

**ANNEXURE "A"**

<b>FORMS</b>		<b>New SAPS numbers</b>
1	Application for licence to possess a firearm <i>(Form 1 amended by regulation 6(c) of GNR 696 of 2005)</i> <i>(Form 1 amended by regulation 20(a) and (b) of Proc. R9 of 2012)</i>	SAPS 271

Prepared by:

2	Application for a competency certificate <i>(Form 2 amended by regulation 20(c) of Proc. R9 of 2012)</i>	SAPS 517
3	Application for a further competency certificate	SAPS 517(a)
4	Application for a duplicate licence, permit, certificate or authorization for lost, stolen and defaced licences	SAPS 517(b)
5	Application for licence issued to particular categories of persons - dealers, manufacturers and gunsmiths	SAPS 517(c)
6	Application to manufacture a new firearm or ammunition type	SAPS 517(d)
7	Application for renewal of licence(s) in terms of the previous Act	SAPS 517(e)
8	Application to declare premises a firearm free zone	SAPS 517(f)
9	Application for a temporary authorization to possess a firearm <i>(Form 9 amended by regulation 20(d) of Proc. R9 of 2012)</i>	SAPS 518
10	Application for the renewal of a licence, permit or authorization	SAPS 518(a)
11	Application for a temporary authorization to trade in firearms and ammunition, to conduct business as a gunsmith and to display firearms and ammunition on premises other than those specified in dealer's, manufacturer's or gunsmith's licence	SAPS 518(b)
12	Application for accreditation as an association	SAPS 519
13	Application for a accreditation for business purposes	SAPS 519(a)
14	Application for accreditation for official institutions	SAPS 519(b)
15	Application for a multiple import or export permit/permanent import or export permit/temporary import or export permit/in-transit permit for personal use (Individuals and Companies)	SAPS 520

16	Application for a multiple import or export permit/permanent import or export permit/temporary import or export permit/in-transit permit for dealers, manufacturers and gunsmiths	SAPS 520(a)
17	Application for permit to transport firearms and ammunition	SAPS 520(b)
18	Application for a permit to collect ammunition	SAPS 520(c)
19	Application for compensation	SAPS 520(d)
20	Notification of lost or stolen licences, permits, certificates or authorizations	SAPS 521
21	Notification of ceasing to carry on business	SAPS 521(a)
22	Notification of change of address	SAPS 521(b)
23	Notification of change of circumstances	SAPS 521(c)
24	Notification of change of commercial agent premises	SAPS 521(d)
25	Notification on assignment of a new responsible person for juristic person	SAPS 521(e)
26	Notification of lost/stolen/found firearms	SAPS 521(f)
27	Notification of incorrect information	SAPS 521(g)
28	Notification of requirement to deactivate a firearm	SAPS 521(h)
29	Cancellation of an application for a licence, permit, certificate or authorization	SAPS 522
30	Surrendering of firearm item(s)	SAPS 522(a)
31	Forfeiture of firearm item(s)	SAPS 522(b)
32	Acknowledgement of receipt of firearm documentation	SAPS 523
33	Remittance advice for firearm applications	SAPS 523(a)

34	Notice of Appeal	SAPS 530
35	Request to alter a firearm by a gunsmith	SAPS 531
36	Infringement Notice	SAPS 532
37	Response to infringement notice	SAPS 532(a)
38	Request to cancel a licence, permit, certificate or authorization	SAPS 533
39	Request to suspend a licence, permit, certificate or authorization	SAPS 533(a)
40	Transfer of firearm ownership	SAPS 534
41	Forwarding schedule	SAPS 535
42	Application for authorization to possess more than 2 400 primers	SAPS 536
43	List of firearms in possession of government departments and other bodies which are exempt from licensing	SAPS 349
44	Dealer's return: stock received	SAPS 350(a)
45	Dealer's return: stock supplied	SAPS 350(b)
46	Manufacturer's return: stock manufactured	SAPS 350(c)
47	Manufacturer's return: stock supplied	SAPS 350(d)
48	Gunsmith return: stock received	SAPS 350(e)
49	Gunsmith return: stock supplied	SAPS 350(f)
50.	Application for renewal of competency certificate <i>(Second Form 50 inserted by regulation 1 of GNR 1208 of 2010)</i>	SAPS 517(g)
50.	Application for authorisation to possess more than 200 rounds of ammunition <i>(Form 50 inserted by regulation 6(a) of GNR 696 of 2005)</i>	SAPS 540
51	Application for acquisition of firearms by official institutions	SAPS 349(a)

	<i>(Form 51 inserted by regulation 6(b) of GNR 696 of 2005)</i>	
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Prepared by:



## SOUTH AFRICAN POLICE SERVICE

## APPLICATION FOR LICENCE TO POSSESS A FIREARM

Section 12, 13, 14, 15, 16, 17, 19 and 20 of the 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	
<sup>1</sup> Application reference No	<input type="text"/>
<sup>2</sup> Number of application	<input type="text"/> of <input type="text"/>

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED	
<sup>1</sup> Province	<input type="text"/>
<sup>2</sup> Area	<input type="text"/>
<sup>3</sup> Police station	<input type="text"/>
<sup>4</sup> Component code	<input type="text"/>
<sup>5</sup> Firearm applications register reference No	SAPS 86 NO YEAR

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)	
<sup>1</sup> Outstanding/Additional information required	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	<sup>2</sup> Peral number
<input type="text"/>	<sup>3</sup> Date
<sup>4</sup> Signature of police official	<sup>5</sup> Name in block letters
<sup>6</sup> Application for licence approved (indicate with an X)	<input type="checkbox"/>
<input type="text"/>	<sup>7</sup> Peral number
<input type="text"/>	<sup>8</sup> Date
<sup>9</sup> Signature of CFR officer	<sup>10</sup> Officer code
<input type="text"/>	<sup>11</sup> Name in block letters
<sup>12</sup> Application for licence refused (indicate with an X)	<sup>13</sup> Reason(s) for refusal
<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<sup>14</sup> Peral number
<input type="text"/>	<sup>15</sup> Date
<sup>16</sup> Signature of CFR officer	<sup>17</sup> Officer code
<input type="text"/>	<sup>18</sup> Name in block letters

**D. TYPE OF APPLICATION FOR A LICENCE TO POSSESS A FIREARM(S)**

<sup>1</sup> Main firearm licence holder  <sup>2</sup> Additional firearm licence holder  (Indicate with an X)

Section number	Type of licence/permit	Period of validity	X
3.1	13 Licence to possess a firearm for self-defence	Five years	
3.2	14 Licence to possess a restricted firearm for self-defence	Two years	
3.3	15 Licence to possess a firearm for occasional hunting and/or sport-shooting	Ten years	
3.4	16 Licence to possess a firearm for dedicated hunting and/or dedicated sport-shooting	Ten years	
3.5	16A Licence to possess a firearm for professional hunting	Ten years	
3.6	17 Licence to possess a firearm in a private collection	Ten years	
3.7	19 Licence to possess a firearm, in a public collection	Ten years	
3.8	20 Licence to possess a firearm for business purposes: Business as a game rancher and in hunting	[Five] Ten years	
3.9	20 Licence to possess a firearm for business purposes: Other business purposes	[Two] Five years	
3.10	20 Licence to possess a firearm for business purposes: for use in theatrical, film and TV productions	[Two] Five years	
3.11	20 Licence to possess a firearm for business purposes: As a security business	[Two] Five years	
3.12	20 Licence to possess a firearm for business purposes: for training purposes	[Two] Five years	
3.13	20 Licence to possess a firearm for business purposes: as a game rancher	[Two] Five years	

**E. DESCRIPTION OF FIREARM (Indicate with an X)**

**TYPE OF FIREARM**

1	Rifle	<input type="checkbox"/>	Shotgun	<input type="checkbox"/>	Handgun	<input type="checkbox"/>	Combination	<input type="checkbox"/>
	Other, specify (armament/indeterminable design type)							

