OFFICIAL DATE STAMP

SAPS 532



SOUTH AFRICAN POLICE SERVICE

INFRINGEMENT NOTICE

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

A FOR OFFICIAL USE BY POLICE STATION WHERE THE

	·							SEW		1401	HUE	N/A	SUE				
		7	Provin	18													
			Area		••••			•••••	••••	•			· ···	•••••			•••••
		****								•••••	•••••	•	•••••	•••••			
			Police					•••••	•••••			•••••••			•••••		
			Compa	nent o	ode												
	·	5,	ntringe	ment	natic												
	DATE RECEIVED		eferen	ce mu	nber			<u> </u>		<u> </u>			L	_L	1		
									1			******					
	B. P/	ARTIC	JLAR	S OF	INF	RINC	3ER										
ı																	
•	NATURAL PERSON'S DETAILS																
2																	
	SAID Passport	50000 3	,											 ,			
3	Identify number of natural person							-	1				} - }			-	
ı	Passport number of natural person									2							
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,	Surname										٠,	nitials					
	Residential address	_															
										8 p	ostal	Code					
,	Postal address				-							*****			i		
	1									l	******						
										¹⁰ F	ostal	Code	θ.			<u> </u>	
1	Telephone number 14.1 Home ()				11.2	₩ori	()							Ī
1.3	Celiphone number					12	Fax	()			_				
3	E-mail address					10000000				<u> </u>							\dashv
																	ㅡ!
4	JURISTIC PERSON'S DETAILS																
5	OTHER BODIES																
5	Registered company name																
7	Trading as name																
3	FAR number		T														
,	Postal address		لـــل	1			L										\neg
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	Business address										7.2						
- {										272	Post	al Coi	qe	T	T	T	
	Business telephone number 23.1 Work ()					23.2	Fex	(E 33333					L		\dashv
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							SAF	PS 53
•	E-mail address							
3	RESPONSIBLE PERSON'S DETAILS							
i	Responsible person (full names and surname)							
,	Type of identification (Indicate with an X) SA ID			Passi	ort num	iber		
1	identity number of responsible person -	T			T -	T	-	Τ
ı	Passport number of responsible person	T						
ı	Cellphone number	1						
	Physical address							
			32	Postai I	Code			
	Postal address			:				
			34	Postal C	ode			
	DADTICHI ADS OF LICENCES DEDMITS CEDTISICATES OF AUTHORIZATIONS							
	PARTICULARS OF LICENCES, PERMITS, CERTIFICATES OR AUTHORIZATIONS							
	DETAILS OF LICENCES, PERMITS, CERTIFICATES OR AUT	HORI	ZATIO	NS				
	Type Number Date of Issu	ie			£	xpiry date		
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	Parliculars of alleged offerce							
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L								
20000	Administrative first payable R .							

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 Cete
43	Place where administrative fine must be paid Place
	c. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO ISSUES THE INFRINGEMENT NOTICE
1	2 Date issued
3	Place issued Rank of police official in block letters
5	Signature of police official Persal number of police official
	D. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO SERVES THE INFRINGEMENT NOTICE
1	Parie served Name and surname of police official in block letters
3	Rank of police official in block letters
5	Signature of police official Persal number of police official
	E. ACKNOWLEDGMENT OF RECEIPT OF INFRINGEMENT NOTICE BY THE INFRINGER
1	Name and surname of infringer
2	identify number of infitinger.
3	Date served
4	Place served Place
5	Time served
6	Signature of infringer

SAPS 532(a)



SOUTH AFRICAN POLICE SERVICE

RESPONSE TO INFRINGEMENT NOTICE Section 122 of Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY POLICE STATION WHERE THE RESPONSE FORM WAS ISSUED															
			Provin	ce													
			Area								 			•••••			
		2	Police	statio	n					•••••				• • • • • • • • • • • • • • • • • • • •			
		4	Compo	nent a	ode							••••					
			Addres	sofp	olice :	static	<u>. </u>	•••••								······	
	DATE RECEIVED		Teleph		ambei										•••••		
		-	Fax nu				4								т—		
			infringe referer	ment ce nu	notice mber												
	B. P.	RTIC	ULAR	s of	INF	RING	SER										
1	NATURAL PERSON'S DETAILS																
2	SA ID Passport																
3	identity number of natural person	T						-		7.7			-			-	
4	Passport number of natural person		T														
5	Surname										* 1	nitiais					
7	Residential address																
		,								*	Posta	Code	9				
9	Postal address									100000	*********	000000000					
						18888888		88881	-	10	Post	al Cot	ie .				
11.3	Telephone number 11.1 Home ()				-	Work	()							
13	Celiphone number					12	Pax	()		.					
,-	E-mail address								<u> </u>						10.0	- 12 -	
14	JURISTIC PERSON'S DETAILS																
15	OTHER BODIES																
16	Registered company name																\neg
17	Trading as neme			·									····				-
18	FAR number																1
19	Postal address																
				-						20	Post	# Coc	le				

