



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A PERMIT TO COLLECT AMMUNITION

Section 18 and 19 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	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 Personal number				3 Date		
						4 Signature of police official							
							5 Name in block letters						
6 Application for a permit approved (indicate with an X)													
							7 Personal number				8 Date		
						9 Signature of CFR 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 Personal number				15 Date		
						16 Signature of CFR officer	17 Officer code	18 Name in block letters					

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D. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1	SA ID	Passport	Non-SA citizen with permanent residence*	
3	Identity number			
4	Passport number			
5	Surname			6 Initials
7	Full names			
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	Description of type of residence (eg shack, flat, caravan, cottage, house, hostel)			
16	Trade or profession	17 if self-employed, specify		
18	Name of employer/company			
19	Business address			
				20 Postal Code
21	Telephone number	21.1 Home ()	21.2 Work ()	
21.3	Cellphone number		22 Fax ()	
23	E-mail address			

24 Marital status (Indicate with an X)

24.1	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 spouse/partner	

26 JURISTIC PERSON'S DETAILS

27 OTHER BODIES (eg body corporate, close corporation or company)

28	Registered company name
29	Trading as name

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

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51 **COMPLETE IN CASE OF A PRIVATE COLLECTOR** (Indicate with an X)

52	Are you a member of an accredited association? (Indicate with an X)	YES	NO	If yes, submit the following details											
53	Name of accredited association														
54	FAR number of accredited association														
55	Membership number					56 Date joined									
						57 Expiry date									
58	Description of the place where the ammunition will be stored	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>													
59	Manner in which the ammunition will be displayed	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>													

60 **COMPLETE IN CASE OF A PUBLIC COLLECTOR**

61	WHERE WILL THE AMMUNITION BE DISPLAYED?													
61.1	Name of the accredited museum													
61.2	Accreditation number of the museum					61.3 Date issued								
61.4	Manner in which the ammunition will be displayed	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>												

62 OTHER INFORMATION (Indicate with an X)

63 HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? (Indicate with an X)

YES		NO		If yes, submit the following details	
63.1	Police station ⁽¹⁾			63.2	CAS/Case number
63.3	Charge				
63.4	Outcome				
63.5	Police station ⁽²⁾			63.6	CAS/Case number
63.7	Charge				
63.8	Outcome				

64 ARE THERE ANY CASES PENDING AGAINST YOU? (Indicate with an X)

YES		NO		If yes, submit the following details	
64.1	Police station ⁽¹⁾			64.2	CAS/Case number
64.3	Offence				
64.4	Police station ⁽²⁾			64.5	CAS/Case number
64.6	Offence				

65 HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN? (Indicate with an X)

YES		NO		If yes, submit the following details	
65.1	Police station ⁽¹⁾			65.2	CAS/Case number
65.3	Circumstances				
65.4	Details of firearm				
65.5	Police station ⁽²⁾			65.6	CAS/Case number
65.7	Circumstances				
65.8	Details of firearm				

66 WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM? (Indicate with an X)

YES		NO		If yes, submit the following details	
66.1	Police station ⁽¹⁾			66.3	CAS/Case number
66.3	Charge			66.4	Outcome
66.5	Police station ⁽²⁾			66.6	CAS/Case number
66.7	Charge			66.8	Outcome

67 HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM? (Indicate with an X)

YES		NO		If yes, submit the following details	
67.1	Police station ⁽¹⁾			67.2	CAS/Case number
67.3	Charge				
67.4	Date from			67.5	Period
67.6	Police station ⁽²⁾			67.7	CAS/Case number
67.8	Charge				
67.9	Date from			67.10	Period

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68 HAS A FIREARM THAT WAS IN YOUR POSSESSION BEEN CONFISCATED? (Indicate with an X)			
YES		NO	
If yes, submit the following details			
68.1	Police station (1)	68.2	CAS/Case number
68.3	Circumstances	68.4	Outcome
68.5	Police station (2)	68.6	CAS/Case number
68.7	Circumstances	68.8	Outcome

69 **DECLARATION BY APPLICANT**

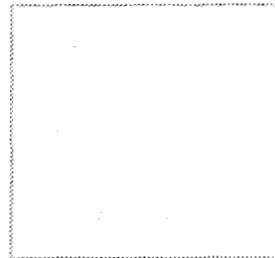
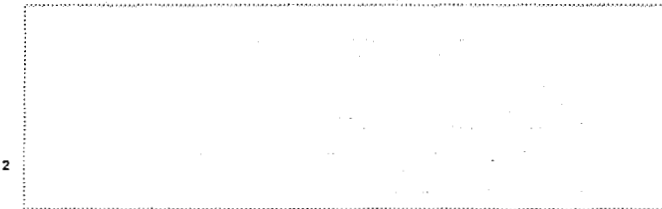
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

E. SIGNATURE OF APPLICANT (Sign only if applicable)

Note:

The requirements of the photo:

- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or sunglasses on the photograph.
- The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
- The applicant must sign in black ink.
- The signature may not exceed the border.
- The whole finger must be pressed down on the sheet.
- The fingerprint should not be rolled and must be a flat impression.