**DETAILS OF FIREARM (Indicate with an X)**

1.1	<b>Action</b>	Semi-automatic	<input type="checkbox"/>	Automatic	<input type="checkbox"/>	Manual	<input type="checkbox"/>
	Other action (specify)						

1.2 Names and addresses engraved in the metal

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1.3 Calibre

1.5 Make

1.6 Model

1.4 Calibre code

1.7	Firearm component type:	Barrel serial number	1.8 Make
1.9		Frame serial number	1.10 Make
1.11		Receiver serial number	1.12 Make

**F. PARTICULARS OF CURRENT OWNER**

1 **Type of owner (Indicate with an X)**

1.2	A Private owner	<input type="checkbox"/>	B Firearm dealer	<input type="checkbox"/>	C Company	<input type="checkbox"/>	D Imported firearm	<input type="checkbox"/>	E Estate	<input type="checkbox"/>
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**2 NATURAL PERSON'S DETAILS**





41	<b>TYPE C (Companies)</b>													
42	Registered company name													
43	Trading as name													
44	FAR number													
45	Postal address													
										46 Postal Code				
47	Business address													
										48 Postal Code				
49	Business telephone number	49.1 Work	(	)	49.2 Fax	(	)							
50	E-mail address													
51	Responsible person (Name and surname)													
52	Type of identification (Indicate with an X)	SA citizen			Non-SA citizen with permanent residence*									
53	Identity number of responsible person													
54	Cellphone number													
55	Physical address													
										56 Postal Code				
57	Postal address													
										58 Postal Code				

59	<b>TYPE D (Imported firearms)</b>									
60	Import permit number									
61	Date issued									
62	Expiry date									

63	<b>TYPE E (Estate)</b>													
64	<b>Type of estate (Indicate with an X)</b>													
65	Executorship	Administration	Curatorship	Trust										
66	Surname									67 Initials				
68	Full names													
69	Identity number of person handling the estate													
70	Name and surname of executor, administrator, curator, trustee or liquidator													
71	Type of identification (Indicate with an X)	Non-SA citizen with permanent residence*			SA citizen									
72	Identity number of executor, administrator, curator, trustee or liquidator													
73	Telephone number	73.1 Home	(	)	73.2 Work	(	)							
73.3	Cellphone number					74 Fax	(	)						
75	Physical address													
										76 Postal Code				
77	Postal address													
										78 Postal Code				

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







<b>62 HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?</b> (Indicate with an X)			
YES		NO	
If yes, submit the following details			
62.1	Police station <sup>(1)</sup>	62.2	CAS/Case number
62.3	Charge		
62.4	Outcome		
62.5	Police station <sup>(2)</sup>	62.6	CAS/Case number
62.7	Charge		
62.8	Outcome		

<b>63 ARE THERE ANY CASES PENDING AGAINST YOU?</b> (Indicate with an X)			
YES		NO	
If yes, submit the following details			
63.1	Police station <sup>(1)</sup>	63.2	CAS/Case number
63.3	Offence		
63.4	Police station <sup>(2)</sup>	63.5	CAS/Case number
63.6	Offence		

<b>64 HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?</b> (Indicate with an X)			
YES		NO	
If yes, submit the following details			
64.1	Police station <sup>(1)</sup>	64.2	CAS/Case number
64.3	Circumstances		
64.7	Details of firearm		
64.5	Police station <sup>(2)</sup>	64.6	CAS/Case number
64.7	Circumstances		
64.8	Details of firearm		

<b>65 WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM?</b> (Indicate with an X)			
YES		NO	
If yes, submit the following details			
65.1	Police station <sup>(1)</sup>	65.2	CAS/Case number
65.3	Charge	65.4	Outcome
65.5	Police station <sup>(2)</sup>	65.6	CAS/Case number
65.7	Charge	65.8	Outcome

<b>66 HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM?</b> (Indicate with an X)			
YES		NO	
If yes, submit the following details			
66.1	Police station <sup>(1)</sup>	66.2	CAS/Case number
66.3	Charge		
66.4	Date from	66.5	Period
66.6	Police station <sup>(2)</sup>	66.7	CAS/Case number
66.8	Charge		
66.9	Date from	66.10	Period

<b>67 HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED?</b> (Indicate with an X)			
YES		NO	
If yes, submit the following details			
67.1	Police station <sup>(1)</sup>	67.2	CAS/Case number
67.3	Circumstances		
		67.4	Outcome

67.5	Police station <sup>(2)</sup>		67.9	CAS/Case number	
67.7	Circumstances		67.8	Outcome	

68 **DO YOU HAVE THE PRESCRIBED SAFE?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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68.1 **IF YES, SUBMIT FULL DETAILS** (Indicate with an X, with short description)

Type of safe	Handgun	<input type="checkbox"/>	Rifle	<input type="checkbox"/>
Strongroom	<input type="checkbox"/>			
Device	<input type="checkbox"/>			

69 **IS SAFE MOUNTED?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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69.1 **IF YES, SUBMIT FULL DETAILS** (Indicate with an X, with short description)

Wall	<input type="checkbox"/>	Floor	<input type="checkbox"/>
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70 **DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

H. **SIGNATURE OF APPLICANT** (Sign only if applicable)

Note:

The requirements of the photo:

- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or sunglasses on the photograph.
- The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
- The applicant must sign in black ink.
- The signature may not exceed the border.
- The whole finger must be pressed down on the sheet.
- The fingerprint should not be rolled and must be a flat impression.



<sup>4</sup> Fingerprint designation



5

Name of applicant in block letters

6 **Date**    -   -

7 **Place**

**8 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1   
Name of police official in block letters

8.2   
Persal number of police official

8.3   
Rank of police official in block letters

8.4 .....  
Signature of police official

**9 PARTICULARS OF WITNESS**

9.1   
Name of witness in block letters

9.2   
Persal number of witness

9.3   
Rank of witness in block letters

9.4 .....  
Signature of witness

**I. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant 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		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)

**J. PARENTAL CONSENT IN CASE OF A MINOR**

1	Recommended				Not recommended			
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2	Name and surname of parent/guardian											
3	Identity/Passport number of parent/guardian											
4	Comments of parent/guardian		..... ..... ..... ..... .....									





7.2 Report regarding the physical inspection of the applicant's safeguarding facilities


8   
Name of Designated Firearms Officer/Station Commissioner in block letters

9 Date 

					-			-		
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10   
Rank of Designated Firearms Officer/Station Commissioner in block letters

11 Place

12 .....  
Signature of Designated Firearms Officer/Station Commissioner

13 

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Persal number of Designated Firearms Officer/Station Commissioner

*(Form 1 (SAPS 271) amended by regulation 6(c) of GNR 696 of 2005)  
(Form 1 (SAPS 271) amended by regulation 20(a) and (b) of Proc. R9 of 2012)*



SOUTH AFRICAN POLICE SERVICE

## APPLICATION FOR A COMPETENCY CERTIFICATE

Section 9 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	<b>A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</b>										
DATE RECEIVED	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Application reference No</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>	Application reference No									
Application reference No											

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

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)				
<b>1 Outstanding/Additional information required</b>				
		2 Peral number	3 Date	
4 Signature of police official		5 Name in block letters		
<b>6 Application for competency certificate approved</b> (Indicate with an X)				
		7 Peral number	8 Date	
9 Signature of CFR officer		10 Officer code	11 Name in block letters	
<b>12 Application for competency certificate refused</b> (Indicate with an X)		<b>13 Reason(s) for refusal</b>		
		14 Peral number	15 Date	
16 Signature of CFR officer		17 Officer code	18 Name in block letters	

