

## 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 DEALERS, MANUFACTURERS AND GUNSMITHS

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	WHERE	WHERE THE APPLICATION IS CAPTURED								
	<sup>1</sup> Application reference No									
DATE RECEIVED										
B. FOR OFFICIAL USE BY PO	OLICE STATION WHERE TH	E APPLICATION IS RECEIVE	O							
Province		-								
Area Police station	<u></u>									
Component code										
Firearm applications register reference number	SAPS 85 NO	YEAR								
	FICIAL USE BY THE DECIDI	NG OFFICER								
<sup>1</sup> Outstanding/Additional information required			•••••••••••							
- *P	ersal number	-   -	<sup>3</sup> Date							
		-								
<sup>4</sup> Signature of police official		<sup>5</sup> Name in block letters								
* Application for a permit approved (indicate with an	×0		***************************************							
- 3 Pe	ersal number		* Date							
<sup>9</sup> Signature of deciding officer	<sup>10</sup> Officer code	11 Name in block letters								
17 Application for a permit refused (indicate with an X)	12 Reason(s) fo	refusal								
	ersal number	-     -     -	1 Date							
<sup>16</sup> Signature of deciding officer	17 Officer code	18 Name in block letters								

	D. TYPE OF PERMIT (Indicate with an X)
	Multiple import or export permit   Seport permit   In-transit permit   Temporary import or export permit
	E PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
2.1	SAID Fassport
3	identity number of natural person
4	Passport number of natural person
5	Surname 5 Initials
7	Fullnames
8	Date of birth 9 Age 10 Gender Male Female
11	Residential address
	<sup>12</sup> Postal Code
13	Postal address
15	Trade or profession 15 if self-employed, specify
17	Name of employer/company
18	Business address
	15 Postal Code
20	Telephone number 201 Home ( ) 202 Work ( )
20.3	Celiphone number 24 Fax ( )
22	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)
	PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable)
25.1	Type of identification (Indicate with an X)
25.1.1	SAID Passport
25.2	Identity number of spouse/partner
25.3	Passport number of spouse/partner
25.4	Full Name and surname
26	JURISTIC PERSON'S DETAILS
27	Registered company name
28	Trading as name
29	FAR number

		SAPS 520(a
30	Postal address	
	31 Postal Code	T
32	Business address	
	<sup>94</sup> Postal Code	T
34	Business telephone number   24.1 Work ( )   34.2 Fax ( )	
35	E-mail addiess	
36		
30	RESPONSIBLE PERSON'S DETAILS	
37	Responsible person (full name and surname)	
38	Type of identification (indicate with an X) SA citizen Passport	
39	identity number of responsible person	1-1
40	Passport number of responsible person	
41	Ce#phone number	<del></del>
42	Physical address	
	*1 Postal Code	TTT
44	Postal address	
	45 Postal Cade	TT
40		1_1
46	Type of competency certificate (if applicable)	
47	Date of issue 4e Expiry date	
	F. PARTICULARS OF CURRENT OWNER OF THE FIREARM(S)	
1	NATURAL PERSON'S DETAILS	
2	Surname a mitials	1
4	Full names	
5	identify number of natural person	<del></del>
3		+-+-
7	Passport number of natural person	
	Residential address	
	Postal Code	
;	Postal address	
	10 Postat Cocie	T-T-
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1.3	( ) avank ( )	
3	Celliphone number 12 Fax ( )	
	E-mail address	[
4	Are there any additional firearm licence holders for this firearm? (Indicate with an X)  YES  NO	
5	HIDISTIC DEDOCATE DETAILS	
	JURISTIC PERSON'S DETAILS	
5	Registered company name	
7	I	
	Trading as name	

	SAPS 520(a)
19	Postal address
	<sup>20</sup> Postal Code
21	Susiness address
	<sup>27</sup> 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 citizen Passport number
28	Identity number of responsible person
29	Celiphone number
30	Physical address
	<sup>84</sup> Postal Code
32	Postal address
	<sup>23</sup> Postal Code
	G. IMPORT AND/OR EXPORT DETAILS
1	Country of origin
2	Country of destination
3	Part 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
	In base of a permanent importoxport permit oddring the date of which the importoxport will take place
7	Date on which the import/export will take place:  Date
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
10	FROM Date TO Date
	H. TRANSPORTER'S DETAILS (Complete only in the case of an (petranal) permit)
1	FAR number
2	Transporter's name and sumame
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	Celiphone number

							S	APS 520(a)
9	Validity of the transporter's permit		FROM	Date		-		
			то	Date		-		
10	Transport route		-					
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		·	***************************************			•••••	•••••	
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		***************************************						
	L		DETAILS OF FI	REARMS				
	1.1 Type 1.2 Action	1.3 Calibre	1.4 Model	1.5 Make	1.6 Frame or	Partition	17 Barrel	corini
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DETAILS OF AMMUNITION

2.1	

Z.t.1 Type	2.1.2 Quantity
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DECLARATION BY PERSON WHO IS IN LAWFUL POSSESSION OF THE FIREARM(S)

I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to sell or 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.

