OFFICIAL DATE STAMP

SAPS 532



SOUTH AFRICAN POLICE SERVICE

INFRINGEMENT NOTICE

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

A FOR OFFICIAL USE BY POLICE STATION WHERE THE

	·							SEW		1401	HUE	N/A	SUE				
		7	Provin	18													
			Area		••••			•••••	•••••	•			· ···	•••••			•••••
		****								•••••	•••••	•	•••••	•••••			
			Police					•••••	•••••			•••••••			•••••		
			Compa	nent o	ode												
	·	5,	ntringe	ment	natic												
	DATE RECEIVED		eferen	ce mu	nber			<u> </u>		<u> </u>			L	_L	_1		
									1			******					
	B. P/	ARTIC	JLAR	S OF	INF	RINC	3ER										
ı																	
•	NATURAL PERSON'S DETAILS																
2																	
	SAID Passport	50000 3	,											,			
3	Identify number of natural person							-	1				} - }			-	
ı	Passport number of natural person									2							
;		!	نـــــــــــــــــــــــــــــــــــــ					نــــا									
,	Surname										٠,	nitials					
	Residential address	_															
										8 p	ostal	Code					
,	Postal address				-							*****			i		
	1									l	******						
										¹⁰ F	ostal	Code	θ.			<u> </u>	
1	Telephone number 14.1 Home ()				11.2	₩ori	()							l
1.3	Celiphone number					12	Fax	()			_				
3	E-mail address					10000000				<u> </u>							\dashv
																	ㅡ!
4	JURISTIC PERSON'S DETAILS																
5	OTHER BODIES																
5	Registered company name																
7	Trading as name																
3	FAR number		T														
,	Postal address		لـــل	1			L										\neg
										350				-	Т	-т	\dashv
											Post	al Co	cie:			\bot	
	Business address										7.2						
- {										272	Post	al Coi	qe	T	T	T	
	Business telephone number 23.1 Work ()					23.2	Fex	(E 33333					L		\dashv
Ł	1 /				i			81 \ 1						_			

	SAPS 53
E-mail address	
RESPONSIBLE PERSON'S DETAILS	
Responsible person (full names and surname)	
Type of identification (Indicate with an X) SA ID Passport number	er e
identity number of responsible person	
Passport number of responsible person	
Celiphone number	
Physical address .	
³² Postai Code	
Postal address	
²⁴ Postai Code	
PARTICULARS OF LICENCES, PERMITS, CERTIFICATES OR AUTHORIZATIONS	
DETAILS OF LICENCES, PERMITS, CERTIFICATES OR AUTHORIZATIONS	
Type Number Date of Issue Exp	piry date
Parliquiars of alleged offence	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	•••••

40	Infringer's options
	The infringer may not later than 30 days after the date of service of the infringement notice - • pay the administrative fine;
	make arrangements with the Registrar to pay the administrative fine in instalments; or elect to be tried in court on a charge of having committed the alleged offence
41	Statement of failure to comply
	If an infringer fails to comply with the requirements of a notice, the Registrar may file with the clerk or registrar of any competent court a statement certified by him or her as correct, setting forth the amount of the administrative fine payable by the infringer and such statement thereupon has all the affects of a civil judgement lawfully given in that court in favour of the Registrar for a liquid debt in the amount specified in the statement
42	Response date Cete
43	Place where administrative fine must be paid Place
	c. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO ISSUES THE INFRINGEMENT NOTICE
1	2 Date issued
3	Place issued Rank of police official in block letters
5	Signature of police official Persal number of police official
	D. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO SERVES THE INFRINGEMENT NOTICE
1	Date served
3	Rank of police official in block letters
5	Signature of police official Persal number of police official
	E. ACKNOWLEDGMENT OF RECEIPT OF INFRINGEMENT NOTICE BY THE INFRINGER
1	Name and surname of infringer
2	Identify number of infringer
3	Date served
4	Place served Place
5	Time served Time
6	Signature of infringer

SAPS 532(a)