**D. TYPE OF COMPETENCY CERTIFICATE (Indicate with an x)**

1	A	To trade in firearms			
2	B	To manufacture firearms			
3	C	To conduct business as a gunsmith			
4	D	To possess a firearm (indicate with an X)			
		Handgun <input type="checkbox"/>	Rifle <input type="checkbox"/>	Shotgun <input type="checkbox"/>	Hand Machine Carbine <input type="checkbox"/>
5	E	To possess a muzzle loading firearm			

**E. PARTICULARS OF APPLICANT**

**1 TYPE OF CITIZENSHIP (Indicate with an X)**

1.1	SA citizen	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
2	Identity number of applicant			
3	Surname			<sup>4</sup> Initials
5	Full names			
6	Age		<sup>7</sup> Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> (Indicate with an X)
8	Date of birth			
9	Residential address			
			<sup>10</sup> Postal Code	
11	Postal address			
			<sup>12</sup> Postal Code	
13	Description of type of residence (eg shack, flat, caravan, cottage, house, hostel or homeless)			
14	Trade or profession		<sup>13</sup> If self-employed, specify	
16	Name of employer/company			
17	Business address			
			<sup>18</sup> Postal Code	
19	Telephone number	<sup>19.1</sup> Home ( )	<sup>19.2</sup> Work ( )	
19.3	Cellphone number		<sup>20</sup> Fax ( )	
21	E-mail address			

**22 Marital status (Indicate with an X)**

22.1	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
	Other (specify)									

**23 PARTICULARS OF SPOUSE/PARTNER (If applicable)**

**23.1 Type of identification (Indicate with an X)**

23.1.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
23.2	Identity number of spouse/partner			
23.3	Passport number of spouse/partner			

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

**F. APPLICATION FOR A COMPETENCY CERTIFICATE TO TRADE IN FIREARMS AND/OR AMMUNITION, OR TO MANUFACTURE FIREARMS AND/OR AMMUNITION, OR TO CONDUCT BUSINESS AS A GUNSMITH  
(THIS APPLIES TO FIREARM DEALERS, MANUFACTURERS AND GUNSMITHS ONLY.)**

1 Have you successfully completed the prescribed test on the knowledge of this Act? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2 Have you successfully completed the prescribed training and practical test for dealers, manufacturers or gunsmiths? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3 In the case of dealers, manufacturers or gunsmiths, submit details of relevant qualifications/experience

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**G. APPLICATION FOR A COMPETENCY CERTIFICATE TO POSSESS A FIREARM  
(THIS APPLIES TO PRIVATE PERSONS ONLY.)**

1 Have you successfully completed the prescribed test on this Act? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2 Have you successfully completed the prescribed training and practical tests on the safe and efficient handling of a firearm? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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3 For which firearm(s) did you receive the prescribed training? (Indicate with an X)

Pistol	<input type="checkbox"/>	Revolver	<input type="checkbox"/>	Rifle	<input type="checkbox"/>	Shotgun	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>						

**H. OTHER INFORMATION**

1 DO YOU HAVE A TRAINING CERTIFICATE ISSUED BY AN ACCREDITED TRAINING INSTITUTION? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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2 Name of accredited training institution

3 Serial number on training certificate issued

4 Date issued

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5 HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
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5.1	Police station <sup>(1)</sup>		5.2 CAS/Case number
5.3	Charge		
5.4	Outcome		
5.5	Police station <sup>(2)</sup>		5.6 CAS/Case number
5.7	Charge		
5.8	Outcome		

<b>6 ARE THERE ANY CASES PENDING AGAINST YOU?</b> (Indicate with an X)			
YES		NO	
If yes, submit the following details			
6.1	Police station <sup>(1)</sup>	6.2 CAS/Case number	
6.3	Offence		
6.4	Police station <sup>(2)</sup>	6.5 CAS/Case number	
6.6	Offence		

<b>7 HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?</b> (Indicate with an X)			
YES		NO	
If yes, submit the following details			
7.1	Police station <sup>(1)</sup>	7.2 CAS/Case number	
7.3	Circumstances		
7.7	Details of firearm		
7.5	Police station <sup>(2)</sup>	7.6 CAS/Case number	
7.7	Circumstances		
7.8	Details of firearm		

<b>8 WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM?</b> (Indicate with an X)			
YES		NO	
If yes, submit the following details			
8.1	Police station <sup>(1)</sup>	8.2 CAS/Case number	
8.3	Charge	8.4 Outcome	
8.5	Police station <sup>(2)</sup>	8.6 CAS/Case number	
8.7	Charge	8.8 Outcome	

<b>9 HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM?</b> (Indicate with an X)			
YES		NO	
If yes, submit the following details			
9.1	Police station <sup>(1)</sup>	9.2 CAS/Case number	
9.3	Charge		
9.4	Date from	9.5 Period	
9.6	Police station <sup>(2)</sup>	9.7 CAS/Case number	
9.8	Charge		
9.9	Date from	9.10 Period	

<b>10 HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED?</b> (Indicate with an X)			
YES		NO	
If yes, submit the following details			
10.1	Police station <sup>(1)</sup>	10.2 CAS/Case number	
10.3	Circumstances	10.4 Outcome	
10.5	Police station <sup>(2)</sup>	10.6 CAS/Case number	
10.7	Circumstances	10.8 Outcome	

<b>11 IN THE PAST FIVE YEARS HAVE YOU BEEN SERVED WITH A PROTECTION ORDER, OR VISITED BY A POLICE OFFICIAL CONCERNING ALLEGATIONS OF VIOLENCE OR OTHER CONFLICT IN YOUR HOME OR ELSEWHERE?</b> (Indicate with an X)			
YES		NO	
If yes, submit details			

12 **IN THE PAST FIVE YEARS HAVE YOU BEEN DENIED A LICENCE, PERMIT OR AUTHORIZATION REGARDING A FIREARM?**  
(Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
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13 **IN THE PAST FIVE YEARS DID YOU THREATEN OR ATTEMPT SUICIDE, SUFFERED FROM MAJOR DEPRESSION OR EMOTIONAL PROBLEMS, OR ENGAGED IN INTOXICATING OR NARCOTIC SUBSTANCE ABUSE?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
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14 **IN THE PAST FIVE YEARS HAVE YOU BEEN DIAGNOSED OR TREATED BY A MEDICAL PRACTITIONER FOR DEPRESSION, DRUG, INTOXICATING OR NARCOTIC SUBSTANCE ABUSE, BEHAVIOURAL PROBLEMS OR EMOTIONAL PROBLEMS?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
-----	--------------------------	----	--------------------------	------------------------

15 **IN THE PAST TWO YEARS DID YOU EXPERIENCE A DIVORCE OR SEPARATION FROM AN INTIMATE PARTNER WITH WHOM YOU RESIDED AND WHERE THERE WERE WRITTEN ALLEGATIONS OF VIOLENCE?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
-----	--------------------------	----	--------------------------	------------------------

16 **IN THE PAST TWO YEARS HAVE YOU EXPERIENCED ANY FORCED JOB LOSS?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit details
-----	--------------------------	----	--------------------------	------------------------

17 **IF YOU ARE UNDER THE AGE OF 21 YEARS, COMPELLING REASONS WHICH REQUIRE YOU TO OBTAIN A COMPETENCY CERTIFICATE MUST BE SUBMITTED.**

17.1 \*Compelling reasons (Indicate with an X)

Conduct a business	<input type="checkbox"/>	Gainfully employed	<input type="checkbox"/>	Dedicated hunter	<input type="checkbox"/>	Dedicated sports-person	<input type="checkbox"/>	Private collector	<input type="checkbox"/>
Public collector	<input type="checkbox"/>	Other:	<input type="checkbox"/>						

17.2 Submit full details

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18 **DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

**I. SIGNATURE OF APPLICANT** (Sign only if applicable)

Note:

The requirements of the photo:

- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or sunglasses on the photograph.
- The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
- The applicant must sign in black ink.
- The signature may not exceed the border.
- The whole finger must be pressed down on the sheet.
- The fingerprint should not be rolled and must be a flat impression.



