



SOUTH AFRICAN POLICE SERVICE

**NOTIFICATION OF CEASING TO CARRY ON BUSINESS**

Section 146 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												
<sup>1</sup> Notification reference No												

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE NOTIFICATION IS RECEIVED												
1	Province											
2	Area											
3	Police station											
4	Component code											
5	SAPS-13 reference number											
6	General firearm transactions register number											

**C. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION**

1 NATURAL PERSON'S DETAILS													
1.1	SA ID		Passport										
2	Identify number of natural person												
3	Passport number of natural person												
4	Surname									<sup>5</sup> Initials			
6	Residential address												
											<sup>7</sup> Postal Code		
8	Postal address												
											<sup>8</sup> Postal Code		
10	Telephone number		<sup>10.1</sup> Home	( )	<sup>10.2</sup> Work	( )							
10.3	Cellphone number				<sup>11</sup> Fax	( )							
12	E-mail address												

13 JURISTIC PERSON'S DETAILS													
14	Registered company name												
15	Trading as name												
16	FAR number												
17	Postal address												
											<sup>15</sup> Postal Code		

SAPS 521(a)

19	Business address											
							20 Postal Code					
21	Business telephone number	21.1 Work	(	)		21.2 Fax	(	)				
22	E-mail address											

**RESPONSIBLE PERSON'S DETAILS**

24	Responsible person (full name and surname)										
25	Type of identification (indicate with an X)	SA ID			Passport number						
26	Identity number of responsible person										
27	Passport number of responsible person										
28	Cellphone number										
29	Physical address										
							30 Postal Code				
31	Postal address										
							32 Postal Code				

33	Reason for ceasing to carry on as a business	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>									
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34	Date of ceasing to carry on as a business	Date									
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35	Address where firearms will be stored until they are disposed of	<p>.....</p> <p>.....</p> <p>.....</p>									
							36 Postal Code				

37	Particulars of the manner in which the firearm(s) will be disposed of	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>									
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SAPS 521(a)

**D LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION DETAILS**

1 Details of licence, permit, certificate or authorization	
1.1 Type of licence, permit, certificate or authorization	1.2 Licence, permit, certificate or authorization number
1.1	
1.2	
1.3	
1.4	
1.5	
1.6	
1.7	
1.8	
1.9	
1.10	
1.11	
1.12	
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1.38	
1.39	

**2 DECLARATION BY REPORTING PERSON**

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 notification.

**E. SIGNATURE OF REPORTING PERSON (Sign only if applicable)**

1   
Name of reporting person

2 Date     -

3 .....  
Signature of reporting person

4 Place

**F. (This section must be completed only if the reporting person cannot read or write)**

1

2 Fingerprint designation

Right index fingerprint of reporting person

3 Date     -

4   
Name of reporting person in block letters

5 Place

**6 PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION**

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 reporting person cannot read or write or does not understand the contents 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"/>									
5	Postal address		<input type="text"/>											
			Postal Code		<input type="text"/>									
7	Telephone number	7.1 Home	( )				7.2 Work	( )						
8	Cellphone number					7.3 Fax	( )							
10	E-mail address		<input type="text"/>											
11	Interpreted from (language)		<input type="text"/>				to		<input type="text"/>					

12 Date     -     D

SAPS 521(a)

13 Signature of interpreter

14 Place

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

16 Persal number of police official (if applicable)

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

1 Results of inspection of firearms

2 Address where firearms are stored

3 Comments

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

**NOTIFICATION OF CHANGE OF ADDRESS**

Section 25(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												
<sup>1</sup> Notification reference No												

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

**C. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION**

1 **NATURAL PERSON'S DETAILS**

1.1	SA ID	Passport											
2	Identity number of natural person												
3	Passport number of natural person												
4	Surname										<sup>4</sup> Initials		
<b>Details of new address</b>													
6	Residential address												
											<sup>7</sup> Postal Code		
8	Postal address												
											<sup>9</sup> Postal Code		
10	Telephone number	<sup>10.1</sup> Home	( )	<sup>10.2</sup> Work	( )								
10.3	Cellphone number				<sup>11</sup> Fax	( )							
12	E-mail address												

