

D. TYPE OF ACCREDITATION (Indicate with an X)

1	As a shooting range	
2	To provide training in the use of firearms	
3	To provide firearms for the use in theatrical, film or television productions	
4	To conduct business in hunting	
5	To provide an in-house security service	
6	As a museum	
7	As a public collector in firearms and ammunition	
8	As a game rancher	
9	For other business purposes (specify the purpose)	

E. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1	SA citizen	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
3	Identity number			
4	Surname			⁵ Initials
6	Full names			
7	Date of birth		⁸ Age	⁹ Gender
				Male Female
10	Residential address			
			¹¹ Postal Code	
12	Postal address			
			¹³ Postal Code	
14	Trade or profession	¹⁵ If self-employed, specify		
16	Name of employer/company			
17	Business address			
			¹⁶ Postal Code	
19	Telephone number	^{19.1} Home	()	^{19.2} Work
19.3	Cellphone number			²⁰ Fax
21	E-mail address			

22 Marital status (Indicate with an X)

23	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
	Other (specify)									

24 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable)

24.1 Type of identification (Indicate with an X)

24.1.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
24.2	Identity number of spouse/partner			
24.3	Passport number of spouse/partner			
24.4	Name and surname			

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

51 **PARAGRAPH 52 - 55 MUST BE COMPLETED FOR ALL TYPES OF ACCREDITATION**

52 **MOTIVATION OF PURPOSE AND SCOPE FOR WHICH ACCREDITATION IS REQUIRED**

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53 **DESCRIPTION OF THE MAIN PURPOSE OF THE BUSINESS**

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54 **DESCRIPTION OF SECURITY MEASURES PERTAINING TO THE STORAGE, TRANSPORT AND SAFEKEEPING OF FIREARMS TO BE USED**

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55 **DESCRIPTION OF HOW REGISTERS WILL BE KEPT**

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56 **COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION TO PROVIDE IN-HOUSE SECURITY SERVICES**

57 **SCOPE OF WHAT IS TO BE PROTECTED**

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58 **NUMBER OF PERSONS WHO WILL BE ISSUED WITH FIREARMS**

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59 **COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A MUSEUM**

60 **DESCRIPTION OF ACCESS CONTROL**

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61 **DESCRIPTION OF DISPLAY MECHANISMS**

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SAPS 519(a)

62 COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A PUBLIC COLLECTOR

63 PARTICULARS OF AN ACCREDITED MUSEUM WHERE THE FIREARM COLLECTION WILL BE DISPLAYED


63.1 Name


63.2 Accreditation registration number

64 DECLARATION BY APPLICANT

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

F. SIGNATURE OF APPLICANT (Sign only if applicable)

1  Right index fingerprint of applicant

2  Fingerprint designation

3 Date - -

4 Name of applicant in block letters

5 Place

6 Signature of applicant

7 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

7.1 Name of police official in block letters

7.2 Personal number of police official

7.3 Rank of police official in block letters

7.4 Signature of police official

G. 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 Postal Code

5 Postal address Postal Code

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 Personal number of police official (if applicable)



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION AS AN OFFICIAL INSTITUTION

Section 8 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER WHEN THE APPLICATION IS CAPTURED									
1 Application reference No									

B. FOR OFFICIAL USE BY THE DECIDING OFFICER AT THE CENTRAL FIREARMS REGISTER (CFR)									
1 Outstanding/Additional information required									
.....								
.....								
.....								
					7 Persal number				8 Date
.....								
4 Signature of police official					5 Name in block letters				
6 Application for accreditation 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 accreditation refused (Indicate with an X)					13 Reason(s) for refusal				
.....								
.....								
.....					14 Persal number		C C Y Y		15 Date
.....					16 Signature of deciding officer		17 Officer code		18 Name in block letters
.....								

C. GOVERNMENT INSTITUTION'S DETAILS (Indicate with an X)

1	Name of government institution			
2	Physical address			
				³ Postal Code
4	Postal address			
				³ Postal Code
6	Contact telephone number	⁴ Work	()	⁴ Fax ()
7	E-mail address			

RESPONSIBLE PERSON'S DETAILS

9	Responsible person (full name and surname)			
10	Type of identification (Indicate with an X)	SA ID	Passport number	
11	Identify/Passport number of responsible person			
12	Cellphone number			
13	Physical address			
				¹⁴ Postal Code
15	Postal address			
				¹⁴ Postal Code

PROOF SIGNATURES OF RESPONSIBLE PERSON

18	Signature of responsible person	19	Signature of responsible person
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OTHER DETAILS

21

MOTIVATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED

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22

MOTIVATION REGARDING THE NEED FOR THE OFFICIAL INSTITUTION TO POSSESS FIREARMS

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SAPS 519(b)

23

PARTICULARS OF A HOW REGISTER WILL BE KEPT REGARDING THE ISSUING OF FIREARMS AND THE PROCEDURE ON HOW FIREARMS WILL BE CONTROLLED