6

Name of applicant in block letters

6 Date    -   -

7 Place

**8 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1

Name of police official in block letters

8.2       -

Personal number of police official

8.3

Rank of police official in block letters

8.4

Signature of police official

**9 PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.2       -

Personal number of witness

9.3

Rank of witness in block letters

9.4

Signature of witness

\* Submit proof of that indicated in par 11.1.

**J. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant 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 ( )									





**L FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CONDUCTS THE INTERVIEWS  
(INTERVIEW REPORT)**

**1 INTERVIEW 1 (With a person other than the applicant's spouse or partner)**

1.1	SA ID	Passport	(Indicate with an X)	
2	Identify number of interviewee			
3	Passport number of interviewee			
4	Surname			<sup>5</sup> Initials
6	Full names			
7	Age	<sup>8</sup> Gender	Male	Female (Indicate with an X)
9	Address			<sup>10</sup> Postal Code
11	Telephone number	<sup>11.1</sup> Home ( )	<sup>11.2</sup> Work ( )	
11.3	Cellphone number		<sup>12</sup> Fax ( )	
13	The interviewee's relation to the applicant? (eg neighbour, employer, parents)			
14	Comments of the interviewee			
15	Date		<sup>16</sup> Time	
17	Comments of the police official who conducted the interview			

18	In what manner was the interview conducted? (eg in person, by telephone)			
19	Date		<sup>20</sup> Time	

21	Name of police official in block letters				22	Personal number of police official			
23	Rank of police official in block letters				24	Signature of police official			

**25 INTERVIEW 2 (With a person other than the applicant's spouse or partner)**

25.1	SA ID	Passport	(Indicate with an X)	
26	Identify number of interviewee			
27	Passport number of interviewee			
28	Surname			<sup>29</sup> Initials
30	Full names			
31	Age	<sup>32</sup> Gender	Male	Female (Indicate with an X)
33	Address			<sup>34</sup> Postal Code
35	Telephone number	<sup>35.1</sup> Home ( )	<sup>35.2</sup> Work ( )	

35.3	Telephone number		36 Fax	
37	The interviewee's relation to the applicant? (eg neighbour, employer, parents)			
38	Comments of the interviewee			
39	Date		40 Time	
41	Comments of police official after the interview			
42	In what manner was the interview conducted? (eg in person, by telephone)			
43	Date		44 Time	
45			46	
	Name of police official in block letters			Personal number of police official
47			48	
	Rank of police official in block letters			Signature of police official

**49 INTERVIEW WITH APPLICANT'S SPOUSE/PARTNER (if applicable)**

49.1	SA ID		Passport		(Indicate with an X)
50	Identity number of spouse/partner				
51	Passport number of spouse/partner				
52	Surname			53 Initials	
54	Full names				
55	Age		56 Gender	Male	Female
57	Address				58 Postal Code
59	Telephone number	59.1 Home	( )	59.2 Work	( )
59.3	Cellphone number		60 Fax	( )	
61	Comments of spouse/partner				
62	Date		63 Time		
64	Comments of the police official who conducted the interview				

65 In what manner was the interview conducted? (eg in person, by telephone)

66 Date

67 Name of police official in block letters

68 Persal number of police official

69 Rank of police official in block letters

70 Signature of police official

71 OTHER DETAILS (To be completed by the Designated Firearms Officer)

72 Describe the health and physical fitness of the applicant

73 Describe the mental condition of the applicant and indicate whether he/she is inclined to act violently

74 General impression of the applicant's character, including his or her temper and emotional and behavioural stability

75 Is the applicant dependant on any substance which has an intoxicating or narcotic effect? If yes, submit details

76 Are there any negative aspects known about the applicant? If yes, submit details

77 Does the applicant have a criminal history? If yes, submit details

78 Describe the applicant's knowledge of the Firearms Control Act, 2000 (Act No 60 of 2000), and Regulations, as well as his or her knowledge of the safe handling of a firearm

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79 IF THE APPLICANT IS UNDER THE AGE OF 21 YEARS, CONFIRM IF COMPELLING REASONS EXIST WHICH REQUIRE THE APPLICANT TO OBTAIN A COMPETENCY CERTIFICATE.

79.1 Compelling reasons (Indicate with an X)

Conduct a business	<input type="checkbox"/>	Gainfully employed	<input type="checkbox"/>	Dedicated hunter	<input type="checkbox"/>	Dedicated sports person	<input type="checkbox"/>	Private collector	<input type="checkbox"/>
Other	<input type="checkbox"/>								

79.2 Confirmation of compelling reasons

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**M. RECOMMENDATION** (To be completed by the Designated Firearms Officer/Station Commissioner)

1 RECOMMENDATION REGARDING THE APPLICATION

	Recommended	<input type="checkbox"/>	Not recommended	<input type="checkbox"/>
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1.1 Motivation

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2   
Name of Designated Firearms Officer/Station Commissioner in block letters

3 Date --

4   
Rank of Designated Firearms Officer/Station Commissioner in block letters

5 Place

6 .....  
Signature of Designated Firearms Officer/Station Commissioner

7 -  
Personal number of Designated Firearms Officer/Station Commissioner

(Form 2 (SAPS 517) amended by regulation 20(c) of Proc. R9 of 2012)



**D. TYPE OF FURTHER COMPETENCY CERTIFICATE (Indicate with an X)**

1	A	To trade in firearms	
2	B	To manufacture firearms	
3	C	To conduct business as a gunsmith	
4	D	To possess a firearm (indicate with X)	
		Handgun	Rifle
			Shotgun

**E. PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

**2 Type of identification (Indicate with an X)**

2.1	SA ID	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
3	Identify number			
4	Surname			<sup>5</sup> Initials
6	Full names			
7	Residential address			
				<sup>8</sup> Postal Code
9	Postal address			
				<sup>10</sup> Postal Code
11	Telephone number	<sup>11.1</sup> Home	( )	<sup>11.2</sup> Work
11.3	Cellphone number			<sup>12</sup> Fax
13	E-mail address			
14	Trade or profession			<sup>15</sup> If self-employed, specify
16	Name of employer/company			
17	Business address			
				<sup>16</sup> Postal Code
18	Telephone number	<sup>18.1</sup> Home	( )	<sup>18.2</sup> Work
19.3	Cellphone number			<sup>20</sup> Fax
21	E-mail address			

**F. PARTICULARS OF CURRENT/PREVIOUS COMPETENCY CERTIFICATE ISSUED TO APPLICANT**

1	Type of competency/certificate			
2	Competency certificate number			
3	Date of issue			<sup>4</sup> Expiry date
5	<b>ARE YOU A MEMBER OF AN ACCREDITED ASSOCIATION? (Indicate with an X)</b>			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
6	Name of accredited association			
7	Membership number			<sup>8</sup> Date joined

\* Proof of permanent residence must be submitted, if an applicant is not a SA citizen.

