SAPS 521(e)



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	A.		2000000000000	00000000			. USI			000000000	00000000	*********	00000000000	V		
		1	Notifica	tion ref	erenc	e No)	T		Τ	T	Π	T	Π		******	
		1			_											_	
	DATE RECEIVED																
	B FOR OFFICIAL USE BY PO	LICE S	TATIC	N WE	IERI	: T H	IE N	OTIF	CA	TION	IS R	ECE	IVE	1			
1	Province																
2	Area		· · · · · · · · · · · · · · · · · · ·			•••••							• • • • • • • •			• • • • • • • • • • • • • • • • • • • •	
3	Police station			•••••	•••••		•••••				•••••				•••••	•••••	
4	Component code		•••••••	•••••						•••••	•••••					•••••	
5	General firearm transactions register number				\Box				$oxed{oxed}$					\Box			
	c. PARTI	CHI AS	IS OF	THE	II I DI	STI	o DE	Den	A)								
	- Fanti	COLA	13 01	TIAL.	JOIN	•		ar o c	14								
	JURISTIC PERSON'S DETAILS																
!	OTHER BODIES																
	Registered company name																
	Trading as name																
	FAR number																
	Company registration or CC number				\perp												
'	Postal address													·			
											Post	al Co	de				
	Business address								····	888			2002260000				
1											⁰ Pos	tal C	ode				_
2	Business telephone number 511 Work ()				11.4	Fax		()							
-	E-mall address																
3	PARTICULARS OF THE NEW RESPONSIBLE PERS	ON															
4	Responsible person (full name and surname)																
5	Type of identification (indicate with an X)			SAI) כ						Pas	noqaa	lnum	oe!			
6	Identity number of responsible person							-					-			-	
7	Passnot number of responsible person															1	

	·	SAPS 521 (e)
18	Cellphone number	
19	Physical address	
		²⁰ Postal Code
21	Postal address	,
		72 Postar Code
23	Competency certificate number	
24		Expry date
26		
	Reason for appointment of a new responsible person for the juristic person.	
	· ·	
27	PROOF SIGNATURES OF THE NEW RESPONSIBLE PERSON	
	PROOF SIGNATURES OF THE NEW RESPONSIBLE PERSON	
28		29
	Signature of the new responsible person	Signature of the new responsible person
30	DECLARATION OF REPORTING PERSON	
	I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act	t No 60 of 2000), to make a false statement in this notification.
	D. SIGNATURE OF REPI	
1		2
	Name of reporting person in block letters	Cate
3		4 Place
	Signature of reporting person	
	E. (This section must be completed only if the	reporting person cannot tead or write.)
1		
	² Fingerprint designation	Oate - -
		4
		Name of reporting person in block letters
		5 Place
	Right index fingerprint of reporting person	(2000)
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION	
6.1		6.2
	Name of police official in block letters	Persal number of police official
6.3		6.4
	Rank of police official in block letters	Signature of police official

-			SAPS 521(e)
3	PARTICULARS OF WITNESS		
7.1		7.2	2
	Name of witness in block letters		Persal number of witness
7.3		7.4	.
	Rank of witness in block letters		Signature of witness
	F. PARTICULARS Of (This section must be completed only if the reporting person cannot be completed on the reporting person cannot be cannot be completed on the reporting person cannot be completed on the reporting person cannot be completed on the reporting person cannot be cannot be completed on the reporting person cannot be cann		
1 .	Name and surname of interpreter		
2	Identity/Passport number of interpreter	<u> </u>	
3	Residential address		
			⁴ Poetal Code
5	Postal address		
			* Postal 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	2 Date
13		14	Place
	Signature of interpreter		
15		16	
	Rank of police official in block letters (if applicable)		Persal number of police official (if applicable)
	G. PARTICULARS OF DESIGNATED FIREARI	VIS O	OFFICER/STATION COMMISSIONER
1		2	Date C C Y Y - M M - D D
	Name of Designated Firearms Officer/Station Commissioner in block letters		Cate C C Y Y - M M - D D
3		4	Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters		
5		6	
	Signature of Designated Firearms Officer/Station Commissioner		Persal number of Designated Firearms Officer/Station Commissioner