SAPS 520(a) SIGNATURE OF PERSON CURRENTLY IN POSSESSION 4.1 Date Name of person currently in possession in block letters 4.3 Place Signature of person currently in possession 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. SIGNATURE OF APPLICANT (Sign only if application) J. Date Name of applicant in block letters Place Signature of applicant K. (This section must only be completed if the applicant cannot read or write) Date Fingerprint designation Name of applicant in block letters Place Right index fingerprint of applicant 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 Signature of police official Rank of police official in block letters **PARTICULARS OF WITNESS** 7.1 7.2 Name of witness in block letters Persal number of witness 7.3 Signature of witness Rank of witness in block letters 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 <sup>4</sup> Postal Code Postal address <sup>6</sup> Postal Code

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T	elephone number	7.1	Home (	)				2 We	ırk	( )						
Ç.	ellular phone							Fax		( )						
	mall address			<del></del> -											<del></del>	
th	terpreted from langu	rage			<del></del>			to						<del></del>		
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Sign	nature of interpreter	•••••						lace	<u> </u>	<del></del> -			· · · · ·		<del></del>	
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Ran	ık of police official in	block letters (if	applicable)				Pe	rsal nu	mber of	police o	fficial	(if appl	icable)			
M.			PARENT	AL CON	SENT	IN CA	SE O	FAM	INOR							
		Recommen	ided							Not re	comme	ended				
N.	ame and surname of	f parant/murdian								-						
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Signature	of nominee/au	ithorized pe	erson						5	Pla	ce										
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Name of D	esignated Fire	earms Offic	er/Station	Com	nission	er in bl	ock le	tters										-	<b></b>		
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	signated Firea	rms Office	r/Station	Comm	issione	r in bloc	ck lett	ers													_
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		FSCRUTINY COMMITTEE d permit/permanant exped permit)	
RECON	IMENDATION REGAR	EDING THE APPLICATION	
Recommended		Not recommended	
Recommendation from Scruliny Committee			
			•••••••
	OR OFFICIAL USE of multiple impart of expor	BY THE NCACC (1 permit/permanent expect permit)	
RECOM	MENDATION REGAR	DING THE APPLICATION	
Recommended		Not recommended	
Recommendation from NCACC			
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## SOUTH AFRICAN POLICE SERVICE

## APPLICATION FOR PERMIT TO TRANSPORT FIREARMS AND AMMUNITION Section 83, 85(1) and 86(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAIVIE	A. FOR I	OFFICIAL U	SE BY T	HE PO	LICE S	TATION		
			PPLICA	HON IS	CAPT	URED		т
	<sup>1</sup> Application reference	ce No				_		
DATE DECEMEN								
DATE RECEIVED	### WHERE THE APPLICATION IS CAPTURED  1 Application reference No  FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED  2 Sapister reference number  SAPS 88 NO  FOR OFFICIAL USE BY THE CENTRAL PIREARMS REGISTER (GFR)  Onal information required  1 Persal number  3 Date  auture of police official  4 Name in block letters							
8: FOR OFFICIAL USE BY PO	LICE STATION WHE	RE THE AP	PLICATI	ON IS I	RECEIV	ÆD.		
Province								
Area	***************************************	**************		•••••	••••••			•••••
Police station			••••••••	•••••	•••••		**********	
Component code	***************************************	***************************************			••••••	************	•••••	• • • • • • • • • • • • • • • • • • • •
Firearm applications register reference number	SAPS 86 NO	,	<u></u>	YE.	4R			_
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*Outstanding/Additional information required	DI THE GENTRAL P	INCARING	(E.OlO))	100 (4010)	9			
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<sup>4</sup> Signature of police official			<sup>a</sup> Name in	block let	ters			
<sup>4</sup> Signature of police official  *Application for a permit approved (Indicate with an X)			<sup>a</sup> Name in	block let	ters		<del></del> .	
*Application for a permit approved (Indicate with an X)			<sup>a</sup> Name in	block let	ters			
*Application for a permit approved (Indicate with an X)	sal number		* Name in	block let	ters	• Da	te	
*Application for a permit approved (Indicate with an X)			Name in	block let	ters	* Da	te	
*Application for a permit approved (Indicate with an X)	sal number	<u> </u>		<u> </u>	I	* Da	te	
*Application for a permit approved (Indicate with an 2)  -	sal number [		<sup>11</sup> Name i	<u> </u>	I	* Da	te	
*Application for a permit approved (Indicate with an X)	sal number [	<u> </u>	<sup>11</sup> Name i	<u> </u>	I	* Da	te .	
*Application for a permit approved (Indicate with an 2)  -	sal number [		<sup>11</sup> Name i	<u> </u>	I	† Da	tte:	
*Application for a permit approved (Indicate with an X)  -	1º Officer code		<sup>11</sup> Name i	<u> </u>	I			
*Application for a permit approved (Indicate with an X)  -	sal number [		<sup>11</sup> Name i	<u> </u>	I	* Da		
*Application for a permit approved (Indicate with an X)  -	1º Officer code		<sup>11</sup> Name i	<u> </u>	I			