	SAPS	532(a)
21	Business address	
	22 Pastal Gode	
23	Business telephone number 73.1 Work () 23.2 Fex ()	
24	E-mail address	
25	DESCRIPTION OF THE PROPERTY OF	
	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	Gellphone number	
31	Physical address	
	⁵² Postal Cotte	
33	Postal address	
	³⁴ Postal Code	
35		
	Particulars of alleged offence	
	· · · · · · · · · · · · · · · · · · ·	
Į	· · · · · · · · · · · · · · · · · · ·	
36	Administrative fine payable R -	
37		
Į.	Infringer's option (Indicate with an X)	
	Pay the administrative fine	
	Pay the administrative fine in instalments	
	Trail in court	
-		
38	Date	
	lame of infringer in block letters	
10	lgnature of infringer	

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											SAPS	532(a)
	c. FOR OFFICIAL USE BY TH	HE POLICE OFFICIAL WI INFRINGEMENT I		ES TH	E RE	SPO	VSE	TO T	HE			
1	Name and surname of police official in block letters	2	Date] -			Ŀ		
3	Rank of police official in block letters	4	Place									
5	Signature of police official	6	Persal number	er of pol	lice off	Icial		- [



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		L USE BY THE POLICE S HE REQUEST IS CAPTU	
•	¹ Request Reference No		
			
DATE RECEIVED]		
B. FOR OFFICIAL USE E	BY POLICE STATION WHERE T	HE REQUEST IS RECEIV	/ED
Province		·	
Area			
Police station		***************************************	
Component code			
Firearm applications register reference number	SAPS 86 NO	YEAR	
c. FOR OFFICIAL USE BY	HE CENTRAL FIREARMS REGI	STER (CFR)	
Outstanding/Additional Information required		,	
	Persal number	- -	⁵ Date
4 Given to work of the official		⁵ Name in block letters	
Signature of police official Cancellation of firearm licence, permit, certification.	ata or	Name in plock tellers	
authorization approved (indicate with an X)	ate 01	***************************************	
	Persal number		⁸ Date
	Persai number	1-11-1	Liate
⁹ Signature of CFR officer	¹⁰ Officer code	11 Name in block letters	
² Cancellation of firearm licence, permit, certific	ate or 13. Reason(s) for r	efusal	
COLUMN CALLES COLUMN COLUMN COLUMN COLUMN CALLES COLUMN CALLES COLUMN CALLES CALLES COLUMN CALLES CAL			
authorization refused (Indicate with an X)			
authorization refused (Induste with an X)	Persal number		¹⁵ Delle
authorization refused (Indicate with an X)	Persal number		f5 Date

	D.			PARTIC	CULAF	S OF TH	E REQUE	STER							
1	SAID	Passport		Pens	al numi	ier	7								
2	identity number of the reques	ter						1.1		T		- [T -	
3	Passport number of the requi	ester								Т		\neg			
4	Persal number				7-	5	Rank		-						-1
6	Surname									7	Initials				
8	Residential address														
										9 Pos	tat Cod	e		Ţ	
10	Postal address														
										11 Pos	stal Co	de		T	
12	Telephone number	12.1 Ho	me ()			12.2 Wo	rik ()						
12.3	Celiphone number						13 Fax	()						
14	E-mail address														
15	Trade or profession					¹⁸ If sel	f-employed,	specify							
17	Name of employer/company														
18	Business address								188	16					\dashv
20	Telephone number	20.1 Hár		```				20.2 W		" Pos	tal Co	de			
20.3	Cellphone number	nor	ne ()			· · · · · ·	21 Fa	***********	(·)				
22	E-mail address								•		,				\dashv
	E. DETAILS OF FI	REARM LI	CENCE,	PERMIT	, CER	TIFICATI	OR AUT	HORIZ	ATION	I TO I	BE CA	NCE	LED		
1	Licence, permit, certificate	ar ar	2 Licen	ce, permit	certific	ate or auth	orization typ	e 3			Date is	sued			
	authorization number														
			······································								•••••				
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l -								L							
	F. PARTICULARS OF	THE HO	DER OF	THE FI	REAR	M LICEN	CE, PERI	AIT, CE	RTIFIC	CATE	OR A	UTHO	RIZA	TION	
٦	MATURAL REPORTED														
L	NATURAL PERSON'S DETAI	LS													
.1	SAID Pas	sport													
.2	identity number of natural person	on										-		<u> </u>	
	Passport number of natural per	ROR													
	Surname									4 11	nitials				
	Residential address														
										Posta	l Code		T		