**OTHER INFORMATION**

**10 HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE, COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?** (Indicate with an X)

YES		<input type="checkbox"/>	NO		<input type="checkbox"/>	If yes, submit the following details	
10.1	Police station <sup>(1)</sup>					10.2	CAS/Case number
10.3	Charge						
10.4	Outcome						
10.5	Police station <sup>(2)</sup>					10.6	CAS/Case number
10.7	Charge						
10.8	Outcome						

**11 ARE THERE ANY CASES PENDING AGAINST YOU?** (Indicate with an X)

YES		<input type="checkbox"/>	NO		<input type="checkbox"/>	If yes, submit the following details	
11.1	Police station <sup>(1)</sup>					11.2	CAS/Case number
11.3	Offence						
11.4	Police station <sup>(2)</sup>					11.5	CAS/Case number
11.6	Offence						

**12 HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?** (Indicate with an X)

YES		<input type="checkbox"/>	NO		<input type="checkbox"/>	If yes, submit the following details	
12.1	Police station <sup>(1)</sup>					12.2	CAS/Case number
12.3	Circumstances						
12.4	Details of firearm						
12.5	Police station <sup>(2)</sup>					12.6	CAS/Case number
12.7	Circumstances						
12.8	Details of firearm						

**13 WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM?** (Indicate with an X)

YES		<input type="checkbox"/>	NO		<input type="checkbox"/>	If yes, submit the following details	
13.1	Police station <sup>(1)</sup>					13.2	CAS/Case number
13.3	Charge					13.4	Outcome
13.5	Police station <sup>(2)</sup>					13.6	CAS/Case number
13.7	Charge					13.8	Outcome

**14 HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM?** (Indicate with an X)

YES		<input type="checkbox"/>	NO		<input type="checkbox"/>	If yes, submit the following details	
14.1	Police station <sup>(1)</sup>					14.2	CAS/Case number
14.3	Charge						
14.4	Date from					14.5	Period
14.6	Police station <sup>(2)</sup>					14.7	CAS/Case number
14.8	Charge						
14.9	Date from					14.10	Period

16 HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED? (Indicate with an X)			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes, submit the following details			
15.1	Police station <sup>(1)</sup>	15.2	CAS/Case number
15.3	Circumstances	15.4	Outcome
15.5	Police station <sup>(2)</sup>	15.6	CAS/Case number
15.7	Circumstances	15.8	Outcome

16 **DECLARATION BY APPLICANT**

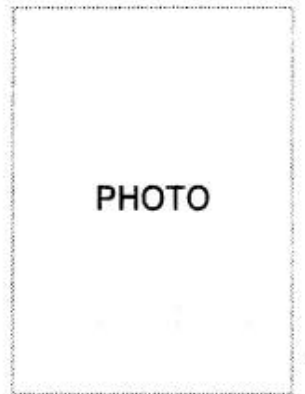
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

G. **SIGNATURE OF APPLICANT** (Sign only if applicable)

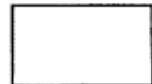
Note:

The requirements of the photo:

- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or sunglasses on the photograph.
- The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
- The applicant must sign in black ink.
- The signature may not exceed the border.
- The whole finger must be pressed down on the sheet.
- The fingerprint should not be rolled and must be a flat impression.



<sup>4</sup> Fingerprint designation



5   
Name of applicant in block letters

6 Date    -    -

7 Place

8 **PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1   
Name of police official in block letters

8.2        -    
Persal number of police official

8.3   
Rank of police official in block letters

8.4 \_\_\_\_\_  
Signature of police official

9 **PARTICULARS OF WITNESS**

9.1   
Name of witness in block letters

9.2        -    
Persal number of witness

9.3   
Rank of witness in block letters

9.4 \_\_\_\_\_  
Signature of witness



**H. PARTICULARS OF INTERPRETER**  
 (This section must be completed only if the applicant 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																			
		<sup>4</sup> Postal Code																		
5	Postal address																			
		<sup>5</sup> Postal Code																		
7	Telephone number	<sup>7.1</sup> Home	( )	<sup>7.2</sup> Work	( )															
8	Cellphone number				<sup>8</sup> 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	Personal number of police official (if applicable)																			

**I. PARENTAL CONSENT IN CASE OF A MINOR**

1	Recommended	Not recommended																		
2	Name and surname of parent/guardian																			
3	Identity/Passport number of parent/guardian																			
4	Comment of parent/guardian																			
5	Date					-					-									
6	Signature of parent/guardian																			
7	Place																			





SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR A DUPLICATE LICENCE, PERMIT, CERTIFICATES OR AUTHORIZATION FOR LOST, STOLEN AND DEFACTED LICENCES**

Section 29(2), 44(2), 58(2), 72(2) and 82(2) of the Firearms Control Act, 2000 (Act No 60 of 2000)

<p><b>OFFICIAL DATE STAMP</b></p>          <p><b>DATE RECEIVED</b></p>
--

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED									
<sup>1</sup> Application 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	Firearm applications register reference No	SAPS 86	NO
			YEAR

C. PARTICULARS OF LICENCE, PERMIT OR AUTHORIZATION TYPE OF LICENCE, PERMIT OR AUTHORIZATION (Indicate with an X)	
---	--

1	Competency certificate	3	Licence issued to particular categories of persons
1.1	To trade in firearms	3.1	Licence to deal in firearms and ammunition
1.2	To manufacture firearms	3.2	Licence to manufacture firearms and ammunition
1.3	To conduct business as a gunsmith	3.3	Licence to conduct business as a gunsmith
1.4	To possess a firearm	4	Permits
2	Licences	4.1	Permit to possess ammunition in a private collection
2.1	Licence to possess a firearm for self-defence	4.2	Permit to possess ammunition in a public collection
2.2	Licence to possess a restricted firearm for self-defence	4.3	Import permit
2.3	Licence to possess a firearm for occasional hunting and sports-shooting	4.4	Export permit
2.4	Licence to possess a firearm for dedicated hunting and dedicated sports-shooting	4.5	Transporter's permit
2.5	Licence to possess a firearm in a private collection	4.6	In-transit permit
2.6	Licence to possess a firearm in a public collection (museums)	4.7	Multiple import and export permit
2.7	Licence to possess a firearm for business purposes: Business in hunting	4.8	Temporary import-export permit
2.8	Licence to possess a firearm for business purposes: Other business purposes		

continue

5	<b>Authorizations</b>		6.4	To provide security services for its own business
6.1	Temporary authorization to possess a firearm		6.5	As a sports shooting and/or hunting association
5.2	Temporary authorization to trade in firearms and ammunition		6.6	As a collectors' association
5.3	Temporary authorization to a manufacturer to display firearms and ammunition		6.7	As a museum
5.4	Temporary authorization to conduct business as a gunsmith		6.8	As a public collector of firearms and ammunition
6	<b>Accreditation</b>		6.9	As a game rancher
6.1	As a shooting range		6.10	As an official institution
6.2	To provide training		6.11	To provide firearms for use in theatrical, film or television productions
6.3	To conduct business in hunting			

7	State reason for the application for a duplicate licence (Indicate with an X)			
	Lost	<input type="checkbox"/>	Stolen	<input type="checkbox"/>
		<input type="checkbox"/>	Defaced	<input type="checkbox"/>
7.1	Other reason(s)	..... ..... .....		

8	<b>Particulars of original licence, permit or authorization</b>		
	Licence, permit or authorization number	Date issued	Expiry date
8.1	.....		
8.2	.....		
8.3	.....		
8.4	.....		

9	Did you report the loss of your licence, permit or authorization at your nearest police station within 24 hours?		
	YES	<input type="checkbox"/>	NO
		<input type="checkbox"/>	If no, submit reason why the loss of your licence, permit or authorization was not reported
9.1	Reason(s)	..... ..... .....	
9.2	If yes, submit the following details:		
9.2.1	Police station where the loss/theft of your licence, permit or authorization was reported	.....	
9.2.2	Notification reference number	.....	

10	<b>DETAILS OF FIREARM</b>				
	In case of a licence, temporary authorization to possess a firearm or an import/export permit the following particulars must be submitted				
		(1)	(2)	(3)	(4)
10.1	Type	.....	.....	.....	.....
10.2	Calibre	.....	.....	.....	.....
10.3	Make	.....	.....	.....	.....
10.4	Model	.....	.....	.....	.....