	D. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
2.1	SAID Passport
3	toentity number of natural person
4	Passport number of natural person
5	Surrame 6 Initials
7 8	Full names
11 .	Date of birth * Age 10 Gender Male Female
	Residential address  17 Poetal Code
13	Postal address .
j	18 Postal Code
15	Trade or profession If self-employed, specify
17	Name of employer/company
18	Business address
20	Telephone number 20.1 Home ( ) 20.2 Work ( )
20.3	Telephone number ( ) "" Work ( )
f	V /
22	E-mail address
22 23	
23	Marital status (Indicate with an X)
23	Marital status (Indicate with an X)  Single Married Divorced Widow Widow
23	Marital status (Indicate with an X)
23	Marital status (Indicate with an X)  Single Married Divorced Widow Widow
23	Marital status (Indicate with an X)  Single Menried Diverced Widow Widows  Other (specify)
23   24   25   25.1	Marital status (Indicate with an X)  Single Meirried Diverced Widow Widows  Other (specify)  PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)  Type of identification (Indicate with an X)
23 24 25 25 25.1	Marital status (Indicate with an X)  Single Meiried Divorced Widow Widow  Other (specify)  PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)  Type of identification (Indicate with an X)  SA ID Passport
223	Marital status (Indicate with an X)  Single Meirried Diverced Widow Widows  Other (specify)  PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)  Type of identification (Indicate with an X)
	Marital status (Indicate with an X)  Single Mairried Divorced Widow Widows  Other (specify)  PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)  Type of identification (Indicate with an X)  SA ID Passport  identity number of spouse/partner
223 224 24 25.5.1 25.5.1 25.2 25.3 3.3	Marital status (Indicate with an X)  Single Mentled Divorced Wildow Wildow Other (specify)  PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)  Type of identification (Indicate with an X)  SA ID Passport Identify number of spouse/partner Passport number of spouse/partner Full name and surname
223	Single Marifed Divorced Widow Widow  Citier (specify)  PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)  Type of identification (Indicate with an X)  SA ID Passport  dentity number of spouse/partner  Passport number of spouse/partner  Full name and surname  JURISTIC PERSON'S DETAILS
223	Marital status (Indicate with an X)  Single Mentled Divorced Wildow Wildow Other (specify)  PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)  Type of identification (Indicate with an X)  SA ID Passport Identify number of spouse/partner Passport number of spouse/partner Full name and surname
223	Single Marifed Divorced Widow Widow  Citier (specify)  PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)  Type of identification (Indicate with an X)  SA ID Passport  dentity number of spouse/partner  Passport number of spouse/partner  Full name and surname  JURISTIC PERSON'S DETAILS
223	Single Marital status (Indicate with an X)  Single Marital Divorced Visitor Wittow Wittows  Other (specify)  PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)  Type of identification (Indicate with an X)  SA ID Passport  Jentify number of spouse/partner  Passport number of spouse/partner  Full name and surname  JURISTIC PERSON'S DETAILS  OTHER BODIES (eg body corporate, close corporation or company)
223	Marital status (indicate with an X)  Single Menried Divorced Wildow Wildows  Other (epscify)  PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (if applicable)  Type of identification (indicate with an X)  SA (ID Passport  Certify number of spouse/partner  Passport number of spouse/partner  Pull name and surrame  JURISTIC PERSON'S DETAILS  OTHER BODIES (eg body corporate, close corporation or company)  Registered company name  Fracting as name  FAR number
223	Marital status (Indicate with an X)  Single Mainfed Divorced Wildow Widows  Other (specify)  PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)  Type of identification (Indicate with an X)  SA 10 Passport  Sentilly number of spouse/partner  Fassport number of spouse/partner  Full name and surriange  JURISTIC PERSON'S DETAILS  OTHER BODIES (eg body corporate, close corporation or company)  Registered company name  Trading as name  FAR number  Company registration or CC number
223	Marital status (indicate with an X)  Single Menried Divorced Wildow Wildows  Other (epscify)  PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (if applicable)  Type of identification (indicate with an X)  SA (ID Passport  Certify number of spouse/partner  Passport number of spouse/partner  Pull name and surrame  JURISTIC PERSON'S DETAILS  OTHER BODIES (eg body corporate, close corporation or company)  Registered company name  Fracting as name  FAR number