5
Name of applicant in block letters

6

Date						-								
------	--	--	--	--	--	---	--	--	--	--	--	--	--	--

7

Place														
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8 **PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1
Name of police official in block letters

8.2

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Persal number of police official

8.3
Rank of police official in block letters

8.4
Signature of police official

9 **PARTICULARS OF WITNESS**

9.1
Name of witness in block letters

9.2
Persal number of witness

9.3
Rank of witness in block letters

9.4
Persal number of witness

F. PARTICULARS OF INTERPRETER
(This section must be completed only if the applicant cannot read or write or does not understand the contents 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				7 Fax	()								
10	E-mail address													
11	Interpreted from (language)				to									

12 **Date** - - D D

13
Signature of interpreter

14 **Place**

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

16
Persal number of police official (if applicable)

G. PARENTAL CONSENT IN CASE OF A MINOR

1	Recommended				Not recommended			
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2	Name and surname of parent/guardian											
3	Identity/Passport number of parent/guardian											
4	Comments of parent/guardian		<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>									

5 **Date** - -

6
Signature of parent/guardian

7 **Place**

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*** NOTIFICATION OF CHANGE OF ADDRESS ***

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

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

1 RECOMMENDATION WITH REGARD TO THE APPLICATION

2 Recommended Not recommended

Motivation

3 Additional conditions

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

5 Date

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

7 Place

8 Signature of Designated Firearms Officer/Station Commissioner

9 Persal number of Designated Firearms Officer/Station Commissioner



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR COMPENSATION

Section 137 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											
* 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 firearm transactions register ref No										

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)												
¹ Outstanding/Additional information required												
.....												
.....												
.....												
						² Personal number						
						² Date						
⁴ Signature of police official						⁵ Name in block letters						
⁶ Application for compensation approved (Indicate with an X)						⁷ Amount of compensation to be paid			R			
						⁸ Personal number						
						⁸ Date						
¹⁰ Signature of CFR officer						¹¹ Officer code		¹² Name in block letters				
¹³ Application for compensation refused (Indicate with an X)						¹⁴ Reason(s) for refusal						
.....											
.....											
.....											
						¹⁵ Personal number						
						¹⁵ Date						
¹⁷ Signature of CFR officer						¹⁸ Officer code		¹⁹ Name in block letters				

D. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1	SA ID	Passport	Non-SA citizen with permanent residence*											
3	Identity number of natural person													
4	Passport number of natural person													
5	Surname										Initials			
7	Full name													
8	Residential address													
											Postal Code			
10	Postal address													
											Postal Code			
12	Business telephone number		12.1 Home ()			12.2 Work ()								
12.3	Cellphone number				13 Fax ()									
14	E-mail address													

15 JURISTIC PERSON'S DETAILS

16	Registered company name											
17	Trading as name											
18	FAR number											
19	Postal address											
											Postal Code	
21	Business address											
											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	Identity number of responsible person											
29	Passport number of responsible person											
30	Cellphone number											
31	Physical address											
											Postal Code	
33	Postal address											
											Postal Code	

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

35 REPRESENTATIVE'S DETAILS

36	Name and surname						
37	Postal address						
						38 Postal Code	
39	Telephone number	39.1 Home	()	39.2 Work	()		
39.3	Cellphone number			40 Fax	()		
41	E-mail address						

42 PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

43	Licence, permit, certificate or authorization type						
44	Licence, permit, certificate or authorization number						

45 DETAILS OF FIREARM

46	Type						
47	Gaibra						
48	Make						
49	Model						

Firearm component type:

50	Barrel serial number					50.1 Make	
51	Frame serial number					51.1 Make	
52	Receiver serial number					52.1 Make	

53 OTHER PARTICULARS

54	Police station name						
55	SAPS 13 register reference number						
56	Case reference number						
57	Motivation for compensation						
58	Expected compensation amount	R					
						58 Amount in words	

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60 **BANK PARTICULARS**

61	Account holder name	
62	Account type	
63	Account number	
64	Name of bank	
65	Branch name	
66	Bank branch code	

57 **DECLARATION BY APPLICANT**

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 application form.