	SAF	PS 533
7	Postal address	
	⁸ Postal Code	
9	Telephone number () 9.5 Work ()	
9.3	Celiphone 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	Pastal address	
	¹⁸ Postal Code	
19	Business address	
24	20 Postal Code	
21	Business felephone number 21.1 Work () 21.2 Fex ()	
	E-mail address]
23	RESPONSIBLE PERSON'S DETAILS	
24	Responsible person (full name and surname)	
25	Type of identification (indicate with an X) SA (D Passport number	
26	identify number of responsible person	
27	Passport rumber of responsible person	
28	Cellphone number	
23	Physical address	
31	³⁰ Postal Code	
	Postal address	
	¹² Postal Code	
33	Reason(s) why cancellation of licence, permit, certificate or authorization is requested	
34	Date on which cancellation is requested	

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.

												SA	\PS
G.	SIGN	IATURE OF RE	EQL	ESTER									
			2			T	T	1	T	T	1	Т	
Name of requester in block letters				Date				<u> </u>		<u> </u>	-		
			4							-			
Rank of requester in block letters				Place							-		_
			6		_	T	T	T	T		1		
Signature of requester	•••••			Persal number	r of re	quest	er	1		<u></u>]		
H. FOR OFFICIAL I	USE BY THE DESIG	SNATED FIRE	ΔRI	AS OFFICER	/STΔ	TION	l co		2810	MED			*

RECOMMENDATION REGARDS		ION OF THE FIR	EAF	M LICENCE, F	ERM	IT, CI	RTIF	ICAT	OR	AUTH	IORIZ	ATR	01
Recomme	anded				N	at reco	immei	nded					_
Motivation			•••••										
***************************************		************************	••••										
••••••	***************************************	***************************************		•••••									
•••••	***************************************		••••										
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ame of Designated Firearms Officer/S	Station Commissioner in	hlaak lettare	,	Date	<u> </u>	<u></u>	<u> </u>	-			-		
		I DIOCK TELLETS				:							
ank of Designated Firearms Officer/St	tation Commissioner in	blook letters	5	Place									
	ander Commissioner in I	DIOUX IEITEIS			,		,						
imphure of Declarated Title			7						-				
ignature of Designated Firearms Office	er/Station Commissione	∌r		Persal number of	of Des	signate	ed Fire	arms	Office	er/			

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		CIAL USE BY THE POLICES	
	¹ Request reference No		
	110-1		
DATE RECEIVED		•	
B FOR OFFICIAL USE BY PC	LICE STATION WHERE T	THE REQUEST IS RECEIVED	
Province			
Area		······································	
Police station Component code		•••••••••••••••••••••••••••••••••••••••	••••••
Ganeral firearm transactions register No			
G. FOR OFFICIAL USE **Outstanding/Additional information required	BY THE CENTRAL FIREA	IRMS REGISTER (CFR)	
•			
- Pe	rsat number		³ Date
		· .	· · · · · · · · · · · · · · · · · · ·
⁴ Signature of police official		⁵ Name in block letters	
⁶ Suspension of firearm licence, permit, certificate authorization approved (indicate with an X)	or ⁷ Reason(s) f	or suspension	
			l a
			⁸ Period of suspension
Pél	sal number	- -	40 Date
¹¹ Signature of CFR officer	¹² Officer code	¹³ Name in block letters	
Suspension of firearm licence, permit, certificate authorization refused (indicate with an X)	or 15 Reason(s)	Why suspension is unnecessary	
			•••••
	•	······································	
- 1 ⁶ Pe	Sal number		⁴⁷ Date
			
