

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION FOR BUSINESS PURPOSES

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

OFFICIAL DATE STAMP		OFFICIAL USI ERE THE APP			
	¹ Application reference	e No			
DATE RECEIVED					
DATE REGEREES					
B. FOR OFFICIAL USE BY POLI	CE STATION WHER	E THE APPLI	CATION IS F	RECEIVED	
Province					
Area	,				
Police station		•••••			
Component code			· · · · · · · · · · · · · · · · · · ·		
Firearm applications register reference No	SAPS 86 NO		Y	EAR	
c. FOR OFFICIAL USE I	BY THE CENTRAL F	IREARMS RE	GISTER (CF	R)	
¹ Outstanding/Additional information required					
		•••••••••••		•••••	
			•		
- 2 Perss	al number			3	Date
	1				
⁴ Signature of police official	Г		⁵ Name in blo	ck letters	
* Application for accreditation approved (Indicate with a	n.X)				
				T T	
- Fersa	si number				Date
⁹ Signature of deciding officer	¹⁰ Officer code		¹¹ Name in blo	ock letters	
12 Application for accreditation refused (Indicate with an	x) Reason	n(s) for refusal			
		••••••			
- 14 Pars	af number	-		1	Date
		-			
¹⁶ Signature of deciding officer	17 Officer code		18 Name in blo	ck letters	

	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 bunting
5	To provide an in-house security service
6	As a museum
7	As a public collector in firearms and amountion
8	As a game rancher
9	Far 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 cilizen Non-SA citizen with permanent residence*
3	identity number
4	Surname * nitials *
e	Full names
7	Date of birth * Age * Gender Male Female
10	Residential address
12	Postal address
	13 Pastal Code
14	Trade or profession 15 If self-employed, specify
16	Name of employer/company
17	Business address
	18 Postal Code
19	Telephone number () 18.2 Work ()
19.3	Celliphone humber 20 Fax ()
21	E-mail adulfress
22	Marital status (Indicate with an X)
23	Single Married Divorced Widow Widower
	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 Passport
24.2	#dentity number of spouse/partner
24.3	Passport number of spouse/partner
24.4	Name and surname

25	JURISTIC PERSON'S DETAILS
26	OTHER BODIES (eg body corporate, close corporation or company)
27	Registered company name
28	Trading as name
29	Company registration or GC number
30	Postal address
	31 Postal Code
32	Business address
	²³ Postal Code
34	Business telephone number 34.1 Work () 34.2 Fax ()
35	E-mall address
36	RESPONSIBLE PERSON'S DETAILS
37	Responsible person (full name and surname)
38	Type of identiffication (indicate with an X) SA ID Passport number
39	identity number of responsible person
40	Passport number of responsible person
41	Celiptione number
42	Physical address
	49 Postal Code
44	Postal address
	45 Postal Code
16	
10	PROOF SIGNATURES OF RESPONSIBLE PERSON
17	48
	Signature of responsible person Signature of responsible person
9	
•	PARTICULARS OF OTHER PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION
50	Identity number Full names Surname Capacity

51	PARAGRAPH 52 - 55 MUST BE COMPLETED FOR ALL TYPES OF ACCREDITATION
52	MOTIVATION OF PURPOSE AND SCOPE FOR WHICH ACCREDITATION IS REQUIRED
53	DESCRIPTION OF THE MAIN PURPOSE OF THE BUSINESS
54	DESCRIPTION OF SECURITY MEASURES PERTAINING TO THE STORAGE, TRANSPORT AND SAFEKEEPING OF FIREARMS TO BE USED.
55	DESCRIPTION OF HOW REGISTERS WILL BE KEPT
	DESCRIPTION OF NOTE NEEDS (CRS WILL BE NEED)
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
i	
58	NUMBER OF PERSONS WHO WILL BE ISSUED WITH FIREARMS
59	
ļ	COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A MUSEUM
60 ,	DESCRIPTION OF ACCESS CONTROL
61	DESCRIPTION OF DISPLAY MECHANISMS
	-
1	

