



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION ON ASSIGNMENT OF NEW RESPONSIBLE PERSON FOR JURISTIC PERSON

Section 7(4) 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												

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 JURISTIC PERSON															
1	JURISTIC PERSON'S DETAILS														
2	OTHER BODIES														
3	Registered company name														
4	Trading as name														
5	FAR number														
6	Company registration or CC number														
7	Postal address											⁸ Postal Code			
9	Business address											¹⁰ Postal Code			
11	Business telephone number	^{11.1} Work	()	^{11.2} Fax	()										
12	E-mail address														

PARTICULARS OF THE NEW RESPONSIBLE PERSON															
14	Responsible person (full name and surname)														
15	Type of identification (indicate with an X)	SA ID				Passport number									
16	Identity number of responsible person					-					-				
17	Passport number of responsible person														

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18	Cellphone number								
19	Physical address								
		20	Postal Code						
21	Postal address								
		22	Postal Code						
23	Competency certificate number								
24	Date of Issue								
		25	Expiry date						
26	Reason for appointment of a new responsible person for the juristic person								

27 PROOF SIGNATURES OF THE NEW RESPONSIBLE PERSON

<p>28 Signature of the new responsible person</p>	<p>29 Signature of the new responsible person</p>
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30 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)

<p>1 <input style="width: 100%;" type="text"/> Name of reporting person in block letters</p>	<p>2 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%; background-color: #cccccc;">Date:</td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td></tr></table></p>	Date:														
Date:																
<p>3 Signature of reporting person</p>	<p>4 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%; background-color: #cccccc;">Place:</td><td style="width: 90%;"></td></tr></table></p>	Place:														
Place:																

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

<p>1 <div style="border: 1px solid black; width: 100px; height: 100px; display: inline-block;"></div></p>	<p>2 <table border="1" style="width: 100px; height: 40px; display: inline-block;"><tr><td style="width: 50%; text-align: center;">Fingerprint designation</td></tr></table></p>	Fingerprint designation	<p>3 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%; background-color: #cccccc;">Date:</td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td></tr></table></p>	Date:														
Fingerprint designation																		
Date:																		
<p>Right index fingerprint of reporting person</p>	<p>4 <input style="width: 100%;" type="text"/> Name of reporting person in block letters</p>	<p>5 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:10%; background-color: #cccccc;">Place:</td><td style="width: 90%;"></td></tr></table></p>	Place:															
Place:																		

6 PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION

<p>6.1 <input style="width: 100%;" type="text"/> Name of police official in block letters</p>	<p>6.2 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td></tr></table> Persal number of police official</p>															
<p>6.3 <input style="width: 100%;" type="text"/> Rank of police official in block letters</p>	<p>6.4 Signature of police official</p>															

1 **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

F. PARTICULARS OF INTERPRETER
(This section must be completed only if the reporting person 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 ⁷ 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)

G. PARTICULARS OF DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1
Name of Designated Firearms Officer/Station Commissioner in block letters

2 Date C C Y Y - M M - D D

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



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF LOST/STOLEN/FOUND FIREARMS

Section 120(11) of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY POLICE STATION WHERE THE INCIDENT IS REPORTED												
DATE RECEIVED	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">¹ Province</td> <td style="width: 85%;"></td> </tr> <tr> <td style="padding: 2px;">² Area</td> <td></td> </tr> <tr> <td style="padding: 2px;">³ Police station</td> <td></td> </tr> <tr> <td style="padding: 2px;">⁴ Component code</td> <td></td> </tr> <tr> <td style="padding: 2px;">⁵ Case ref No (CAS No/ CR No/Eng No)</td> <td></td> </tr> <tr> <td style="padding: 2px;">⁶ SAPS 13 register reference No</td> <td></td> </tr> </table>	¹ Province		² Area		³ Police station		⁴ Component code		⁵ Case ref No (CAS No/ CR No/Eng No)		⁶ SAPS 13 register reference No	
¹ Province													
² Area													
³ Police station													
⁴ Component code													
⁵ Case ref No (CAS No/ CR No/Eng No)													
⁶ SAPS 13 register reference No													