18 Signature of CER officer	19 Officer code	20 Name in block letters	

	SAPS 533(a)
	D. PARTICULARS OF THE REQUESTER
1	NATURAL PERSON'S DETAILS
1	SAID Passport Persal number
2	identity number of the requester
3	Passport number of the requester
4	Persal-number - 5 Rank
6	Surmaine 7 Initials
8	Residential address
	* Poetal Code
10	Postal address
	11 Postal Code
12	Telephone number 12.1 Home () 12.2 Work ()
12.3	Celiphone number (12 Fax ()
14	E-mail artitress
15	
15	JURISTIC PERSON'S DETAILS
16	OTHER BODIES
17	Registered company name
18	Trading as name
19	FAR number
20	Postal address
22	28 Postal Code
	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	Celiphone number
32	Physical address
	¹³ Postal Code
34	Postal acidness
	Postal Code

SAPS 533(a)

	E. PARTICULARS OF FIREARI	M LICENGE, PERMIT, C	ERTIFICATE OR AL	ITHORIZATION TO	BE SUSPENDED				
	Licence; permit, certificate or authorization type	2 Licence, permit, authorization num	441411114114 A	Date issued	Expiry date				
	Reason (indicate with an X)	eged offence	Firearm lost/stolen	Indicate case deta	ils below				
	Alleged offence								
.1	Police station								
.3	Reference number Description of case		•••••						
!									
.1	Firearm lost/stotan Police station								
.2	Reference number								
	Description of case Date on which suspension is requested		Date						
	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.									
i	F.	SIGNATURE OF	REQUESTER						
ļ	Name of requester in block letters		2 Date	-	-				
	Rank of requester in block letters		4 Place						
			6		-				
•	Signature of requester		Persal number	r of requester					

SAPS 533(a)

RECOMMENDATION REGARDING THE SUSPENSION	OF THE FIREARM LICE	NCE, PERMIT, (CERTIFIC	ATE C	RAUT	HORIZ	a TA
Recommended		Nat	recomme	nded			
Motivation regarding the request for suspension							
					••••••		
					••••••		
	4 Date			T. T	Т	 	Т
me of Designated Firearms Officer/Station Commissioner in t	100000000			1-1	<u> </u>		
ink of Designated Firearms Officer/Station Commissioner in b	6 Plac	ė					
						_	



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		A.				*********		000000000	********	********	DLICE S CA		******	N		
			¹ Transfe	er refe	rence	No											
•																	
	DATE RECEIVED																
	B. FOR OFFICIAL USE BY POL	(C)	STATI	ON V	MHE	RE T	HE #	PPL	ICA	tioi	V IS I	RECE	IVEI	•			
1	Province										<u> </u>						
2	Area		•		•••••	•••••		•••••		•••••	•••••		•••••	••••••	•••••		
3	Police station					······				•••••			••••••				
4	Component code	•									······································		•••••			•••••	
5 6	SAPS 13 register reference number																
٦	General firearm transactions register ref no N	0_							\	EAF							
	C. PAR	rici	JLARS	OF C	URR	ENT	OW	NER									
1 [, - , A , F	,,w													
	NATURAL PERSON'S DETAILS																
2	SAID Passport																
3	Identity number of natural person	4						-		_	_	<u> </u>	-	L			
4 5	Passport number of natural person			<u> </u>													
,	Surname										6	Initials					Щ
	Residential address										B	stal Co					
,	Postal address						·-···				PO	SIBI CA	ide	L	L1		-
8											¹⁰ Po	stal Co	ode				
1	Telephone number 11.4 Home ()			 -	112	Worl	(}				<u> </u>			
11.3	Cellphone number						Fax	()			•				
3	E-mail address						———										
4	JURISTIC PERSON'S DETAILS																
5	OTHER BODIES																
6	Registered company name	<u> </u>															
7	Trading name							_			_						\neg

18	FAR number				
19	Postal address	<u> </u>			
				²⁰ Postál Co	de
21	Business address				
				22 Postal Co	de
23	Business telephone number	23.1 Wark ()	23.2 Fa	x ()	
24	E-mail address				
25	RESPONSIBLE PERSON'S DE	TAILS			
26	Responsible person (full names	and surname)			
27	Type of identification (indicate will	h an X)	SAID	Passper	t number
28	identity number of responsible pa	erson		-	
29	Passport number of responsible	person			
30	Cellphone number				
31	Physical address			T.,	
33				³² Postal Coo	le
	Postal address			34	
				34 Posta: Cor	de
35	Reason(s) for transfer of firearm				
	0.	DETAILS OF FI	REARM(S) TO BE TRAN	SFERRED	
1	DETAILS OF FIREARM(S)				
2	Туре	(1)	(2)	(3)	(4)
3	Calibre		-		
4	Make				
5	Model				
	Firearm component type:				
5	Barrel serial number				
5.1	Make				
, ,	Frame serial number		ļ		
7.1	Make				
•			T	1	
.1	Receiver serial number				