SOUTH AFRICAN POLICE SERVICE

RESPONSE TO INFRINGEMENT NOTICE Section 122 of Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP	,	L				FICI THE								ED		
			Provin	ce													
			Area								 			•••••			
		2	Police	statio	n					•••••				• • • • • • • • • • • • • • • • • • • •			
		4	Compo	nent a	ode							••••					
			Addres	sofp	olice :	static	<u>. </u>	•••••								······	
	DATE RECEIVED		Teleph		ambei										•••••		
		-	Fax nu				4								т—		
			infringe referer	ment ce nu	notice mber												
	B. P.	RTIC	ULAR	s of	INF	RING	SER										
1	NATURAL PERSON'S DETAILS																
2	SA ID Passport																
3	identity number of natural person	T						-		7.7			-			-	
4	Passport number of natural person		T														
5	Surname										* 1	nitiais					
7	Residential address																
		,								*	Posta	Code	9				
9	Postal address									100000	*********	000000000					
						18888888		88881	-	10	Post	al Cot	ie .				
11.3	Telephone number 11.1 Home ()				-	Work	()							
13	Celiphone number					12	Pax	()		.					
,-	E-mail address								<u> </u>						10.0	- 12 -	
14	JURISTIC PERSON'S DETAILS																
15	OTHER BODIES																
16	Registered company name																\neg
17	Trading as neme			·									····				-
18	FAR number																1
19	Postal address																
				-						20	Post	# Coc	le				

	SAPS	532(a)
21	Business address	
	22 Pastal Gode	
23	Business telephone number 73.1 Work () 23.2 Fex ()	
24	E-mail address	
25	DESCRIPTION OF THE PROPERTY OF	
	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	Gellphone number	
31	Physical address	
	⁵² Postal Cotte	
33	Postal address	
	³⁴ Postal Code	
35		
	Particulars of alleged offence	
	· · · · · · · · · · · · · · · · · · ·	
Į	· · · · · · · · · · · · · · · · · · ·	
36	Administrative fine payable R -	
37		
Į.	Infringer's option (Indicate with an X)	
	Pay the administrative fine	
	Pay the administrative fine in instalments	
	Trail in court	
-		
38	Date	
	lame of infringer in block letters	
10	lgnature of infringer	

.---

											SAPS	532(a)
	c. FOR OFFICIAL USE BY TH	HE POLICE OFFICIAL WI INFRINGEMENT I		ES TH	E RE	SPO	VSE	TO T	HE			
1	Name and surname of police official in block letters	2	Date] -			Ŀ		
3	Rank of police official in block letters	4	Place									
5	Signature of police official	6	Persal number	er of pol	lice off	Icial		- [



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		L USE BY THE POLICE S HE REQUEST IS CAPTU	
•	¹ Request Reference No		
			
DATE RECEIVED]		
B. FOR OFFICIAL USE E	BY POLICE STATION WHERE T	HE REQUEST IS RECEIV	/ED
Province		·	
Area			
Police station		***************************************	
Component code			
Firearm applications register reference number	SAPS 86 NO	YEAR	
c. FOR OFFICIAL USE BY	HE CENTRAL FIREARMS REGI	STER (CFR)	
Outstanding/Additional Information required		,	
	Persal number	- -	⁵ Date
4 Given to the Grant of Grant		⁵ Name in block letters	
Signature of police official Cancellation of firearm licence, permit, certification.	ata or	Name in plock tellers	
authorization approved (indicate with an X)	ate 01	***************************************	
	Persal number		⁸ Date
	Persai number	- -	Liate
⁹ Signature of CFR officer	¹⁰ Officer code	11 Name in block letters	
² Cancellation of firearm licence, permit, certific	ate or 13. Reason(s) for r	efusal	
COLUMN CALLES COLUMN COLUMN COLUMN COLUMN CALLES COLUMN CALLES COLUMN CALLES CALLES COLUMN CALLES CAL			
authorization refused (Indicate with an X)			
authorization refused (Induste with an X)	Persal number		¹⁵ Delle
authorization refused (Indicate with an X)	Persal number		f5 Date