SAPS 521(f)



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		А,	FC	or of	FICI					STAT		VHER	E THE	•			
			¹ Provi	nce			<u></u>	<u> </u>	ww.20000		<u>cognication (CC)</u>	<u></u>		AAAAAAAAAA			<u>~ 5000000</u>	<u> </u>
			² Area															
			³ Police	e statio	n													
			4 Comp	onent i	code													
			⁵ Case No/ CR	ref No	(CAS													
			SAPE	•••••		-												
	DATE RECEIVED		refere	nce No														
	Description of case (robbery/theft etc)																	
		J		•••••			*****			•	•••••	•••••		••••••		•••••		******
							•••••			•••••		******				•••••		
							~											
	B. PAR	HCUI	LARS	JF GU	IKKE	IN I	JVVIV.	EKI) 	HE I	HKE#	KM						
1	NATURAL PERSON'S DETAILS																	
2	SA ID Passport																	
3	Identity number													-			-	
4	Passport number																	
5	Surname											6	nitiais					
7	Residential address																	
											8	Posta	l Cod	e				
9	Postal address										li cons							
							- Essession		228832		1	Post	al Co	ie				
11	Telephone number 11.1 Home	()				100000000	Worl	k .	()							
11.3	Celiphone number						12	Fex		()							
	E-mail address								_									
14	JURISTIC PERSON'S DETAILS																	
15	OTHER BODIES																	
	OTHER BODIES																	
16	Registered company name																	
17	Trading as name																	
18	FAR number				<u> </u>													
19	Postal address										1000							
												e Pos	tal Co	de		İ		- 1

	SA	PS 521(IJ
21	Business address		
	42 Postal Code		
23	Business bileptions number 23.1 Work () 23.2 Fax ()		
24	E-mail address		
25	RESPONSIBLE PERSON'S DETAILS		
26	Responsible person (full name and surname)		7
27	Type of identification (indicate with an X) SA ID Passport number		
28	identify humber of responsible person	-	
29	Passport number of responsible person		
30	Celiphone number (if applicable)		
31	Physical address		_
	²² Postal Code	T	
33	Postal address		
	³⁴ Postal Code		
	c. DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORIZATION		88
			2
1	DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORIZATION		
2	Type of licence: permit or authorization Uicence, permit or Date issued Expry dat authorization number	е	
	auto salar, por la		4
			L
3	DETAILS OF FIREARM		
4	Type		7
5	Calibre	••••••	1
6			١
7	Make	·····	l
	Model		j
8	Firearm component type:		1
5	Barrel serial number 5.1 Make		l
10	Frame serial number 91 Make		l
, ,	Receiver senal number 10.1 Make		
	D. CIRCUMSTANCES (Indicate with an X)		
1	Lost 2 Stolen 5 Found (marrier in which the firearm was found) 3.1 Selzed 3.2 Abandoned		1
	Description of incident		1
		•••••••	1
		••••••	
		••••••	

	SAPS 521	(f)
		_
	·	
		لــ
	Complete only in the case of found firearm(s)	
5.4		7
	Location where firearm was found	
	IS A CASE OF NEGLIGENCE OPENED FOR THE LOSS OR THEFT OF THE PIREARM? (Include with an X)	-
.1	YES NO if yes; submit the following details	4
	Police station #2 CAS/Case number	┙
	Date on which loss/theff was discovered	
	Notification time 9 Notification date	
0		_
•	DECLARATION OF REPORTING PERSON	
	Any holder of a licence, permit or authorization to possess a firearm, and any other person who was in possession of or who had control of a firearm when it was lost, stolen or destroyed and who fails to report the loss, theft or destruction to the police station nearest to the place where it occurred,	
	when it was lost, stolen or destroyed and who fails to report the loss, their or destruction to the police station hearest to the place where it occurred, within 24 hours after having become aware of the loss, theft or destruction of the firearm, is guiltly of an offence.	
1	12	٦
	Signature of reporting person Name of reporting person in block letters	٢
3		7
	Identity number/Passport number of reporting person	
4		
•	Persal number of reporting person in case of police official	
5	If you are not the holder of the licence, permit or authorization, in what manner are you related to the holder? (eg-neighbour, friend, spouse etc)	
		4
		- [