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PARTICULARS OF THE PLACE WHERE REGISTERS WILL BE KEPT FOR INSPECTION BY A POLICE OFFICIAL

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25

DESCRIPTION OF THE LINKED WORKSTATION THAT MUST BE MAINTAINED

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PURPOSE FOR WHICH FIREARMS ARE NEEDED

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27

DETAILS OF THE TYPE OF FIREARMS AND THE NUMBER ROUNDS OF AMMUNITION THE OFFICIAL INSTITUTION INTENDS TO ACQUIRE

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28

DESCRIPTION OF SAFETY CONTROL PROCEDURES REGARDING THE SAFEGUARDING OF FIREARMS AND THE SAFEKEEPING FACILITIES

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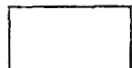
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29

DECLARATION BY APPLICANT

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

D. SIGNATURE OF APPLICANT (Sign only if applicable)

1  2 Fingerprint designation 

3 Date -

4
Name of applicant in block letters

5 Place

6
Signature of applicant

7 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

7.1
Name of police official in block letters

7.2 -
Persal number of police official

7.3
Rank of police official in block letters

7.4
Signature of police official

8 PARTICULARS OF WITNESS

8.1
Name of witness in block letters

8.2 -
Persal number of witness

8.3
Rank of witness in block letters

8.4
Signature of witness

E. 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 Postal Code

5 Postal address ⁶ Postal Code

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)



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR MULTIPLE IMPORT OR EXPORT PERMIT/
PERMANENT IMPORT OR EXPORT PERMIT/TEMPORARY IMPORT OR
EXPORT PERMIT/IN-TRANSIT PERMIT FOR PERSONAL USE
(Individuals and companies)**

Section 73(2), 74, 76, 77, 78, 80, 81 and 82 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 APPLICATION IS RECEIVED			
1 Province			
2 Area			
3 Police station			
4 Component code			
5 Firearm applications register reference number	SAPS 88	NO	YEAR

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 a permit 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 a permit 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 520

32	Business address											31 Postal Code								
34	Business telephone number	34.1 Work	()	34.2 Fax	()											33 Postal Code				
35	E-mail address																			

RESPONSIBLE PERSON'S DETAILS

37	Responsible person (full name and surname)																
38	Type of identification (indicate with an X)																
39	Identify number of responsible person																
40	Passport number of responsible person																
41	Cellphone number																
42	Physical address																
44	Postal address																
46	Type of competency certificate (if applicable)																
47	Date of issue																
	Expiry date																

F. PARTICULARS OF THE CURRENT OWNER OF THE FIREARM(S)

NATURAL PERSON'S DETAILS

2	Surname															3 Initials			
4	Full names																		
5	Identify number of natural person																		
6	Passport number of natural person																		
7	Residential address																		
9	Postal address																		
11	Telephone number																		
11.3	Cellphone number																		
13	E-Mail address																		

JURISTIC PERSON'S DETAILS

15	Registered company name																
16	Trading as name																
17	FAR number																
18	Company registration or CC number																
19	Postal address																

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

SAPS 520

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

G. IMPORT AND/OR EXPORT DETAILS

1	Country of origin										
2	Country of destination										
3	Port of entry										
4	Port of exit										
5	Reason for permit										

6 In case of a permanent import/export permit, submit the date on which the import/export will take place

7	Date on which the import/export will take place	Date												
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8 In case of a multiple import or export permit/temporary import or export permit/in-transit permit, submit the following

9	Period for which permit is required																													
9.1	FROM	Date													TO	9.2	Date													

H. TRANSPORTER'S DETAILS (Complete only in the case of an in-transit permit for business purposes)

1	FAR number																	
2	Transporter's name and surname																	
3	Transporter's trading name																	
4	Method of transport																	
5	Transporter's responsible person (name and surname)																	
6	Type of identification (indicate with an X)	SA citizen					Non-SA citizen with permanent residence*											
7	Identify number of responsible person						-						-					
8	Cellphone number																	

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

3 DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM(S)

I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to supply it to the applicant once the necessary permit(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate.

4 SIGNATURE OF PERSON CURRENTLY IN POSSESSION

4.1
Name of person currently in possession in block letters

4.2 Date - -

4.3
Signature of person currently in possession

4.4 Place

5 DECLARATION OF APPLICANT

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

J. SIGNATURE OF APPLICANT (Sign only if applicable)

1
Name of applicant in block letters

2 Date - -

3
Signature of applicant

4 Place

K. (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 -

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 -

7.3
Rank of witness in block letters

7.4
Signature of witness

L. 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	<input type="text"/>
2	Identity/Passport number of interpreter	<input type="text"/>
3	Residential address	<input type="text"/>
		* Postal Code <input type="text"/>

N. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date

4 Signature of nominee/authorized person

5 Place

***** NOTIFICATION OF CHANGE OF ADDRESS *****

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

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

1 RECOMMENDATION REGARDING THE APPLICATION

2 Recommended Not recommended

Motivation regarding the application

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 Personal number of Designated Firearms Officer/Station Commissioner