



SOUTH AFRICAN POLICE SERVICE

INFRINGEMENT NOTICE

Section 122 of Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY POLICE STATION WHERE THE INFRINGEMENT NOTICE IS ISSUED	
1 Province	
2 Area	
3 Police station	
4 Component code	
5 Infringement notice reference number	

B. PARTICULARS OF INFRINGER

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											
9 Postal address									8 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											
23 Business telephone number	23.1 Work	()	23.2 Fax	()							



SOUTH AFRICAN POLICE SERVICE

RESPONSE TO INFRINGEMENT NOTICE

Section 122 of Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY POLICE STATION WHERE THE RESPONSE FORM WAS ISSUED	
1 Province	
2 Area	
3 Police station	
4 Component code	
5 Address of police station	
6 Telephone number	
7 Fax number	
8 Infringement notice reference number	

B. PARTICULARS OF INFRINGER

1 NATURAL PERSON'S DETAILS

2 SA ID	Passport										
3 Identity number of natural person											
4 Passport number of natural person											
5 Surname									9 In/5415		
7 Residential address											
9 Postal address									8 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		

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C. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO RECEIVES THE RESPONSE TO THE INFRINGEMENT NOTICE

1
Name and surname 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

REQUEST TO CANCEL A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Section 28, 42, 56, 70, 81 and 88(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 REQUEST IS CAPTURED									
1 Request Reference No									

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED			
1 Province			
2 Area			
3 Police station			
4 Component code			
5 Firearm applications register reference number	SAPS #6	NO	YEAR

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)			
1 Outstanding/Additional information required			
		2 Peral number	3 Date
4 Signature of police official		5 Name in block letters	
5 Cancellation of firearm licence, permit, certificate or authorization approved (Indicate with an X)			
		7 Peral number	8 Date
9 Signature of CFR officer		10 Officer code	11 Name in block letters
12 Cancellation of firearm licence, permit, certificate or authorization refused (Indicate with an X)		13 Reason(s) for refusal	
		14 Peral number	15 Date
16 Signature of CFR officer		17 Officer code	18 Name in block letters

D. PARTICULARS OF THE REQUESTER

1	SA ID	Passport	Persal number	
2	Identity number of the requester			
3	Passport number of the requester			
4	Persal number		⁶ Rank	
6	Surname			⁷ Initials
8	Residential address			
				⁸ 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	Trade or profession		¹⁶ If self-employed, specify	
17	Name of employer/company			
18	Business address			
				¹⁹ Postal Code
20	Telephone number	^{20.1} Home ()	^{20.2} Work ()	
20.3	Cellphone number		²¹ Fax ()	
22	E-mail address			

E. DETAILS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION TO BE CANCELLED

1	Licence, permit, certificate or authorization number	2	Licence, permit, certificate or authorization type	3	Date issued

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

NATURAL PERSON'S DETAILS

1.1	SA ID	Passport	
1.2	Identity number of natural person		
2	Passport number of natural person		
3	Surname		⁴ Initials
5	Residential address		
			⁶ Postal Code

7	Postal address					8 Postal Code				
9	Telephone number	9.1 Home	()	9.2 Work	()					
9.3	Cellphone number					10 Fax	()			
11	E-mail address									

12 **JURISTIC PERSON'S DETAILS**

13 **OTHER BODIES**

14	Registered company name									
15	Trading as name									
16	FAR number									
17	Postal address					19 Postal Code				
19	Business address					20 Postal Code				
21	Business telephone number	21.1 Work	()	21.2 Fax	()					
22	E-mail address									

23 **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(s) why cancellation of licence, permit, certificate or authorization is requested

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34 Date on which cancellation is requested

Date					-					
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35 **DECLARATION BY THE REQUESTOR**

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 on this request form.

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D. PARTICULARS OF THE REQUESTER

1 NATURAL PERSON'S DETAILS

1	SA ID	Passport	Persal number	
2	Identity number of the requester			
3	Passport number of the requester			
4	Persal number		Rank	
6	Surname			Initials
8	Residential address			
				Postal Code
10	Postal address			
				Postal Code
12	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			
				Postal Code
22	Business address			
				Postal Code
24	Business telephone number	24.1 Work ()	24.2 Fax ()	
25	E-mail address			

26 RESPONSIBLE PERSON'S DETAILS

27	Responsible person (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	Cellphone number			
32	Physical address			
				Postal Code
34	Postal address			
				Postal Code



SOUTH AFRICAN POLICE SERVICE

TRANSFER OF FIREARM OWNERSHIP

Section 125(2)(a)(iii) 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 Transfer 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	SAPS 13 register reference number												
6	General firearm transactions register ref no	NO								YEAR			

C. PARTICULARS OF CURRENT OWNER

1 NATURAL PERSON'S DETAILS														
2	SA ID	Passport												
3	Identity number of natural person													
4	Passport number of natural person													
5	Surname											Initials		
7	Residential address													
											Postal Code			
9	Postal address													
											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 name											

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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 names 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											
										32 Postal Code		
33	Postal address											
										34 Postal Code		

35	Reason(s) for transfer of firearm									
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D. DETAILS OF FIREARM(S) TO BE TRANSFERRED

1 **DETAILS OF FIREARM(S)**

	(1)	(2)	(3)	(4)
2 Type				
3 Calibre				
4 Make				
5 Model				

Firearm component type:		(1)	(2)	(3)	(4)
6 Barrel serial number					
6.1 Make					
7 Frame serial number					
7.1 Make					
8 Receiver serial number					
8.1 Make					

E. PARTICULARS OF DEALER/GUNSMITH TO WHOM THE FIREARM IS TRANSFERRED

1	Registered company name												
2	Trading as name												
3	FAR number												
4	Postal address												
										Postal Code			
6	Business address												
										Postal Code			
8	Business telephone number	#1 Work	()	#2 Fax	()								
9	E-mail address												

10 DECLARATION BY PERSON WHO IS THE LAWFUL OWNER OF THE FIREARM(S)

I hereby declare that the above firearm(s) is/are legally in my possession and that I intend to sell or supply it once the necessary authorization(s) has/have been obtained and that the details of the firearm(s) are correct and accurate.

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 transfer of firearm ownership form.

F. SIGNATURE OF CURRENT OWNER (Sign only if applicable)

1	SIGNATURE OF CURRENT OWNER	
2		3 Date
	Name of current owner in block letters	
4 Signature of current owner	5 Place
6	SIGNATURE OF DEALER/GUNSMITH	
7		8 Date
	Name of dealer/gunsmith in block letters	
9 Signature of dealer/gunsmith	10 Place

G. (This section must only be completed if the current owner cannot read or write.)

1		2 Fingerprint designation	3 Date
	Right index fingerprint of current owner		
			4
			Name of current owner in block letters
			5 Place

6 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
	Rank of police official in block letters	Signature of police official

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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

H. PARTICULARS OF INTERPRETER
(This section must be completed only if the current owner 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 Postal Code

5 Postal address ⁵ Postal Code

7 Telephone number ^{7.1} Home () ^{7.2} Work ()

8 Cellphone number ⁸ 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)

I. PARTICULARS OF POLICE OFFICIAL

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