	D.			PARTIC	CULAR	S OF TH	E REQUE	STER							
1	SAID	Passport		Pers	al numb	ier	7								
2	identity number of the reques	ter			T			-		T		-		Τ-	
3	Passport number of the requi	ester													
4	Persal number				7-	5	Rank								
6	Surname									7	Initials				
8	Residential address														
										9 Pos	tat Coo	e			
10	Postal address														
										11 Pot	stal Co	đe			
12	Telephone number	12.1 Ho	me ()			12.2 Wo	*******)						
12.3	Celiphone number						13 Fax	(}						
14	E-mail address														
15	Trade or profession					¹⁸ If sel	f-employed,	specify							
17 18	Name of employer/company								- 4						
10	Business address									(6					
20	Telephone number	20.1 Hár	/					20.2 W		Pos	ital Co	de			
20.3	Cellphone number	nu	ne ()				21 Fa		(·)				
22	E-mail address										. ,				-
		1													
	E. DETAILS OF FI	REARM LI	CENCE,	PERMIT	, CER	TIFICATI	OR AUT	HORIZ	ATION	i TO I	BE C/	ANCE	LLEC)	
1	Licence, permit, certificate	ar ar	2 Licen	ce, permit	certific	ate or auth	orization typ	e 3			Date is	sued			
	authorization number						···								
			••••••												
	•••••••••••••••••••••••••••••••••••••••	••••••													
}			••••								·····				
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ŀ			•••••••							•••••					
-				••••••		••••••	•••••			•••••		•••••			
ŀ			•••••	•••••		•••••			•••••						
l															
	F. PARTICULARS OF	THE HO	DER OF	THE FI	REAR	M LICEN	CE, PERI	AIT, CE	RTIFIC	CATE	OR A	WTH	ORIZA	ATION	ı
Г															
L	NATURAL PERSON'S DETAI	LS													
.1	SAID Pas	sport													
.2	Identity number of natural person	on			T			-				-		-	
	Passport number of natural per	noa:			T^{\dagger}			\top			\dashv	_	1	1	H
	Surname				L					4 11	nitials		\top	+	\sqcap
	Residential address														
ſ										Posts	l Code		T	T	\sqcap

	SAF	PS 533
7	Postal address	
	⁸ Postal Code	
9	Telephone number () 9.5 Work ()	
9.3	Celiphone 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	Pastal address	
	¹⁸ Postal Code	
19	Business address	
24	20 Postal Code	
21	Business felephone number 21.1 Work () 21.2 Fex ()	
	E-mail address]
23	RESPONSIBLE PERSON'S DETAILS	
24	Responsible person (full name and surname)	
25	Type of identification (indicate with an X) SA (D Passport number	
26	identify number of responsible person	
27	Passport rumber of responsible person	
28	Cellphone number	
23	Physical address	
31	³⁹ Postal Code	
	Postal address	
	¹² Postal Code	
33	Reason(s) why cancellation of licence, permit, certificate or authorization is requested	
34	Date on which cancellation is requested	

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.

					SAI
G,	SIGNATU	RE OF REQUESTER	ľ		
		2		1 1 1	
Name of requester in block letters		Date		- -	
····		4 Place		· · · · · · · · · · · · · · · · · · ·	
Rank of requester in block letters			****		
	•••••	6		-	
ignature of requester		Persal	number of requester		
H. FOR OFFICIAL L	JSE BY THE DESIGNA	TED FIREARMS OF	ICER/STATION CO	OMMISSIONE	R
RECOMMENDATION REGARDIN	NG THE CANCELLATION	OF THE FIREARM LICE	NCE PERMIT, CERTI	FICATE OR ALL	THORIZATIO
Recomme			Nat recomm		
Motivation					
	***************************************	***************************************		***************************************	
		•••••••••••••••••••••••••••••••••••••••		•••••••••••••••••••••••••••••••••••••••	•
•••••••••••••••••••••••••••••••••••••••		•••••••••••			***************************************
••••••	***************************************			••••••	
		••••••		••••••••	•

				••••••	
		3 Bate]-	
ame of Designated Firearms Officer/S	tation Commissioner in block	Date]-	
		K letters 5 Place] -	-
		K letters 5 Place			
ame of Designated Firearms Officer/Stank of Designated Firearms Officer/Stank of Designated Firearms Officer	ation Commissioner in block	K letters 5 Place] -]

SAPS 533(a)