34								SA	APS 520(i
	Business address			·					<del></del>
36	Business telephone nun	nber <sup>36 t</sup> Work	( )	36.7 Fa.	T .	35 Postal Co	ode		
37	E-mail address	HDds VVOTK	( )	Fa	× (	)	<del></del>	<del></del>	
••					······································				
38	RESPONSIBLE PERSO	ON'S DETAILS							
39	Responsible person (full	name and surname)							// /
40	Type of identification (inc	∄rate with an X)	3	A citizen	Non-S/	A citizen with pe	manent re	sidence	
41	Identity number of respo	hsible person			-		T - T	Π	-
42	Passport number of rest	onsible person						11	
43	Celiphone number							<del></del>	
44	Physical address								
						45 Postal Ci	ode		
46	Postal address								
						47 Postal C	ode		
	E.		OTHE	R DETAILS					
1									
•	HAVE YOU EVER BEEN (Indicate with an X)	N CONVICTED OF AN OF	FENCE COMMITT	ED INSIDE OR OU	TSIDE THE B	ORDERS OF T	HE RSA?		
	YES	NO	If yes, submit th	ne following details					
1.1	Police station (1)			12 C/	AS/Case numb	er			
1.3	Charge						•		
1.4	Outcome								
1.5	Police station (2)			1.6 G/	AS/Case numb	er			
1.7	Charge					***************************************			
··· I	Outcome								
2	ARE THERE ANY CASE	S PENDING AGAINST Y	OU? (Indicate with a	n X)					
	YES	NO	If yes, submit th	e following details					
2.1	Police station <sup>(1)</sup>			<sup>22</sup> CAS	/Case number				
2.3	Offence								
2.4	Police station (2)			25 CA!	5/Case numbe				
2.6	Offence			<del>-</del> ,					
3	HAVE ANY OF YOUR FI	REARM(S) EVER BEEN	LOST/STOLEN? (	ndicate with an X)					
	YES	NO		e following details					
3.1	Police station (1)			32 CAS	9/Case number				
3.3	Circumstances								
).7	Details of firearm								
),5	Police station (2)			2.6 CAS	S/Case number				
1.7	Circumstances								
1.8	Details of firearm								

<sup>\*</sup> In case of a non-SA citizen proof of permanent residence must be submitted.

YES	NO	If yes, submit the	following details	
olice station (1)			4.4 CAS/Case number	
Charge		•••••••••••	4.4 Gutcarne	••••
olice station <sup>(2)</sup>			4.6 CAS/Case number	
harge		E	4.8 Outcome	
AVE YOU EVER BEEN D		1		
YES clice station (1)	NO	If yes, submit the f		
			6.2 CAS/Case number	
harge ate from			6.5 Period	
olice station (2)				
			CAS/Case number	
harge ate from			5.14 Period	•••••
are num		· · · · · · · · · · · · · · · · · · ·	r.e.roq	
AS A FIREARM IN YOUR	POSSESSION BEEF	N CONFISCATED? (Ind	cate with an X)	
YES	NO NO	If yes, submit the fi	ollowing details	
olice station [1]	••••••		6.2 CAS/Case number	
roumstances			<sup># 4</sup> Quicome	
olice station (2)			6.6 CAS/Case number	
rcumstances			<sup>6,8</sup> Outcome	
RTICULARS OF TWO-W	/AY COMMUNICATIO	ON SYSTEM		
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DESCRIPTION OF SECURITY PRECAUTIONS		
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ESCRIPTION OF HOW THE PRESCRIBED REGISTERS WILL BE KEPT		
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n aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2 lication.		false statement in t
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5		6	Date
	Name of applicant in block letters		
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8	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION		
8.1	4	8.2	
	Name of police official in block letters		Persal number of police official
8.3		8.4	
	Rank of police official in block letters		Signature of police official
9	PARTICULARS OF WITNESS		
9.1	]	9.2	
	Name of witness in block letters		Persal number of witness
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	6 DADRIGH ADD OF	18177	EDODETED
	G. PARTICULARS OF  (This section must be completed only if the applicant carnot rec		
1	Name and surname of interpreter		
2	Identify/Passport number of interpreter		
3	Residential address		
			<sup>4</sup> Postal Cade
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	Postal address		
_			<sup>6</sup> Postal Code
7	Telephone number 7.1 Home ( )		7.2 Work ( )
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1	Interpreted from (language)	-	
	markanea nam handrade.		to
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	H. PARENTAL CONSENT IN CA	ASE	OF A MINOR
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	Recommended		Not recommended
i	Normal desiration of the second secon		
	Name and surname of parent/guardian		
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