Firearm component type:

10.5	Barrel serial number				
10.6	Frame serial number				
10.7	Receiver serial number				

**D. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT OR AUTHORIZATION**

**1 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				
	18 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				



**F. PARTICULARS OF INTERPRETER**  
 (This section must be completed only if the applicant 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			
4	Postal address															
													6 Postal Code			
7	Telephone number		7.1 Home ( )		7.2 Work ( )											
8	Cellphone number		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. FOR OFFICIAL USE BY THE POLICE STATION**

1 

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

  
Name of police official in block letters

2 Date 

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

3 

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

4 Place 

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

5 Signature of police official

6 

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Persal number of police official



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR LICENCE ISSUED TO PARTICULAR CATEGORIES OF PERSONS - DEALERS, MANUFACTURERS OR GUNSMITHS**

Section 34, 48 and 62 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										
Application 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	Firearm applications register reference No	SAPS 86	NO	YEAR

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)										
1 Outstanding/Additional information required										
2 Personal number - Date										
3 Signature of police official Name in block letters										
4 Application for licence approved (Indicate with an X)										
5 Personal number - Date										
6 Signature of CFR officer Officer code Name in block letters										
7 Application for licence refused (Indicate with an X) Reason(s) for refusal										
8 Personal number - Date										
9 Signature of CFR officer Officer code Name in block letters										





26 Physical address  27 Postal Code   
28 Postal address  28 Postal Code

**PROOF SIGNATURES OF RESPONSIBLE PERSON**

31 Signature of responsible person ..... 32 Signature of responsible person .....

**DETAILS OF PREMISES**

34 **PHYSICAL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED**  
Address   
Postal Code

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

36 **DESCRIBE THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS**

37 **DESCRIBE THE ALARM SYSTEM**

38 **LOCATION AND PARTICULARS OF SAFE OR STRONG-ROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT**

39 **DESCRIBE THE BURGLAR PROOFING**

40

<b>DESCRIBE OTHER SECURITY FEATURES</b>

41

<p><b>* DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH AND MAINTAIN A WORKSTATION THAT LINKS THEIR REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS OR MANUFACTURERS DATABASE</b></p> <p><b>* THE REGISTRAR MAY, ON GOOD CAUSE SHOWN, EXEMPT DEALERS OR GUNSMITHS FROM THIS DUTY</b></p>
<p>Submit a description of the workstation which will link your registers to the Central Database In case of a dealer or a gunsmith, submit the reason(s) why the Registrar must exempt you from maintaining a linked workstation</p>

42

Date of commencement of business 

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

43

**DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of Section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

**F. SIGNATURE OF APPLICANT (Sign only if applicable)**

- Note:
- The requirements of the photo:
- The photograph must be in colour and may not exceed the border.
  - The photo must be the size of a standard passport photograph.
  - The photo must be a full front view of the head and shoulders of the applicant.
  - The background of the photo must be plain.
  - The applicant may not be wearing a hat or sunglasses on the photograph.
  - The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
  - The applicant must sign in black ink.
  - The signature may not exceed the border.
  - The whole finger must be pressed down on the sheet.
  - The fingerprint should not be rolled and must be a flat impression.

PHOTO

Signature

3

4 Fingerprint designation

5

Name of applicant in block letters

6

Date 

				-			-		
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7

Place

**8 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1   
Name of police official in block letters

8.2   
Persal number of police official

8.3   
Rank of police official in block letters

8.4 .....  
Signature of police official

**9 PARTICULARS OF WITNESS**

9.1   
Name of witness in block letters

9.2   
Persal number of witness

9.3   
Rank of witness in block letters

9.4 .....  
Signature of witness

**G. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant 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  11 Fax ( )

9 E-mail address

10 Interpreted from (language)  to

11 Date

12 .....  
Signature of interpreter

13 Place

14   
Rank of police official in block letters (if applicable)

15   
Persal number of police official (if applicable)

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

**1 RECOMMENDATION REGARDING THE APPLICATION**

2 Recommended  Not recommended

Report of inspection on premises  
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3

Additional conditions recommended

4

Recommendation regarding the application

5

Name of Designated Firearms Officer/Station Commissioner in block letters

7

Rank of Designated Firearms Officer/Station Commissioner in block letters

9

Signature of Designated Firearms Officer/Station Commissioner

6

Date:    -    -

8

Place:

10

-

Personal number of Designated Firearms Officer/Station Commissioner



SOUTH AFRICAN POLICE SERVICE

APPLICATION TO MANUFACTURE A NEW FIREARM OR AMMUNITION TYPE

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED									
<sup>1</sup> Application 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 Firearm applications register reference number	SAPS 86	NO	YEAR

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)			
<sup>1</sup> Outstanding/Additional information required			
		<sup>2</sup> Persal number	<sup>3</sup> Date
<sup>4</sup> Signature of police official		<sup>5</sup> Name in block letters	
<sup>6</sup> Application for new type approved	<sup>6.1</sup> New firearm type	<sup>6.2</sup> New ammunition type	(Indicate with an X)
		<sup>7</sup> Persal number	<sup>8</sup> Date
<sup>9</sup> Signature of CFR officer		<sup>10</sup> Officer code	<sup>11</sup> Name in block letters
<sup>12</sup> Application for new type refused	<sup>12.1</sup> New firearm type	<sup>12.2</sup> New ammunition type	(Indicate with an X)
<sup>13</sup> Reason(s) for refusal			
		<sup>14</sup> Persal number	<sup>15</sup> Date
<sup>16</sup> Signature of CFR officer		<sup>17</sup> Officer code	<sup>18</sup> Name in block letters

**D. PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

2	SA ID	Non-SA citizen with permanent residence*											
3	Identity number of natural person												
4	Surname										5	Initials	
6	Residential address												
7											7	Postal Code	
8	Postal address												
9											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	Company registration or GC number										

19	Postal address												
20											20	Postal Code	
21	Business address												
22											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	Identity number of responsible person											
29	Passport number of responsible person											
30	Cellphone number											
31	Physical address											
32											32	Postal Code
33	Postal address											
34											34	Postal Code

\* Proof of permanent residence must be submitted, if an applicant is not a SA citizen.

**E. DETAIL OF EXISTING LICENCE**  
Firearm manufacturer licence type (indicate with an X)

1	To manufacture firearms	<input type="checkbox"/>
2	To manufacture ammunition	
3	Licence number	
4	Date issued	
5	Expiry date	

**F. PARTICULARS OF PROPOSED TYPE OF FIREARM OR AMMUNITION TO BE MANUFACTURED**

**1 DETAILS OF PROPOSED TYPE OF FIREARM**

2	Type	
3	Calibre	
4	Make	
5	Model	

**6 PURPOSE OF DEVELOPMENT**

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**7 INTENDED MARKET**

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**8 STATE THE SPECIFICATIONS OF THE NEW TYPE OF FIREARM**

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9 **DETAILS OF PROPOSED TYPE OF AMMUNITION**

10 **Calibre**

11 **Purpose of development**  
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12 **Intended market**  
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13 **State the specifications of the new type of ammunition**  
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13 **State the specifications of the new type of ammunition**  
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14 **DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

**SIGNATURE OF APPLICANT** (Sign only if applicable)

1   
Name of applicant in block letters

2 **Date**     -

3 .....  
Signature of applicant

4 **Place**

**H.** (This section must be completed only if the applicant cannot read or write)

1

2 Fingerprint designation

3 Date

4   
Name of applicant in block letters

5 Place

Right index fingerprint of applicant

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

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

**1 PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant 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

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

3 Residential address

4 Postal Code

5 Postal address

6 Postal Code

7 Telephone number  7.1 Home ( )  7.2 Work ( )

8 Cellphone number  7.3 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)





SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR RENEWAL OF LICENCE(S) IN TERMS OF THE PREVIOUS ACT**

(Transitional provisions)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED									
1 Application 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	Firearm applications register reference number	SAPS 66	NO YEAR

C. FOR OFFICIAL USE BY THE DECIDING OFFICER			
Outstanding/Additional information required			
7 Persal number		8 Date	
4 Signature of police official		5 Name in block letters	
6 Application for licence approved (indicate with an X)			
7 Persal number		8 Date	
9 Signature of deciding officer		10 Officer code	11 Name in block letters
12 Application for licence refused (indicate with an X)		13 Reason(s) for refusal	
14 Persal number		15 Date	
16 Signature of deciding officer		17 Officer code	18 Name in block letters

**D. PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

2	SA ID		Passport	
3	Identity number of natural person			
4	Passport number of natural person			
5	Surname			5 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	Company registration or CC 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 name 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			
				33 Postal Code
34	Postal address			
				35 Postal Code




**3 DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

**F. SIGNATURE OF APPLICANT (Sign only if applicable)**

Note:

The requirements of the photo:

- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or sunglasses on the photograph.
- The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
- The applicant must sign in black ink.
- The signature may not exceed the border.
- The whole finger must be pressed down on the sheet.
- The fingerprint should not be rolled and must be a flat impression.