	SAPS
E. PARTICULARS OF DEALER/GUNSMITH TO	OWHOM THE FIREARM IS TRANSFERRED
Registered company reme	
Trading as name	
FAR number	
Postal address	
	⁵ Postal Code
Business address	F
1 4 4	7 Postal Code
Business telephone number #1 Work ()	*2 Fax ()
E-mail address:	
DECLARATION BY PERSON WHO IS THE LAWFUL OWNER OF THE	FIREARM(S)
hereby declare that the above firearm(s) is/are legally in my possession and	d that I intend to self or supply it once the necessary authorization(s)
nas/have been obtained and that the details of the firearm(s) are correct and am aware that it is an offence in terms of the Firearms Control Act, 2000 (A	
ownership form.	ter No oo or 2000), to make a raise statement in this transfer or meaning
F. SIGNATURE OF CURRENT	OWNER (Sign only # applicable)
SIGNATURE OF CURRENT OWNER	
	3 Date
lame of current owner in block letters	
	5 Place
Signature of current owner	•
SIGNATURE OF DEALER/GUNSMITH	
	8 Date
lame of dealer/gunsmith in block letters	
	10 Piace
signature of dealer/gunsmith	
G. (This section must only be completed if the	current owner cannot read or write.)
	3 Date
² Fingerprint designation	
	4
	Name of current owner in block letters
	5 Place
tight index fingerprint of current owner	E
PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
	6,2
lame of police official in block letters	Persal number of police official
·	6.4
ank of police official in block letters	Signature of police official

			SAPS 534
7	PARTICULARS OF WITNESS		
7.1		7.:	.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
	H. PARTICULARS (This section must be completed <u>only</u> if the current owner or		
1	Name and surname of interpreter		
2	identity/Passport number of interpreter		
3	Residential address		
			*Postal Code
5	Postal address		
7			⁵ Postal Code
8	Telephone number 7.1 Home ()		*** Work ()
10	Celiphona number		* Fax ()
11	E-mail address Interpreted from (language)		to
		12	² Datu
13		. 14	4
	Signature of interpreter		Place
15		16	6
	Rank of police official in block letters (if applicable)		Persal number of police official (if applicable)
	I. PARTICULARS (
1		2	Date
	Name of police official in block letters		
3		4	Place
	Rank of police official in block letters		
5		6	,
	Signature of police official		Persal number of police official

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SOUTH AFRICAN POLICE SERVICE

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Forwal	Forwarding police station name		2 Name of destination police station	e station			
3 Compo	Component code of forwarding police station		⁴ Forwarding date				
orwardi	orwarding police station					Recipier	Recipient police station
s No	g	Tidentty/FAR number	⁸ Document type	P Reference number	19 Number of pages of document	=	12 Page numbers
							1
					2		
	-						
					2		
					2		
3 PARTI	³ PARTICULARS OF FORWARDING DESIGNATED FIREARMS OFFICER	ATED FIREARMS OFFICE	ER				
7		15	16		<u></u>		
Nam	Name of Designated Firearms Officer in block letters	Rank of Designated in block letters	ted Firearms Officer	Persal number of Designated Firearms Officer	7	Signature of Designated Firearms Officer	is Officer

SAPS 535 OFFICIAL DATE STAMP ACKNOWLEDGEMENT OF RECEIPT RECIPIENT Rank of police official in block letters Signature of police official Name of police official in block letters Persal number of police official

Page 2 of 2



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	A. FOR WH	OFFICIAL US ERE THE AP	E BY THE PO PLICATION IS	LICE STA	TION ED	
	¹ Application referen	ce No				
DATE RECEIVED						
	1					
B. FOR OFFICIAL USE BY P	OLICE STATION WHEF	RE THE APPL	ICATION IS R	ECEIVED		
Area	***************************************	•••••	**********	••••••	*************	••••
Policestation		•••••••••••••••••••••••••••••••••••••••	•••••		***************************************	••••
Component cods						
General fireatms transaction register number:						
FOR OF	FICIAL USE BY THE DE	CIDING OFF	CER			
Outstanding/Additional information required						200
			•		•••••••••	
	***************************************	***************************************	********		••••••	
			***************************************			••••
	Persal number		T-T-		^a Date	
					Date	<u></u>
⁴ Signature of police official		5 1	lame in block lett	ers		
Application for authorization to possess approv	ed (Indicate with an X)			•••••	•••••	
]	ersal number	-			⁸ Date	
⁹ Signature of deciding officer	10 Officer code	11				
Application for authorization to passess refuse			Name in block le	etters		
			11(3) 101 1210301			<u></u>
				•••••	****************	••••