⁷ Description of case (robbery/theft etc)	<div style="border-bottom: 1px dashed black; height: 20px;"></div> <div style="border-bottom: 1px dashed black; height: 20px;"></div>
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B. PARTICULARS OF CURRENT OWNER OF THE FIREARM

1 NATURAL PERSON'S DETAILS

2	SA ID	Passport		
3	Identity number			
4	Passport number			
5	Surname			⁸ Infrms
7	Residential address			
9	Postal address			⁹ Postal Code
11	Telephone number		^{11.1} Home ()	^{11.2} Work ()
11.3	Cellphone number		¹² Fax ()	
13	E-mail address			

14 JURISTIC PERSON'S DETAILS

15 OTHER BODIES

16	Registered company name	
17	Trading as name	
18	FAR number	
19	Postal address	
		²⁰ Postal Code

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 (if applicable)				
31	Physical address				
			12 Postal Code		
33	Postal address				
			14 Postal Code		

C. DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORIZATION

2 DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORIZATION			
2	Type of licence, permit or authorization	License, permit or authorization number	Expiry date

3 DETAILS OF FIREARM

4	Type				
5	Calibre				
6	Make				
7	Model				
Firearm component type:					
8	Barrel serial number			8.1 Make	
9	Frame serial number			9.1 Make	
10	Receiver serial number			10.1 Make	

D. CIRCUMSTANCES (indicate with an X)

1	Lost	2 Stolen	3 Found (manner in which the firearm was found)	3.1 Seized	3.2 Abandoned
4	Description of incident				
.....					
.....					
.....					
.....					

E. PARTICULARS OF 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

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

Persal number of police official

F. PARTICULARS OF POLICE OFFICIAL WHO CIRCULATES THE FIREARM ON THE FIREARMS CONTROL SYSTEM

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

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

Persal number of police official



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF INCORRECT INFORMATION

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED												
1 Notification reference No												

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

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1	SA ID	Passport number	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	Business telephone number	12.1 Home	()	12.2 Work	()									
13	Cellphone number											14 Fax	()	
15	E-mail address													

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

16 **JURISTIC PERSON'S DETAILS**

17 **OTHER BODIES**

18	Registered company name															
19	Trading as name															
20	FAR number															
21	Postal address															
												22 Postal Code				
23	Business address															
												24 Postal Code				
25	Business telephone number	25.1 Work	()	25.2 Fax	()											
26	E-mail address															

27 **RESPONSIBLE PERSON'S DETAILS**

28	Responsible person (full names and surname)															
29	Type of identification (indicate with an X)	SA ID			Passport number											
30	Identify number of responsible person															
31	Passport number of responsible person															
32	Cellphone number															
33	Physical address															
												34 Postal Code				
35	Postal address															
												35 Postal Code				

D. DETAILS OF INCORRECT LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

1	Licence, permit, certificate or authorization type	Licence, permit, certificate or authorization number	Date licence, permit, certificate or authorization was issued

2 **OTHER INFORMATION**

2.1	Description of incorrect information	2.2	Description of correct information

3	Incorrect firearm particulars		4	Correct firearm particulars	
3.1	Type		4.1	Type	
3.2	Calibre		4.2	Calibre	
3.3	Make		4.3	Make	
3.4	Model		4.4	Model	

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Firearm component type:		Firearm component type:	
3.5	Barrel serial number	4.5	Barrel serial number
3.6	Make	4.6	Make
3.7	Frame serial number	4.7	Frame serial number
3.8	Make	4.8	Make
3.9	Receiver serial number	4.9	Receiver serial number
3.10	Make	3.10	Make

5 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.