SOUTH AFRICAN POLICE SERVICE

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

Section 41, 55, 69 and 80 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		CIAL USE BY THE POLICES	
	¹ Request reference No		
	110-1		
DATE RECEIVED		•	
B FOR OFFICIAL USE BY PC	LICE STATION WHERE T	THE REQUEST IS RECEIVED	
Province			
Area		······································	
Police station Component code		•••••••••••••••••••••••••••••••••••••••	••••••
Ganeral firearm transactions register No			
G. FOR OFFICIAL USE **Outstanding/Additional information required	BY THE CENTRAL FIREA	IRMS REGISTER (CFR)	
•			
- Pe	rsat number		³ Date
		· .	· · · · · · · · · · · · · · · · · · ·
⁴ Signature of police official		⁵ Name in block letters	
⁶ Suspension of firearm licence, permit, certificate authorization approved (indicate with an X)	or ⁷ Reason(s) f	or suspension	
			l a
			⁸ Period of suspension
Pél	sal number	- -	40 Date
¹¹ Signature of CFR officer	¹² Officer code	¹³ Name in block letters	
Suspension of firearm licence, permit, certificate authorization refused (indicate with an X)	or 15 Reason(s)	Why suspension is unnecessary	
			•••••
	•	······································	
- 1 ⁶ Pe	Sal number		⁴⁷ Date
			
18 Signature of CER officer	19 Officer code	20 Name in block letters	

	SAPS 533(a)
	D. PARTICULARS OF THE REQUESTER
1	NATURAL PERSON'S DETAILS
1	SAID Passport Persal number
2	identity number of the requester
3	Passport number of the requester
4	Persal-number - 5 Rank
6	Surmaine 7 Initials
8	Residential address
	* Poetal Code
10	Postal address
	11 Postal Code
12	Telephone number 12.1 Home () 12.2 Work ()
12.3	Celiphone number (12 Fax ()
14	E-mail artitress
15	
15	JURISTIC PERSON'S DETAILS
16	OTHER BODIES
17	Registered company name
18	Trading as name
19	FAR number
20	Postal address
22	28 Postal Code
	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 (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
32	Physical address
	¹³ Postal Code
34	Postal acidness
	Postal Code

SAPS 533(a)

	E. PARTICULARS OF FIREARI	VILICENCE, PERMIT, C	ERTIFICATE OR A	UTHORIZATION TO	BE SUSPENDED
	Licence; permit, certificate or authorization type	2 Licence, permit authorization qu	1	³ Date issued	fixpiry date
					1
	Reason (indicate with an X)	eged offence	Fitearm lost/stolen	Indicate case deta	ails below
	Alleged offence				
.1	Police station				
.3	Reference number Description of cesse				
.1	Firearm lost/stolan Police station				
.2	Reference number				
	Description of case				
	Date on which suspension is requested DECLARATION BY REQUESTER		Date	1 1 1 -	
	I am aware that it is an offence in terms of the	e Firearms Control Act, 2000	(Act No 60 of 2000), to	make a false statement in	this request form.
	F.	SIGNATURE OF	FREQUESTER		
	Name of requester in block letters		² Date	-	
	Rank of requester in block letters		4 Place		
			6		
;	Signature of requester		Persal number	er of requester	I

SAPS 533(a)

RECOMMENDATION REGARDING THE SUSPENS	ION OF THE FIREAR	M LICENCE,	PERMIT, C	ERTIFIC	ATE	OR A	UTH	SRIZ.	TK.
Recommended			Nat n	comm	nded				
Motivation regarding the request for suspension			•••••	••••••				•••••	
				••••••			•••••	••••••	••••
				••••••		•••••			
	·····								
	4	Date		1	Τ_	T	Т	T _ 1	
ame of Designated Firearms Officer/Station Commissioner	in block letters	Lote			1-	1	J	لـــــــا	
ank of Designated Firearms Officer/Station Commissioner	in block letters	Place		- ,					_
			·					1	



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		A. FGR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED														
			¹ Transfe	er refe	rence	No											
•																	
	DATE RECEIVED																
	B. FOR OFFICIAL USE BY POL	(C)	STATI	ON 1	AHE	RE T	HE #	PPL	ICA	tioi	V IS I	RECE	IVEI	•			
1	Province										<u> </u>						
2	Area		•		******			•••••		•••••	•••••		•••••	••••••	•••••		
3	Police station									•••••			••••••				
4	Component code	•									······································		•••••			•••••	
5 6	SAPS 13 register reference number																
١	General firearm transactions register ref no N	0_			<u> </u>				\	EAF							
	C. PAR	rici	JLARS	OF C	URR	ENT	OW	NER									
1 [, - , A , F	,, %													
Į.	NATURAL PERSON'S DETAILS																
2	SAID Passport																
3	Identity number of natural person	4								_	_	<u> </u>	<u> </u>	L			
4 5	Passport number of natural person			<u> </u>	L												
,	Surname										6	Initials					Щ
	Residential address										B	stal Co					
,	Postal address						·-···				PO	SIBI CA	ide	L	L1		-
2											¹⁰ Po	stal Co	ode				
1	Telephone number 11.4 Home ()				11.2	Worl	(}				<u> </u>			
11.3	Cellphone number						Fax	()			•				
3	E-mail address						———										
4	JURISTIC PERSON'S DETAILS																
5	OTHER BODIES																
6	Registered company name	<u> </u>															
7	Trading name							_			_						\neg