SAPS 519(a) 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 Accreditation registration number **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 SIGNATURE OF APPLICANT (Sign only if applicable) Date Fingerprint designation Name of applicant in block letters Place Right index fingerprint of applicant Signature of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION 7.2 Name of police official in block letters Persal number of police official 7.3 7.4 Signature of police official Rank of police official in block letters 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.) Name and surname of interpreter Identity/Passport number of interpreter Residential address ⁴ Postal Code Postal address ⁶ Postal Code 7.2 Work 7.1 Hame Telephone number 9 Fax Cellphone number 10 E-mail address interpreted from (language) to Date 13 Signature of interpreter 15 Rank of police official in block letters (If applicable) Persal number of police official (if applicable)

H.	FOR OFFICIAL	USE BY THE D	HESIGNATED:	FIREAR	MS OFFIC	ERISTATI	ON CO	MM155FC	INER	
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ame of Desig	nated Firearms Officer/	Station Commission	oner in block letter	rs						
				7	Place					
ank of Design	ated Firearms Officer/S	Station Commission	ner in block letters	S						
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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					A FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER WHEN THE APPLICATION IS CAPTURED																		
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12 Appl	lication							e with an X)		19 R	*******	n(s) f	or ref	usal									
17 Appl	lication										*******	n(s) f	or ref	usal									
¹² Appl	lication										*******	n(s) f	or ref	usai									
¹² Appl	lication										*******	n(s) fi	or ref	usai									
12 Appl	lication						(Indicati	e wlih an X)		** R	easc			USA									
¹² Appl	lication						(Indicati				*******	(s) f	or ref	usal			-]			15 [)ate		
32 Аррі	lication						(Indicati	e wlih an X)		** R	easc			tisal			<u>-</u>]			* [)ate		

	C. GOVERNMENT INSTITUTION'S DETAILS (Indicate with an X)
	Name of government institution
	Physical address
	* Postal Code
	Postal address * Postal Code
	Contact telephone number **Work () ** Fax ()
	E-mail addless
	RESPONSIBLE PERSON'S DETAILS
	Responsible person (full name and surname)
5	Type of identification (indicate with an X) SA (D) Passport number
1	Identify/Passport number of responsible person
3	Celiphone number Physical address
	" Postal Code
5	Postal address
	16 Postal Code
7	PROOF SIGNATURES OF RESPONSIBLE PERSON
3	19
8	Signature of responsible person Signature of responsible person
3	
ı	Signature of responsible person OTHER DETAILS Signature of responsible person
)	Signature of responsible person Signature of responsible person
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1	Signature of responsible person OTHER DETAILS MOTIVATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED
1	Signature of responsible person OTHER DETAILS MOTIVATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED
1	Signature of responsible person OTHER DETAILS MOTIVATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED
1	Signature of responsible person OTHER DETAILS MOTIVATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED
1	Signature of responsible person OTHER DETAILS MOTIVATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED

1	PARTICULARS OF A HOW REGISTER WILL BE KEPT REGARDING THE ISSUING OF FIREARMS AND THE PROCEDURE ON HOW FIREARMS WILL BE CONTROLLED
	PARTICULARS OF THE PLACE WHERE REGISTERS WILL BE KEPT FOR INSPECTION BY A POLICE OFFICIAL
	DESCRIPTION OF THE LINKED WORKSTATION THAT MUST BE MAINTAINED
	PURPOSE FOR WHICH FIREARMS ARE NEEDED
	DETAILS OF THE TYPE OF FIREARMS AND THE NUMBER ROUNDS OF AMMUNITION THE OFFICIAL INSTITUTION INTENDS TO
	ACQUIRE
	DESCRIPTION OF SAFETY CONTROL PROCEDURES REGARDING THE SAFEGUARDING OF FIREARMS AND THE SAFEKEEPING FACILITIES
	FROIDTES