E. 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

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

1
Right index fingerprint of reporting person

2 Fingerprint designation

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

2 Identity/Passport number of interpreter

3 Residential address

⁴ Postal Code

5	Postal address				
		Postal Code			
7	Telephone number	7.1 Home ()	7.2 Work ()		
8	Cellphone number	3 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)

H. PARTICULARS OF DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1 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



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF REQUIREMENT TO DEACTIVATE A FIREARM

Section 150 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	
B. FOR OFFICIAL USE BY POLICE STATION WHERE THE NOTIFICATION IS RECEIVED	
¹ Provincia	
² Area	
³ Police station	
⁴ Component code	
⁵ General firearm transactions register number	

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)		
¹ Outstanding/Additional information required		
² Persal number	³ Date	
⁴ Signature of police official	⁵ Name in block letters	
⁶ Was the firearm referred for ballistic testing?	YES <input type="checkbox"/> NO <input type="checkbox"/> (Indicate with an X)	
⁷ Result		
⁸ Persal number	⁹ Date	
¹⁰ Signature of police official	¹¹ Name in block letters	
¹² Deactivation approved (Indicate with an X) <input type="checkbox"/>		
¹³ Persal number	¹⁴ Date	
¹⁵ Signature of CFR officer	¹⁶ Officer code	¹⁷ Name in block letters
¹⁸ Deactivation refused (Indicate with an X) <input type="checkbox"/>		¹⁹ Reason(s) for refusal
²⁰ Persal number	²¹ Date	
²² Signature of CFR officer	²³ Officer code	²⁴ Name in block letters

D. PARTICULARS OF THE HOLDER OF THE LICENCE

1 NATURAL PERSON'S DETAILS

2	SA ID	Passport		
3	Identify number of natural person			
4	Passport number of natural person			
5	Surname			⁶ Initials
7	Residential address			
				⁸ Postal Code
9	Postal address			
				¹⁰ Postal Code
11	Telephone number	^{11.1} Home	()	^{11.2} Work ()
11.3	Cellphone number			¹² Fax ()
13	E-mail address			

14 JURISTIC PERSON'S DETAILS

15 OTHER BODIES

16	Registered company name			
17	Trading as name			
18	FAR number			
19	Postal address			
				²⁰ Postal Code
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

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E PARTICULARS OF FIREARM

1 Licence number

2 **TYPE OF FIREARM**
(Indicate with an X)

3

Rifle	Shotgun	Handgun
Other, specify <input style="width:100%;" type="text"/>		

4 Calibre

5 Make

6 Model

Firearm component type:

7 Barrel serial number <input style="width:95%;" type="text"/>	7.1	Make	<input style="width:95%;" type="text"/>
8 Frame serial number <input style="width:95%;" type="text"/>	8.1	Make	<input style="width:95%;" type="text"/>
9 Receiver serial number <input style="width:95%;" type="text"/>	9.1	Make	<input style="width:95%;" type="text"/>

10 **GUNSMITH'S DETAILS**

11 Gunsmith's trading as name

12 FAR number ¹³ Licence number of gunsmith

14 Reason for deactivation

15
Name of gunsmith in block letters

16 Date - -

17
Signature of gunsmith

18 Place

19 **DECLARATION BY THE HOLDER OF THE LICENCE**

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.

23 PARTICULARS OF THE HOLDER OF THE LICENCE

21
Name of the holder of the licence in block letters

22 Date -

24
Signature of the holder of the licence

25 Place

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

1 2 Fingerprint designation
Right index fingerprint of surrendering person

3 Date -

4
Name of surrendering 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 surrendering 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						9 Fax	()					
10	E-mail address		<input type="text"/>										
11	Interpreted from (language)		<input type="text"/>					to	<input type="text"/>				

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)

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

1 RECOMMENDATION REGARDING THE NOTIFICATION

2 Motivation regarding the notification

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

Persal number of Designated Firearms Officer/Station Commissioner



SOUTH AFRICAN POLICE SERVICE

**CANCELLATION OF AN APPLICATION FOR A LICENCE, PERMIT,
CERTIFICATE OR AUTHORIZATION**

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED			
	1 Province			
DATE RECEIVED	2 Area			
	3 Police station			
	4 Component code			
	5 Firearm applications register reference No	SAPS 86	NO	YEAR