		SAPS	521(1)
	E PARTICULARS OF POLICE OFFICIA	L WHO COMPLETES THE NOTIFICATION	
1		2 Date	Ţ -
	Name of police official in block letters		
3	Rank of police official in block letters	Place	
5	Tank of posses official in block letters	6	
	Signature of police official	Persal number of police official	
		OFFICIAL WHO CIRCULATES THE FIREARM	
	ON THE FIRE	ARMS CONTROL SYSTEM	
ı		Date	
	Name of police official in block letters		
3		4 Place	
	Rank of police official in block letters		
		6	
	Signature of police official	Persal number of police official	

SAPS 521(g)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF INCORRECT INFORMATION

	OFFICIAL DATE STAMP	A.	FOR O					ICE ST		V		
		111-11611-			T	IFICAI	IVIX 13	CAFIL	T		—	
		Notification	on reference	NO	11				<u> </u>	<u> </u>		
	DATE RECEIVED											
									*********	**********		
	B. FOR OFFICIAL USE BY THE I	POLICE ST	ATION W	IERE	THE N	OTIFIC	ATION	IS REC	EIVE	D		
1	Province											
2	Area							•••••				
3	Police station							•••••				
4	Component code										т—	
5	General lifearm transactions register number						Ш.				<u></u>	
	C. PARTICULARS OF THE HOLDER O	ETHE LIC	FNICE DEI	ZAALT	CERT	FICAT	E (1) (2) (4)	HEHOE	(ΖΔΤ	ON		
	NATURAL PERSON'S DETAILS											
Į	Type of identification (Indicate with an X)											
. 8	- Type of table of the table of table o	1									60000000	
.1	SAID Passport number		Non	SA citiz	en with	perman	ent resid	ence*			4	
	Identity number		$\perp \perp \perp$		-			-		\dashv		
	Passport number										\dashv	
	Surname					· · · · · · · · · · · · · · · · · · ·	6 In	tials				_
	Full names						<u></u>					
	Residential address					Е			3 1	•		
,							⁹ Posta	Code			l	
	Postel address								3 1			
,	l eni	-		9.2		E	11 Post	al Code				_
,	Business telephone number 1221Home ()		1000	^{2.2} Wor	************				<u>.</u>			_
,	Celiphone number			4 Fax	()						\dashv
	E-mail address											

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

Page 1 of 4

SAPS 521(g) 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 25.2 Fax 25.1 Work 25 Business felephone number 26 E-mail address 27 RESPONSIBLE PERSON'S DETAILS 28 Responsible person (full names and surname) 29 Type of identification (ladicate with an X) SAID Passport number 3() identity number of responsible person 31 Passport number of responsible person 32 Celiphone number 33 Physical address 34 Postal Code 35 Postal address 36 Postal Code DETAILS OF INCORRECT LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION Date licence, permit, certificate or authorization was issued Licence, permit, certificate or authorization type Licence, permit, certificate or authorization number OTHER INFORMATION 2.1 2.2 Description of incorrect information Description of correct information 3 Incorrect firearm particulars Correct firearm particulars 4.1 Type Type 3.2 42 Callbre Catibre 4.3 Make 3.3 Make 3.4 4 4 Model Model

SAPS 521(g)

