

3 Date - -

4 Name of applicant in block letters

5 Place

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

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

H. PARTICULARS OF INTERPRETER

(This section must be completed only 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 Postal Code

5 Postal address

6 Postal Code

7 Telephone number 7.1 Home ( ) 7.2 Work ( )

8 Cellphone number 9 Fax ( )

10 E-mail address

11 Interpreted from (language) to

12 Date - -

13 Signature of interpreter

14 Place

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

16 Persal number of police official (if applicable) -

SAPS 536

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

1 RECOMMENDATION REGARDING THE APPLICATION

Recommended ☐ Not recommended ☐

1.1 Motivation .....

2 .....
Name of Designated Firearms Officer/Station Commissioner in block letters

3 Date ☐☐☐☐ - ☐☐ - ☐☐

4 .....
Rank of Designated Firearms Officer/Station Commissioner in block letters

5 Place .....

6 .....
Signature of Designated Firearms Officer/Station Commissioner

7 ☐☐☐☐☐☐☐ - ☐
Persal number of Designated Firearms Officer/Station Commissioner