**5**   
Name of applicant in block letters

**6** **Date**    -

**7** **Place**

**8 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

**8.1**   
Name of police official in block letters

**8.2**       -   
Persal number of police official

**8.3**   
Rank of police official in block letters

**8.4** .....  
Signature of police official

**9 PARTICULARS OF WITNESS**

**9.1**   
Name of witness in block letters

**9.2**       -   
Persal number of witness

**9.3**   
Rank of witness in block letters

**9.4** .....  
Signature of witness













**G. RECOMMENDATION BY NATIONAL COMMISSIONER**

1

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2

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Name of National Commissioner in block letters

3

Date

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

4

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Signature of National Commissioner

5

Place

.....

**H. RECOMMENDATION BY SECRETARIAT OF SAFETY AND SECURITY**

1

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2

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Name of Secretary of Safety and Security in block letters

3

Date

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4

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Signature of Secretary of Safety and Security

5

Place

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**I. APPROVAL/REFUSAL BY THE MINISTER OF SAFETY AND SECURITY**

1

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2

Date

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3

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Signature of Minister of Safety and Security

4

Place

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**This document should be in triplicate as one should go to the applicant, one should stay with the station for record purposes and one should be forwarded to Head Office for further processing of the Firearm Free Zone declaration.**



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR A TEMPORARY AUTHORIZATION TO POSSESS A FIREARM**

Section 21 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 Application 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 Firearm applications register reference No	SAPS #6	NO	YEAR

**E. TYPE OF LICENCE, PERMIT CERTIFICATE OR AUTHORIZATION (Indicate with an x)**

1	Licence	2.1	Licence to deal in firearms and ammunition
1.1	Licence to possess a firearm for self-defence	2.2	Licence to manufacture firearms and ammunition
1.2	Licence to possess a restricted firearm for self-defence	2.3	Licence to conduct business as a gunsmith
1.3	Licence to possess a firearm for security officer Purposes	3	Permits
1.4	Licence to possess a firearm for occasional hunting And sports-shooting	3.1	Permit to possess ammunition in a private collection
1.5	Licence to possess a firearm for dedicated hunting and dedicated sports-shooting	3.2	Permit to possess ammunition in a public collection
1.6	Licence for professional hunting	3.3	Import permit
1.7	Licence to possess a firearm in a private collection	3.4	Export permit
1.8	Licence to possess a firearm in a public collection (museums)	3.5	In-transit permit
1.9	Licence to possess a firearm for business purposes Business in hunting	3.6	Multiple import and export permit
1.10	Licence to possess a firearm for business purposes	3.7	Temporary import/export permit
2	Licence issued to particular categories of persons		

(Form 9 – SAPS 518 - amended by regulation 20(d) of Proc. R9 of 2012)

(Editorial note: it appears that there is an error in the amendment. The instruction is to substitute part C for the above part E)

**D. DESCRIPTION OF FIREARM** (Indicate with an X)

1	Rifle	Shotgun	Handgun	Combination
	Other, specify (armament/indeterminate design type)			

**DETAILS OF FIREARM** (Indicate with an X)

3	<b>Action</b>	Semi-automatic	Automatic	Manual
		Other action (specify)		
4	Calibre			
5	Make			
6	Model			
	<b>Firearm component type:</b>			
7	Barrel serial number		<sup>8</sup> Make	
9	Frame serial number		<sup>10</sup> Make	
11	Receiver serial number		<sup>12</sup> Make	
13	Every name and address engraved in the metal			

**E. PARTICULARS OF PERSON IN POSSESSION OF FIREARM**

1	Surname				<sup>2</sup> Initials	
3	Full names					
4	Identity number of person in possession of the firearm					
5	Residential address					
			<sup>6</sup> Postal Code			
7	Postal address					
			<sup>6</sup> Postal Code			
9	Telephone number	<sup>8.1</sup> Home	( )	<sup>8.2</sup> Work	( )	
9.3	Cellphone number			<sup>10</sup> Fax	( )	
11	E-Mail address					

**OTHER BODIES** (eg body corporate, close corporation or company)

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





24 **JURISTIC PERSON'S DETAILS**

25	Registered company name												
26	Trading as name												
27	FAR number												
28	Postal address												
										29 Postal Code			
30	Business address												
										31 Postal Code			
32	Business telephone number	32.1 Work	( )		32.2 Fax	( )							
33	E-mail address												
34	Responsible person (full name and surname)												
35	Type of identification (Indicate with an X)	SA ID			Passport number								
36	Identify number of responsible person					-					-		
37	Passport number of responsible person												
38	Cellphone number												
39	Physical address												
										40 Postal Code			
41	Postal address												
										42 Postal Code			

**G. OTHER DETAILS**

1 Period for which authorization is required **FROM** Date: 

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

**TO** Date: 

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

2 Motivation of purpose for which the firearm is required

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3 **HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE, COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?**  
(Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details	
3.1	Police station (1)				3.2 CAS/Case number
3.3	Charge	.....			
3.4	Outcome	.....			
3.5	Police station (2)				3.6 CAS/Case number
3.7	Charge	.....			
3.8	Outcome	.....			

**4 ARE THERE ANY CASES PENDING AGAINST YOU?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
4.1	Police station <sup>(1)</sup>		4.2	CAS/Case number
4.3	Offence			
4.4	Police station <sup>(2)</sup>		4.3	CAS/Case number
4.6	Offence			

**5 HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
5.1	Police station <sup>(1)</sup>		5.2	CAS/Case number
5.3	Circumstances			
5.7	Details of firearm			
5.5	Police station <sup>(2)</sup>		5.4	CAS/Case number
5.7	Circumstances			
5.8	Details of firearm			

**6 HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
6.1	Police station <sup>(1)</sup>		6.2	CAS/Case number
6.3	Charge			
6.4	Date from		6.5	Period
6.6	Police station <sup>(2)</sup>		6.7	CAS/Case number
6.8	Charge			
6.9	Date from		6.10	Period

**7 DO YOU HAVE THE PRESCRIBED SAFE?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
7.1	<b>IF YES, SUBMIT FULL DETAILS</b> (Indicate with an X, with short description)			
Type of safe	Handgun	<input type="checkbox"/>	Rifle	<input type="checkbox"/>
Strongroom	<input type="checkbox"/>			
Device	<input type="checkbox"/>			
8	<b>IS SAFE MOUNTED?</b> (Indicate with an X)			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
8.1	<b>IF YES, SUBMIT FULL DETAILS</b> (Indicate with an X, with short description)			
Wall	<input type="checkbox"/>	Floor	<input type="checkbox"/>	

**9 Provide proof of previous experience in the handling of firearms or previous training in firearms**

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10 **DECLARATION BY APPLICANT**

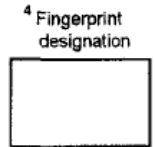
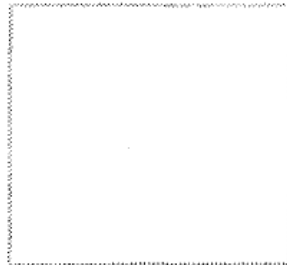
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

**H. SIGNATURE OF APPLICANT** (Sign only if applicable)

Note:

The requirements of the photo:

- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or sunglasses on the photograph.
- The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
- The applicant must sign in black ink.
- The signature may not exceed the border.
- The whole finger must be pressed down on the sheet.
- The fingerprint should not be rolled and must be a flat impression.