	Firearm component type:	Firearm co	omponent type:
3.5	Barrel serial number	4.5 Barr	rel serial number
3.6	Make	46 Mak	ie.
2.7	Frame serial number	4.7 Fran	ne serial number
8,5	Маке	4.8 Mak	e
2,5	Receiver serial number	4,9 Rec	elver serial number
3.10	Make	310 Mak	e
5	DECLARATION OF REPORTING PERSON		
	I am aware that it is an offence in terms of the Firearms Control Act, 200	00 (Act No 6	60 of 2000), to make a false statement in this notification.
	E. SIGNATURE OF (Sign of	REPORT only if applica	
		2	Date
	Name of reporting person in block letters		
	Signature of reporting person	4	Place
	F. This section must be completed only	if the repor	riting person cannot read or write
		3	Date
	² Fingerprint designation		
		4	
			Name of reporting person in block letters
		5	Dizzz
	Right index fingerprint of reporting person		Place
	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICAT	ION	
1		6.2	
	Name of police official in block letters		Persal number of police official
3		6.4	
	Rank of police official in block letters		Signature of police official
	PARTICULARS OF WITNESS		
- 1		7.2	
Į	Name of witness in block letters	l	Persal number of witness
• [7.4	
i	Rank of witness in block letters		Signature of witness
	G. PARTICULARS (This section must be completed only if the reporting person ca		
	Name and surmanie of interpreter		
	identity/Passport number of interpreter		
	Residential address		
			⁴ Poeta l Code

2

			SAPS 521(g)
5	Postal address		
			E Postal Code
7	Telephone number 7.1 Home ()		7.2 Work ()
8	Celiphone number		9 Fax ()
10	E-mail address		
11	interpreted from (language)		to
		12	Date
13		14	Riace
	Signature of interpreter		
15		16	
	Rank of police official in block letters (if applicable)		Persal number of police official (if applicable)
	H. PARTICULARS OF DESIGNATED FIREARMS	OF	FICER/STATION COMMISSIONER
1	Name of Designated Firearms Officer/Station Commissioner in block letters	2	Date
_	Name of Designated Firedrifts Officer/Station Configuration in block letters		
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

SAPS 521(h)



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 I	DATE ST	ГАМР		A.						E BY					ATION RED	4			
						¹ Notifical	ion ref	ereni	e No								Π	·		
						B.						ISE E								
						¹ Provinc	e													
						3 Police s	tation		••••											
	DATE R	ECEIVE	D			4 Compa	nent c	ode												
						⁵ General register	firearr numb	n trar er	sach	ons										
C.		FC	OR OF	CIA	L USE I	BY THE CE	NTR.	AL, F	IRE	ARM	S RE	GIST	ER	(CFF	()					
¹ Outstandir	g/Addition	************	***********	******																
													•••••		•••••					
				,	202-20000000000000000000000000000000000					·						,	E00400000	0000000000	× × × × × × × × × × × × × × × × × × ×	200000
					² Persi	al number		<u> </u>	L					-		ļ	3 E	ate		
														}			-			
	4 Sic					L			⁵ Nam	e in l	olock I	etters								
⁶ Was the fir	⁴ Signature of police official ⁵ Was the firearm referred for ballistic testing?							YI	ES			14411	********	0	Citcis		(Indi	cate w	ith an X	
⁷ Result				,		- 40			*******				*********			•				<u> </u>
										· • • • • • • • • • • • • • • • • • • •										
							,													
	$\perp \downarrow$				8 Persa	il number					-			_		<u> </u>	a D	ale		
										-										
	¹⁰ Signatui	o of police	oo officia		•						11	Name	in h	look le	Hore					
¹² Deactivati							<u> </u>					IVALUE	ומוווי	OCK IE	iller 5					
				80.000			1			•••••		••••••		•••••	•••••		•••••			•••••
	T	ПТ	T -		ta Pers	al number	С				-			-			14)ate		
								_												-
						LL]												
18	15 Signatur	e of CFF	R officer			¹⁶ Offic	er cod	e			1	¹⁷ Nar	ne in	block	letter	s				******
* Deactivation refused (indicate with an X)							" R	(easi	ın(s)	for re	fusal									
			•••••			••••••	•••••		•••••						•••••			•••••		
	************	······································		••••••	•••••	•••••			•••••		•••••	•			•••••	•••••				
			-		20 Persi	al number					-						21 [)ate		
	·			E				_												
]												
²² Signature of CFR officer						²³ Office	er code	e			2	4 Nam	ne in i	olock	etters	5				