B. TYPE OF APPLICATION TO BE CANCELLED (Indicate with an X)

1	Competency certificates	4.3	Application for accreditation as an official institution	
1.1	Application for a competency certificate	5	Permits	
1.2	Application for a further competency certificate	5.1	Application for a permit to collect ammunition in a private collection	
2	Licences	5.2	Application for a permit to collect ammunition in a public collection	
2.1	Application for a licence to possess a firearm	5.3	Application for multiple import or export permit	
2.2	Application for a licence to deal in firearms and/or ammunition	5.4	Application for permanent import or export permit	
2.3	Application for a licence to manufacture firearms and/or ammunition	5.5	Application for a temporary import or export permit	
2.4	Application for a licence to conduct business as a gunsmith	5.6	Application for an in-transit permit	
3	Temporary authorizations	5.7	Application for permit to transport firearms and ammunition	
3.1	Application for a temporary authorization to possess a firearm	6	Application for a duplicate licence, permit, certificate or authorization for lost, stolen and defaced licences	
3.2	Application for a temporary authorization to trade in firearms and ammunition	7	Application for the renewal of a licence, permit or authorization	
3.3	Application for a temporary authorization to conduct business as a gunsmith	8	Application to declare premises a firearm-free zone	
3.4	Application for a temporary authorization to display firearms and ammunition	9	Application to manufacture a new firearm or ammunition type	
4	Accreditations	10	Application for compensation	
4.1	Application for accreditation as an association	11	Application for authorization to possess more than 2 400 primers	
4.2	Application for accreditation for business purposes	12	Other (Specify)	

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C. PARTICULARS OF THE APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
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	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 OTHER BODIES

17	Registered company name			
18	Trading as name			
19	FAR number			
20	Postal address			
			²¹ Postal Code	
22	Business address			
			²³ Postal Code	
24	Business telephone number	^{24.1} Work ()	^{24.2} Fax ()	
25	E-mail address			

26 RESPONSIBLE PERSON'S DETAILS

27	Responsible person (full names and surname)			
28	Type of identification (indicate with an X)	SA ID	<input type="checkbox"/>	Passport number
29	Identity number of responsible person			
30	Passport number of responsible person			
31	Cellphone number (if applicable)			
32	Physical address			
			³³ Postal Code	
34	Business address			
			³⁴ Postal Code	

D. PARTICULARS OF APPLICATION TO BE CANCELLED

Type of licence, permit, certificate or authorization	Licence, permit, certificate or authorization number	Application reference number

Reason why cancellation of application is requested

.....

.....

.....

.....

Date on which cancellation is requested

Date - -

Police station that handled the original application

Firearm applications register reference number

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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 cancellation.

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

Name of reporting person in block letters

Date - -

.....

Signature of reporting person

Place

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

Right index fingerprint of reporting person

2 Fingerprint designation

Date - -

Name of reporting person in block letters

Place

PARTICULARS OF POLICE OFFICIAL DEALING WITH THE CANCELLATION

Name of police official in block letters

Persal number of police official

Rank of police official in block letters

.....

Signature of police official

PARTICULARS OF WITNESS

Name of witness in block letters

Persal number of witness

Rank of witness in block letters

.....

Signature of witness

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G. PARTICULARS OF INTERPRETER
 (This section must be completed only if the reporting person 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	Code			
5	Postal address									5	Code			
7	Telephone number	7.1 Home	()			7.2 Work	()							
8	Cellphone number					9	Fax	()						
10	E-mail address													
11	Interpreted from (language)						To							

12 Date

				-								
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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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Persal number of police official (if applicable)

H. 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

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Rank of Designated Firearms Officer/Station Commissioner in block letters

4 Place

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5
Signature of Designated Firearms Officer/Station Commissioner

6

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Persal number of Designated Firearms Officer/Station Commissioner