13 **JURISTIC PERSON'S DETAILS**

14 **OTHER BODIES**

15	Registered company name											
16	Trading as name											
17	FAR number											

SAPS 521(b)

<b>Details of new address</b>			
18	Postal address		
		19 Postal Code	
20	Business address		
		21 Postal Code	
22	Business telephone number	22.1 Work ( )	22.2 Fax ( )
23	E-mail address		

**24 RESPONSIBLE PERSON'S DETAILS**

25	Responsible person (full name and surname)		
26	Type of identification (indicate with an X)	SA ID	Passport number
27	Identity number of responsible person		
28	Passport number of responsible person		
29	Cellphone number		
30	Physical address		
		31 Postal Code	
32	Postal address		
		32 Postal Code	

34	Are there additional firearm licence holder(s) licenced to your name?		
	YES	NO	If yes, submit full details

**35 ADDITIONAL LICENCE HOLDER(S) PARTICULARS**

35.1	SA ID	Passport	
36	Identity number of natural person		
37	Passport number of natural person		
38	Surname	39 Initials	

	(1)	(2)	(3)	(4)
40	Type of licence			
41	Licence number			
42	Date issued			
43	Expiry date			

44	<b>DID THE ADDITIONAL LICENCE HOLDER ALSO MOVE TO THE NEW ADDRESS?</b>		
	YES	NO	

45	<b>DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)</b>		
	YES	NO	

45.1	<b>IF YES, SUBMIT FULL DETAILS</b>		
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**46 DECLARATION BY REPORTING PERSON**

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 notification.

**D. SIGNATURE OF REPORTING PERSON**  
(Sign only if applicable)

1	<input type="text"/>	2	Date <input type="text"/>
	Name of reporting person in block letters		
3	..... Signature of reporting person	4	Place <input type="text"/>

**E. (This section must be completed only if the reporting person cannot read or write.)**

1	<input type="text"/>	2	Fingerprint designation	3	Date <input type="text"/>
	Right index fingerprint of reporting person		<input type="text"/>		
				4	<input type="text"/>
					Name of reporting person in block letters
				5	Place <input type="text"/>

**6. PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION**

6.1	<input type="text"/>	6.2	<input type="text"/>
	Name of police official in block letters		Persal number of police official
6.3	<input type="text"/>	6.4	..... Signature of police official
	Rank of police official in block letters		

**7. PARTICULARS OF WITNESS**

7.1	<input type="text"/>	7.2	<input type="text"/>
	Name of witness in block letters		Persal number of witness
7.3	<input type="text"/>	7.4	..... Signature of witness
	Rank of witness in block letters		

**F. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the reporting person cannot read or write or does not understand the contents of this form.)

1	Name and surname of interpreter		<input type="text"/>
2	Identify/Passport number of interpreter		<input type="text"/>
3	Residential address	<input type="text"/>	
		4	Postal Code <input type="text"/>
5	Postal address	<input type="text"/>	
		6	Postal Code <input type="text"/>
7	Telephone number	7.1 Home ( )	7.2 Work ( )
8	Cellphone number	9 Fax ( )	
10	E-mail address <input type="text"/>		
11	Interpreted from (language)	to	<input type="text"/>







SOUTH AFRICAN POLICE SERVICE

**NOTIFICATION OF CHANGE IN CIRCUMSTANCES**

Section 26(1), 38(1), 52(1) and 66(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

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1 Notification reference No												

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

**C. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION**

1	<b>NATURAL PERSON'S DETAILS</b>											
1.1	SA ID		Passport									
2	Identity number of natural person											
3	Passport number of natural person											
4	Surname						6 Initials					
6	Residential address											
	7 Postal Code											
8	Postal address											
	9 Postal Code											
10	Telephone number		10.1 Home	( )	10.2 Work		( )					
10.3	Cellphone number				11 Fax		( )					
12	E-mail address											

13 **JURISTIC PERSON'S DETAILS**

14 **OTHER BODIES**

15	Registered company name											
16	Trading as name											
17	FAR number											
18	Postal address											



**38 DECLARATION OF REPORTING PERSON**

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 notification.