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 APPL	ICANT	(Sign only if applicable)
	² Fingerprint designation	3	Date
		4	Name of applicant in block letters
	Right index fingerprint of applicant	5	Place
		6	Signature of applicant
,	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	N	
1.1	Name of police official in block letters	7.2	Persal number of police official
.3		7.4	
1	Rank of police official in block letters		Signature of police official
	PARTICULARS OF WITNESS	8.2	
1.1	Name of witness in block letters	0.2	Persal number of witness
1.3		B.4	
	Rank of witness in block letters		Signature of witness
	E. PARTICULARS (This section must only be completed if the applicant cannot	OF INTI	ERPRETER
	E. PARTICULARS C	OF INTE	ERPRETER
!	E. PARTICULARS ((This section must only be completed if the applicant cannot	OF INTE	ERPRETER
	E. PARTICULARS ((This section must only be completed if the applicant cannot Name and surname of interpreter	OF INTE	ERPRETER write or does not understand the content of this form.)
!	E. PARTICULARS (This section must only be completed if the applicant cannot Name and sumame of interpreter Identity/Passport number of interpreter	DE INTE	ERPRETER
! }	E. PARTICULARS ((This section must only be completed if the applicant cannot Name and sumaine of interpreter Identity/Passport number of interpreter Residential address	OF INTE	ERPRETER write or does not understand the content of this form.)
! }	E. PARTICULARS ((This section must only be completed if the applicant cannot Name and sumaine of interpreter Identity/Passport number of interpreter Residential address	DE INTI	ERPRETER write or does not understand the content of this form.) 4 Postel Code
:	E. PARTICULARS (This section must only be completed if the applicant cannot Name and surname of interpreter identity/Passport number of interpreter Residential address Postal address	DF INTI	ERPRETER write or does not understand the content of this form.) 4 Postel Code 8 Postel Code
:	E. PARTICULARS ((This section must phly be completed if the applicant cannot have and surname of interpreter identity/Passport number of interpreter. Residential address Postal address Telephone number 7.1 Home ()	DE INTI	# Postal Code Work ()
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	E. (This section must only be completed if the applicant cannot Name and surname of interpreter identity/Passport number of interpreter. Residential address Postal address Telephone number 7.1 Home () Celiphone number E-mail address	DE INTI	# Postal Code **Postal Code **Postal Code **Postal Code **Postal Code
	E. (This section must only be completed if the applicant cannot Name and surname of interpreter identity/Passport number of interpreter. Residential address Postal address Telephone number 7.1 Home () Celiphone number E-mail address	read or)	### Postal Code Postal Code Page Postal Code Page Page
! ;	E. (This section must only be completed if the applicant cannot Name and surname of interpreter identity/Passport number of interpreter. Residential address Postal address Telephone number 7.1 Home () Celiphone number E-mail address	feed or)	# Postal Code **Postal Code **Postal Code **Postal Code **Postal Code **Postal Code **Postal Code
! ;	E. PARTICULARS (This section must only be completed if the applicant cannot have and sumaine of interpreter identity/Passport number of interpreter. Residential address Postal address Telephone number 7.1 Home () Cellphone number E-mail address interpreted from (language)	feed or)	### Postal Code Postal Code Page Postal Code Page Page

SAPS 520



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	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED							
	¹ Application reference	No						
DATE RECEIVED								
B. FOR OFFICIAL USE BY P	OLICE STATION WHER	E APPLICATION I	S RECEIVED					
Province		_						
Area								
Police station								
Component code								
Firearm applications register reference number	SAP\$ 86 NO		YEAR					
* Outstanding/Additional information required - t Per * Signature of police official * Application for a permit approved (Indicate with an X)	sal number	5 Name in	- l l l l l l l l l l l l l l l l l l l	³ Date				
P P P			••••••	•••••••				
Per	sal number		-	^a Date				
Signature of deciding officer Separature of deciding officer Application for a permit refused (Indicate with an X).	10 Officer code	¹¹ Name in	block letters					
	sal number	-	-	¹⁵ Date				
16 Signature of deciding officer	17 Officer code	18 Name in						