18	FAR number				
19	Postal address	<u> </u>			
				²⁰ Postál Co	de
21	Business address				
				22 Postal Co	de
23	Business telephone number	23.1 Wark ()	23.2 Fa	x ()	
24	E-mail address				
25	RESPONSIBLE PERSON'S DE	TAILS			
26	Responsible person (full names	and surname)			
27	Type of identification (indicate will	h an X)	SAID	Passpar	t number
28	identity number of responsible pa	erson		-	
29	Passport number of responsible	person			
30	Cellphone number				
31	Physical address			T	
33				32 Postal Coo	le
	Postal address			34	
				34 Posta: Cor	de
35	Reason(s) for transfer of firearm				
	0.	DETAILS OF FI	REARM(S) TO BE TRAN	SFERRED	
1	DETAILS OF FIREARM(S)				
2	Туре	(1)	(2)	(3)	(4)
3	Calibre		-		
4	Make				
5	Model				
	Firearm component type:				
5	Barrel serial number				
5.1	Make				
, ,	Frame serial number		ļ		
7.1	Make				
•			1	1	
.1	Receiver serial number				

	SAPS
E. PARTICULARS OF DEALER/GUNSMITH TO	OWHOM THE FIREARM IS TRANSFERRED
Registered company rame	
Trading as name	
FAR number	
Postal acidress	
	⁶ Postal Code
Business address	
	7 Postal Code
Business telephone number #1 Work ()	#2 Fax ()
E-mail address	
DECLARATION BY PERSON WHO IS THE LAWFUL OWNER OF THE	FIREARM(S)
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)
nas/have been obtained and that the details of the firearm(s) are correct and	
am aware that it is an offence in terms of the Firearms Control Act, 2000 (A wnership form.	Act No 60 of 2000), to make a false statement in this transfer of firearm
F. SIGNATURE OF CURRENT	OWNER (Sign-only if austicable)
SIGNATURE OF CURRENT OWNER	•
	3 Date
Name of current owner in block letters	
	5 Place
Signature of current owner	•
SIGNATURE OF DEALER/GUNSMITH	
·	8 Date
Name of dealer/gunsmith in block letters	
	10 Place
signature of dealer/gunsmith	
G. (This section must only be completed if the	current owner cannot read of write.)
	3 Date
² Fingerprint designation	sale - -
	4
	Name of current owner in block letters
	5 Place
L	85 acc
PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
The state of the s	
lame of police official in block letters	Persal number of police official
rame or bound united at proce (errers	·
ank of police official in block letters	6.4 Signature of police official

			SAPS 534
7	PARTICULARS OF WITNESS		
7.1		7.:	7.2
	Name of witness in block letters		Persal number of witness
7.3		7.4	7.4
	Rank of witness in block letters		Signature of witness
	H. PARTICULAR! (This section must be completed only if the current owner of		
1	Name and surname of interpreter		
2	identity/Passport number of interpreter		
3	Residential address		
			* Postal Code
5	Postal address		
7			⁶ Postal Code
8	Telephone number 7.1 Home ()		7 ¹² Work ()
10	Celiptione number		* Fax ()
11	E-mail address		to
	interpreted from (language)		
		12	12 Fate
13		. 14	
,,,	Signature of interpreter		Place
15		16	16
	Rank of police official in block letters (if applicable)		Persal number of police official (if applicable)
	I. PARTICULARS		LIPE OFFICIAL
	i. FARTICULARS	OF FUL	EDC OFFICIAL
1		2	2 Date
	Name of police official in block letters		
3		4	4 Place
	Rank of police official in block letters		
5		6	6
	Signature of police official		Persal number of police official