**D. SIGNATURE OF REPORTING PERSON**  
(Sign only if applicable)

1   
Name of reporting person in block letters

2 Date    -

3 .....  
Signature of reporting person

4 Place

**E. (This section must be completed only if the reporting person cannot read or write.)**

1

2 Fingerprint designation

Right index fingerprint of reporting person

3 Date    -

4   
Name of reporting person in block letters

5 Place

**6 PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION**

6.1   
Name of police official in block letters

6.2        -   
Personal 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        -   
Personal number of witness

7.3   
Rank of witness in block letters

7.4 .....  
Signature of witness

**F. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the reporting person cannot read or write or does not understand the contents 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"/>	
5	Postal address		<input type="text"/>								Postal Code		<input type="text"/>	
7	Telephone number	7.1 Home	( )		7.2 Work	( )								
8	Cellphone number					5 Fax	( )							
10	E-mail address		<input type="text"/>											
11	Interpreted from (language)		<input type="text"/>				to		<input type="text"/>					

SAPS 521(c)

12 Date 

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

13 .....  
Signature of interpreter

14 Place 

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

15 

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Rank of police official in block letters (if applicable)

16 

								-	
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Persal number of police official (if applicable)

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

1 

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Name of Designated Firearms Officer/Station Commissioner in block letters

2 Date 

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

3 

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

  
Rank of Designated Firearms Officer/Station Commissioner in block letters

4 Place 

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

5 .....  
Signature of Designated Firearms Officer/Station Commissioner

6 

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

  
Persal number of Designated Firearms Officer/Station Commissioner



**D. PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH**

1 Specify type of licence (Indicate with an X)

1.1	To trade in firearms and ammunition	
1.2	To trade in ammunition	
1.3	To manufacture firearms	
1.4	To manufacture ammunition	
1.5	To conduct business as a gunsmith	

**E. PARTICULARS OF APPLICANT**

1 NATURAL PERSON'S DETAILS

1.1	SA ID	Passport	
2	Identity number of natural person		
3	Passport number of natural person		
4	Surname	<sup>5</sup> Initials	
6	Residential address		
	<sup>7</sup> Postal Code		
8	Postal address		
	<sup>8</sup> Postal Code		
10	Telephone number	<sup>10.1</sup> Home ( )	<sup>10.2</sup> Work ( )
10.3	Cellphone number	<sup>11</sup> Fax ( )	
12	E-mail address		

13 JURISTIC PERSON'S DETAILS

14 OTHER BODIES

15	Registered company name		
16	Trading as name		
17	FAR number		
18	Company registration or CC number		
19	Postal address		
	<sup>20</sup> Postal Code		
21	Business address		
	<sup>22</sup> Postal Code		
23	Business telephone number	<sup>23.1</sup> Work ( )	<sup>23.2</sup> 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/Passport number of responsible person		

SAPS 521(d)

29	Cellphone number				
30	Physical address				
		Postal Code			
32	Postal address				
		Postal Code			

**F. DETAILS OF EXISTING LICENCE**

Licence type	Licence number	Date issued	Expiry date

**DETAILS OF PREMISES**

**FULL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED**

Address				
.....				
.....				
.....				
		Postal Code		

**CLASSIFICATION OF PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL, ETC)**

.....				
.....				

**DESCRIPTION OF THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS**

.....				
.....				

**DESCRIPTION OF THE ALARM SYSTEM**

.....				
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**LOCATION AND DETAILS OF SAFE OR STRONGROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT**

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**DESCRIPTION OF THE BURGLAR PROOFING**

.....				
.....				

**DESCRIPTION OF OTHER SECURITY FEATURES**

.....				
.....				