SAPS 520

	D. TYPE OF PERMIT (Indicate with an X)
	1 Multiple import or export permit 2 Permit 0 rexport permit 0 rexport permit 2 Permit 0 rexport permit 2 Permit 0 rexport permit 2 Perm
	E. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
2.1	SA ID Paseport
3	identity number of natural person
4	Passport number of natural person
5	Surriame ⁶ Initials
8	Full names
11	Date of bitth - - ** Age ** Gender Male Female Residential address
13	¹² Postal Gode
,,	Postal address 14 Postal Code
15	Trade or profession 14 If self-employed, specify
17	Name of employer/company
18	Business address
00	19 Postal Code
20.3	Telephone number 20.1 Home () 20.2 Work ()
22	Celiphone number 21 Fax () E-mail address
23	Marital status (Indicate with an X)
24	Single Married Divorced Widow Widower Other (specify)
25	PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable)
25.1	Type of identification (Indicate with an X)
25,1,1	SA ID Passport
25.2	Identity number of spouse/partner
25.3	Passport number of spause/partner
25.4	Full Name and Surname
26	JURISTIC PERSON'S DETAILS
27	Registered agriphing hame
28	Trading as name
29	FAR mumber
30	Postal address

[•] In case of a non-SA citizen proof of permanent residence must be submitted

		SAPS 520
21	Business address	
	zz Postal Gode	
23	Business telephone number 23, Work 23, Fax	
24	E-mait 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	tdentity number of responsible person	-
29	Passport number of responsible person	
30	Sellphone number	
31	Physical address	
	. 22 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	
	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	
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-fransit 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	Etientify number of responsible person	-
8	Celiphone number	

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

				···			SAPS 520
9	Validity of the transporter's permit	FROM	Date		-	-	
		то	Date		-	-	
10	Transport route						
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		***************************************		•••••••••	••••••		
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	ı	DETAILS OF F	IREARMS				
i	1.1 Type 12 Action 13 Calibre	e ¹⁴ Model	1.5 Make	1.6 Frame or re		^{1.7} Barrel s	anat .
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1	DETAILS OF AMMUNITION	*******					
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3	DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF T	SAPS 52
	I hereby declare that the above firearm(s) is/are legally in my possession and the permit(s) has/have been obtained and that the particulars of the firearm(s) are continuous to the firearm of the firea	f that I propose to supply it to the applicant once the necessary
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 Coapplication.	Control Act, 2000 (Act No 60 of 2000), to make a false statement in this
	J. SIGNATURE OF APPLICA	CANT (Sign only It applicable)
1	Name of applicant in block letters	2 Date
3	Signature of applicant	4 Place
	K. (This section must be completed only if t	If the applicant cannot read or write)
1	² Fingerprint designation	3 Date
		Name of applicant in block letters
	Right index fingerprint of applicant	5 Place
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
6.1	Name of police official in block letters	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		7.2
7.3	Name of witness in block letters	Persal number of witness 7.4
	Rank of witness in block letters	Signature of witness
	L. PARTICULARS OF It (This section must be completed only if the applicant cannot read	TINTERPRETER and or write or does not understand the content of this form.)
1 2	Name and surname of interpreter	
3	identilly/Passport number of interpreter Residential address	
		⁴ Postal Code

	SAPS 520
	Postal address
	Telephone number 7.1 Home () 7.2 Work ()
3	E-mail address Fax ()
	Interpreted from (language) to
	12 Date:
3	14 Place
	Signature of interpreter
5	16
	Rank of police official in block letters (if applicable) Persal number of police official (if applicable)
	M. PARENTAL CONSENT IN CASE OF A MINOR
	Recommended Not recommended
	restrate dat section and secti
	Name and surname of parent/guardian
	Identify/Passport number of parent/guardian
	Comments of parent/guardien
	5 Date
	7 Place
	Signature of parent/guardian

	SAPS 520
	N. IN CASE OF NOMINEE/AUTHORIZED PERSON
1	Name and surname of homittee/authorized person
2	Identily/Passport number of nominee/authorized person
	Retitity-rassport furnise of normineerality (200 person)
	3
	Date
4	Place
	Signature of nominee/authorized person
	*** 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
	O. TOROTHUME SEE DT THE DESIGNATED THE ARMS OF IDERISTATION COMMISSIONER
1	RECOMMENDATION REGARDING THE APPLICATION
2	Recommended Not recommended
. 2	Motivation regarding the application
3	
-	Date
	Name of Designated Firearms Officer/Station Commissioner in block letters
5	6 Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters
7	
,	8
	Signature of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station
	Commissioner