E. SIGNATURE OF APPLICANT (Sign only if applicable)

1 **SIGNATURE OF APPLICANT**

2
Name of applicant in block letters

3 **Date** -

4
Signature of applicant

5 **Place**

6 **SIGNATURE OF REPRESENTATIVE**

7
Name of representative in block letters

8 **Date** -

9
Signature of representative

10 **Place**

F. (This section must only be completed 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

G. PARTICULARS OF INTERPRETER
 (This section must be completed only if the applicant cannot read or write or does not understand the contents 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			* Fax ()								
10	E-mail address											
11	Interpreted from (language)		to									

12 Date

				-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--

13
Signature of interpreter

14 Place

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15

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Rank of police official in block letters (if applicable)

16

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Personal number of police official (if applicable)

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

1		RECOMMENDATION REGARDING THE APPLICATION										
		Recommended					Not recommended					
2	Motivation										

3

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Name of Designated Firearms Officer/Station Commissioner in block letters

4 Date

				-					-				
--	--	--	--	---	--	--	--	--	---	--	--	--	--

5

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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



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF LOST OR STOLEN LICENCES, PERMITS, CERTIFICATES AND AUTHORIZATIONS

Section 29(1), 44(1), 58(1), 72(1) and 82(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 NOTIFICATION IS CAPTURED																			
¹ Notification reference No <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>																			

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

C. TYPE OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION (Indicate with an X)			
1	Competency certificate	2.9	Licence issued to particular categories of persons
1.1	To trade in firearms	3	Licence to deal in firearms and ammunition
1.2	To manufacture firearms	3.1	Licence to manufacture firearms and ammunition
1.3	To conduct business as a gunsmith	3.2	Licence to conduct business as a gunsmith
1.4	To possess a firearm	3.3	Permits
2	Licences	4	Permit to possess ammunition in a private collection
2.1	Licence to possess a firearm for self-defence	4.1	Permit to possess ammunition in a public collection
2.2	Licence to possess restricted firearm for self-defence	4.2	Import permit
2.3	Licence to possess a firearm for occasional hunting and sports shooting	4.3	Export permit
2.4	Licence to possess a firearm for dedicated hunting and dedicated sports shooting	4.4	Transporter's permit
2.5	Licence to possess a firearm in a private collection	4.5	In-transit permit
2.6	Licence to possess a firearm, in a public collection (museums)	4.6	Multiple import and export permit
2.7	Licence to possess a firearm for business purposes Business in hunting	4.7	Temporary import/export permit
2.8	Licence to possess a firearm for business purposes Business other than hunting		

continue

5	Authorizations	6.4	To conduct business in hunting
5.1	Temporary authorization to possess a firearm	6.5	To provide security services for its own business
5.2	Temporary authorization to trade in firearms and ammunition	6.6	As a sports shooting and hunting association
5.3	Temporary authorization to a manufacturer to display firearms and ammunition	6.7	As a collectors' association
5.4	Temporary authorization to conduct business as a gunsmith	6.8	As a museum
6	Accreditation	6.9	As a public collector
6.1	As a shooting range	6.10	As a game rancher
6.2	To provide training	6.11	As an official institution
6.3	To provide firearms for the use in theatrical, film or television productions		

Details of original licence, permit, certificate or authorization		
Licence, permit, certificate or authorization number	Date issued	Expiry date
7.1		
7.2		
7.3		
7.4		
7.5		

DETAILS OF FIREARM(S)
In case of a licence or temporary authorization to possess a firearm, submit the details of the firearm(s)

	(1)	(2)	(3)	(4)
8.1 Type				
8.2 Calibre				
8.3 Make				
8.4 Model				

Firearm component type:

8.5 Barrel serial number				
8.6 Frame serial number				
8.7 Receiver serial number				

9	Lost <input type="checkbox"/>	Stolen <input type="checkbox"/>	(Indicate the circumstances with an X)
10	Describe incident		

11	Date on which loss or theft was discovered					-					
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12	Notification time		13	Notification date															
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35

DECLARATION BY REPORTING PERSON

If a licence, permit or authorization is lost or stolen, the holder of the licence, permit or authorization must inform the Registrar of such loss or theft within 24 hours of the discovery of the loss or theft.

36

.....
Signature of reporting person

37

Name of reporting person in block letters

38

Identity/Passport number of reporting person _____

39

If you are not the holder of the licence, permit, certificate or authorization, in what manner are you related to the holder?
(eg neighbour, friend, spouse, etc)

E. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO COMPLETES THE NOTIFICATION

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

Personal number of police official

F. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CAPTURES THE NOTIFICATION

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

Personal number of police official