	SAPS 521(h)
	D. PARTICULARS OF THE HOLDER OF THE LICENCE
1	NATURAL PERSON'S DETAILS
2	SÁ ID Passport
3	identity number of natural person
4	Passport number of natural person
5	Sumarre 6 initials
7	Residential address
	* Postal Code
9	Postal address
	10 Postal Code
11	Talaphone number 11.1 Home () 11.2 Work ()
11,3	Celiphone number 12 Fax ()
13	E-mail address
14	JURISTIC PERSON'S DETAILS
15	OTHER BODIES
16	Registered company hame
17	Trading as name
18	FAR number
19	Postal address .
	26 Rostal Code
21	Business address
	22 Rostal 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 IB Passport number
28	Identity number of responsible person
29	Passport number of responsible person
30	Cellphone number
31	Physical address
	³² Postai Code
33	Postal address
	⁸⁴ Postal Code

								SAPS	521(h)
	E.	P	ARTICULA	RS OF F	FIREARM				
1	Elbence number								
2	TYPE OF FIREARM (indicate with an X)								
3	Rifle Other specify			Shotgur)		Hano	lgun	
4	Calibre Make								
6	Model								
7	Firearm component type: Barrel serial number					7.1	Make		
8	Frame serial number					8.1	Make		
10	Receiver serial number						Make		
10	GUNSMITH'S DETAILS								
11	Gunsmith's trading as name								
12	FAR number				13 Licence nu	mber of gunsmill			
	Reason for deactivation			····				••••••	
			•••••	••••••		***************************************			,
			•••••	·				••••••	
			••••••••						
			•••••					••••••	
				••••••		•••••			
			·····						
				••••					
						•••••	••••		
							· ·		
15				16	Date		-	<u> </u>	
17	Name of gunsmith in block letters			18					
	Signature of gunsmith	********		10	Place	· · · · · · · · · · · · · · · · · · ·			
19	DECLARATION BY THE HOLDER OF THE	HE 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.

			SAPS 521(h)
20	PARTICULARS OF THE HOLDER OF THE LICENCE		
2 ·1	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 su	rei	idering person carnot read or write.)
1		3	Date
	Fingerprint designation		
		4	Name of surrendering person in block letters
		5	Place
	Right index fingerprint of surrendering person		
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION		
6.1		6.2	
6.3	Name of police official in block letters	6.4	Persal number of police official
	Rank of police official in block letters		Signature of police official
7	PARTICULARS OF WITNESS		
7.1		7.2	
7.3	Name of witness in block letters	7.4	Persal number of witness
	Rank of witness in block letters		Signature of witness
	G. PARTICULARS OF IN (This section must be completed only if the surrendering person cannot		
1	Name and surname of interpreter		
2	Identity/Passport number of interpreter		
3	Residential address	_	
5	Posial address		* Postal Code
			⁶ Postal Code
7 8	Telephone humber 7.1 Home ()		72 Work ()
10	Celiphone number E-mail address		* Fex ()
11	Interpreted from (language)		to
		12	Date
13		14	Place
	Signature of interpreter		
15	Rank of police official in block letters (if applicable)	16	Persal number of police official (if applicable)

SAPS 521(h)

RECOMMENDATION	REGARDING THE NOTIFICATION
Motivation regarding the notification	
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
	4 Date
ame of Designated Firearms Officer/Station Commissioner in block	
	Place Place
ank of Designated Firearms Officer/Station Commissioner in block I	etters

SAPS 522



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				
	² Area				
	³ Police station				
	⁴ Component code:				
DATE RECEIVED	Firearm applications SAPS 85 NO register reference No	YEAR			