	Persal number		 	1	15	
	mad Unitidat		-		Đate	
¹⁶ Signature of deciding officer	17 Officer code	18 N	ame in block lette	ers		

	·	SAP	S 536
	D. PARTICULARS OF APPLICANT		
1			
	NATURAL PERSON'S DETAILS		
2	SAID Passport		
3	Identity number of natural person	-	_
4	Passport number of natural person	ļ	
5	Surname ⁸ Initials		
7	Residential address		
	*Postal Code		<u> </u>
9	Postal address		
	¹⁶ Postal Code	L	L
11.3	Telephone number 11.1 Home () 11.2 Work ()		
13	Cellphona number 12 Fax ()		
10	E-mail address		
14	JURISTIC PERSON'S DETAILS		
15	OTHER POPUES		
	OTHER BODIES		
16	Registered company name		
17	Trading as name		
18	FAR number		
19	Company registration or SC number		
20	Postal address		
22	²¹ Postal Code		
22	Business address	т-т	
24	23 Postal Code		-
25	Business telephone number 24.1 Work () 24.2 Fax ()		
	Extrail 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		\neg
29	identity number of responsible person	-	_
30	Passport number of responsible person		\neg
31	Celiptions number		
32	Physical address		\neg
	¹³ Postal Code		
34	Postal address		
	** Postal Code		

E. PARTICUL	ARS OF FIREARM	S) FOR WHICH PERMIS MORE THAN 2 400 PRI	SION IS REQUIRED TO PO	DSSESS
				(4)
Type	(1)	(2)	(3)	(4)
Calibre				
Vake				
Model				
Firearm component type:				
Barrel serial number				
rame serial number				
Receiver serial number				
			<u> </u>	-
Provide reason(s) for the need to	possess more than 2	100 primers for each firearm		
nearm 1				***************************************
				•••••
Frearm 2				
	•••••			
		,		
Fream 3				
•••••		•••••		
			•••••	********************************
******		***************************************		***************************************
••••				
irearm 4				
	•••••			
•••••				

		SAPS 536
	F. SIGNATURE OF APPLICANT (SIGN	n only if applicable)
1	Name of applicant in block lattern	Date
	Name of applicant in block letters	
3	4	Place
	Signature of applicant	
	G. (This section must be completed <u>only</u> if the ap	plicant cannot read or write.)
1	3	Date
	Fingerprint designation	
	4 [
		Name of applicant in block letters
	5	
	Right index fingerprint of applicant	Place
6		
	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
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	
7.4		
7.1	7.2 Name of witness in block letters	Persal number of witness
		reisal number of withess
7.3	7.4	2
	Rank of witness in block letters	Signature of witness
	H. PARTICULARS OF INTER	RPRETER
	(This section must be completed <u>only</u> if the applicant cannot read or wr	tile of closs nor understand the corrent of this form.)
1	Name and surname of interpreter	
2	identity/Passport number of Interpreter	
3	Residential address	
		Postal Code
5	Postal address	
		⁶ Postal Coda
7	Telephone number 7,1 Home ()	Tra Work ()
3	Celiphone number	* F ₂₀ ()
0	E-mail address	
1	Interpreted from (fanguage)	to
	14	Date
3	60	
•	Signature of interpreter	Place
5	Rank of police official in block letters (if applicable)	
	Person of bound of procedure and procedure of the philosophery	ersal number of police official (if applicable)

L FOR	OFFICIAL USE BY THE DESIGNATE	D FIREARMS OFFICER/STATION COMMISSIONER
	RECOMMENDATION	REGARDING THE APPLICATION
	Recommended	Not recommended
Motivation		
••••••		and an analysis of the state of
	•••••	······································

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		enter de la companya
		3
ame of Designated Fire	arms Officer/Station Commissioner in block le	Date - -
or boorgraded i lie	Company Control Contro	
and of Deal and 15	065	⁵ Place
	arms Officer/Station Commissioner in block let	ers
		7.
ignature of Designated	Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station Commissioner