E. TYPE OF APP	LICATION	TO BE CANCELLED (indicate with an X)
Competency certificates	4.3	Application for accreditation as an official institution
Application for a competency certificate	5	Permits
Application for a further competency certificate	5.1	Application for a permit to collect ammunition in a private collection
Licences	5.2	Application for a permit to collect annumition in a public collection
Application for a licence to possess a firearm	5.3	Application for multiple import or export permit
Application for a licence to deal in firearms and/or armunition	5.4	Application for permanent import or export permit
Application for a licence to manufacture firearms and/or ammunition	5.5	Application for a temporary import or export permit
Application for a license to conduct business as a gunsmith	5.6	Application for an in-transit permit
Temporary authorizations	5.7	Application for permit to transport firearms and ammunition
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
Application for a temporary authorization to trade in firearms and ammunition	7	Application for the renewal of a licence, permit or authorization
Application for a temporary authorization to conduct business as a gunsmith	8	Application to declare premises a firearm-free zone
Application for a temporary authorization to display firearms and ammunition	9	Application to manufacture a new firearm or ammunition type
Accreditations	10	Application for compensation
Application for accreditation as an association	11	Application for authorization to possess more than 2 400 primers
Application for accreditation for business purposes	12	Other (specify)

	SAPS 522
	C. PARTICULARS OF THE APPLICANT
1	NATURAL PERSON'S DETAILS
•	
2	Type of identification (Indicate with an X)
2.1	SA ID Passport
3	Identify number
4	Passport number
5	Surname finitials
7	Full names
8	Residential address
10	⁹ Postal Coda
,,	Postal address
12	Business telephone number 12.1 Home () 12.2 Work ()
12.3	
14	Celliphone number 13 Fax () E-mail address
4.5	
15	JURISTIC PERSON'S DETAILS
16	OTHER BODIES
17	Registered company name
18	Trading as name
19	FAR number
20	Postal adgress
22	21 Postal Code
~~	Business address 28 Postal Code
24	Business telephone number 24.1 Work () 242 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 Passport number
29	identity number of responsible person
30	Passport number of responsible person
31	Celiphone number (if applicable)
	Physical address 33 Postal Code
34	Business address
	** Postal Code

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	D. PARTICULARS OF APPLICATION T			
	Type of licence, permit certificate or authorization	Licence, permit certific authorization numb		е ог — Арраксатіол габеганое лыповы
ŀ	Reason why cancellation of application is requested			
			••••	
		•••••		
		•••••		
3	Date on which cancellation is requested			Date
	Police station that handled the original application			
5	Firearm applications register reference number	SAP\$ 86		
8	DECLARATION OF REPORTING PERSON			
	I am aware that it is an offence in terms of the Firearms 0	Control Act, 2000 (Act l	No 6	60 of 2000), to make a false statement in this cancellation.
	E. SIGNATUI	RE OF REPORTING	9 P	PERSON (Sign only if applicable)
			2	Date
	Name of reporting person in block letters			
3	Signature of reporting person		4	Place
	F. (This section must be o	ompleted only if the re	porti	ting person cannot read or write)
	² Fingerprint designation		3	Date
	designation	•	4	
				Name of reporting person in block letters
			5	Flace
	Right index fingerprint of reporting person			
	PARTICULARS OF POLICE OFFICIAL DEALING WI	TH THE CANCELLAT	ION	N
.1			6.2	
_	Name of police official in block letters			Persal number of police official
.3	Rank of police official in block letters		6.4	Signature of police official
	PARTICULARS OF WITNESS			·
.1	THE STATE OF THE S		7.2	
	Name of witness in block letters			Persal number of witness
3			7.4	
	Rank of witness in block letters			Signature of witness

SAPS 522 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.) Name and sumeme of interpreter Identity/Passport number of interpreter Residential address ⁴ Code Postal address ⁶ Code 7.1 Home 7.2 Work Telephone number) 9 Fax Cellphone number 10 E-mail address interpreted from (language) To Date 13 Place Signature of interpreter 15 16 Rank of police official in block letters (If applicable) Persal number of police official (if applicable) H. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER Date Name of Designated Firearms Officer/Station Commissioner in block letters 3 Place Rank of Designated Firearms Officer/Station Commissioner in block letters Signature of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station Commissioner