6   
Name of applicant in block letters

6 Date    -   -

7 Place

8 **PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1   
Name of police official in block letters

8.2        -   
Persal number of police official

8.3   
Rank of police official in block letters

8.4 \_\_\_\_\_  
Signature of police official

9 **PARTICULARS OF WITNESS**

9.1   
Name of witness in block letters

9.2        -   
Persal number of witness

9.3   
Rank of witness in block letters

9.4 \_\_\_\_\_  
Signature of witness

**I. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant 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







## SOUTH AFRICAN POLICE SERVICE

## APPLICATION FOR THE RENEWAL OF A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Section 24, 35, 49 and 63 of the Firearm 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									
* Application 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	Firearm applications register reference number	SAPS 86	NO
			YEAR

C. TYPE OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION (Indicate with an X)			
1	Licences	2.1	Licence to deal in firearms and ammunition
1.1	Licence to possess a firearm for self-defence	2.2	Licence to manufacture firearms and ammunition
1.2	Licence to possess a restricted firearm for self-defence	2.3	Licence to conduct business as a gunsmith
1.3	Licence to possess a firearm for security officer purposes	3	<b>Permits</b>
1.4	Licence to possess a firearm for occasional hunting and sports-shooting	3.1	Permit to possess ammunition in a private collection
1.5	Licence to possess a firearm for dedicated hunting and dedicated sports-shooting	3.2	Permit to possess ammunition in a public collection
1.6	Licence to possess a firearm in a private collection	3.3	Import permit
1.7	Licence to possess a firearm in a public collection (museums)	3.4	Export permit
1.8	Licence to possess a firearm for business purposes Business in hunting	3.5	in-transit permit
1.9	Licence to possess a firearm for business purposes Other business purposes	3.6	Multiple import and export permit
2	Licence issued to particular categories of persons	3.7	Temporary import/export permit

Details of original licence, permit, certificate or authorization		
Licence, permit, certificate or authorization number	Date issued	Expiry date

**D. PARTICULARS OF APPLICANT**

**NATURAL PERSON'S DETAILS**

**Type of identification (Indicate with an X)**

SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
Identity number of natural person					
Passport number of natural person					
Surname				Initials	
Full name					
Residential address					Postal Code
Postal address					Postal Code
Business telephone number	<sup>12.1</sup> Home	( )	<sup>12.2</sup> Work	( )	
Cellphone number				<sup>13</sup> Fax	( )
E-mail address					

**JURISTIC PERSON'S DETAILS**

**OTHER BODIES**

Registered company name					
Trading as name					
FAR number					
Postal address					<sup>21</sup> Postal Code
Business address					<sup>23</sup> Postal Code
Business telephone number	<sup>24.1</sup> Work	( )	<sup>24.2</sup> Fax	( )	
E-mail address					

**RESPONSIBLE PERSON'S DETAILS**

Responsible person (full names and surnames)					
Type of identification (Indicate with an X)	SA ID	<input type="checkbox"/>	Passport number	<input type="checkbox"/>	
Identity number of responsible person					
Passport number of responsible person					

\* Proof of permanent residence must be submitted if an applicant is not a SA citizen.

31	Telephone number				
32	Physical address				
		33 Postal Code			
34	Postal address				
		36 Postal Code			

36 **OTHER INFORMATION** (Indicate with an X)

37 **WAS YOUR APPLICATION HANDED IN 90 DAYS BEFORE EXPIRY OF THE EXISTING LICENCE? IF NO, SUBMIT THE REASON** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Reason(s)	
.....					
.....					

38 **WAS YOUR APPLICATION HANDED IN AFTER THE DUE DATE, BUT BEFORE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Reason(s)	
.....					
.....					

39 **WAS YOUR APPLICATION HANDED IN AFTER THE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Reason(s)	
.....					
.....					
.....					

40 **DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.





7	Telephone number	7.1 Home	( )	7.2 Work	( )
8	Cellphone number				
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. IN CASE OF NOMINEE/AUTHORIZED PERSON**

1	Name and surname of nominee/authorized person					
2	Identity/Passport number of nominee/authorized person					
3	Date					
4	Signature of nominee/authorized person					
5	Place					

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

RECOMMENDATION REGARDING THE APPLICATION (Indicate with X)									
2	Recommended		Not recommended						
2.1	Motivation regarding the application								
2.2	Report regarding the physical inspection of the applicant's safeguarding facilities								
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								



**D. PARTICULARS OF APPLICANT**  
Specify the type of temporary authorization which is being applied for (Indicate with an X)

1	To trade in firearms and ammunition	<input type="checkbox"/>
2	To trade in ammunition	<input type="checkbox"/>
3	To manufacture firearms	<input type="checkbox"/>
4	To manufacture ammunition	<input type="checkbox"/>
5	To conduct business as a gunsmith	<input type="checkbox"/>

**JURISTIC PERSON'S DETAILS**

7	Registered company name															
8	Trading as name															
9	FAR number															
10	Postal address															
												<sup>16</sup> Postal Code				
12	Business address															
												<sup>13</sup> Postal Code				
14	Business telephone number	<sup>13.1</sup> Work	(	)	<sup>13.2</sup> Fax	(	)									
15	E-mail address															
16	Responsible person (full name and surname)															
17	Type of identification (Indicate with an X)	<input type="checkbox"/> SA citizen					<input type="checkbox"/> Non-SA citizen with permanent residence*									
18	Identity number of responsible person															
19	Cellphone number															
20	Physical address															
												<sup>21</sup> Postal Code				
22	Postal address															
												<sup>22</sup> Postal Code				

**STATE THE REASON(S) FOR THE APPLICATION FOR A TEMPORARY AUTHORIZATION**

.....

.....

.....

.....

25	Type of Existing licence (Indicate with an X)	<input type="checkbox"/> To trade in firearms and ammunition	<input type="checkbox"/> To trade in ammunition	<input type="checkbox"/> To manufacture firearms	<input type="checkbox"/> To manufacture ammunition	<input type="checkbox"/> To conduct business as a gunsmith				
26	Licence number									
27	Date issued			<sup>28</sup> Expiry date						
29	<b>PHYSICAL ADDRESS OF THE PROPOSED PREMISES ON WHICH BUSINESS WILL BE CONDUCTED</b>									
30	Address					<sup>31</sup> Postal Code				

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

32

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

.....  
.....  
.....  
.....

33

**DESCRIBE THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS**

.....  
.....  
.....  
.....

34

**DESCRIBE THE ALARM SYSTEM**

.....  
.....  
.....  
.....

35

**LOCATION AND PARTICULARS OF THE SAFE OR STRONGROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT**

.....  
.....  
.....  
.....

36

**DESCRIBE THE BURGLAR PROOFING**

.....  
.....  
.....  
.....  
.....

37

**DESCRIBE OTHER SECURITY FEATURES**

.....  
.....  
.....  
.....  
.....

38

Period for which the temporary authorization will be required

FROM

Date					-				
------	--	--	--	--	---	--	--	--	--

TO

Date					-				
------	--	--	--	--	---	--	--	--	--

39

**DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

**E. SIGNATURE OF APPLICANT (Sign only if applicable)**

Note:

The requirements of the photo:

- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or sunglasses on the photograph.
- The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
- The applicant must sign in black ink.
- The signature may not exceed the border.
- The whole finger must be pressed down on the sheet.
- The fingerprint should not be rolled and must be a flat impression.

PHOTO

1

Signature

2

3

<sup>4</sup> Fingerprint designation

4

5

Name of applicant in block letters

6

Date

7

Place

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1

Name of police official in block letters

8.2

Persal number of police official

8.3

Rank of police official in block letters

8.4

Signature of police official

**PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.2

Persal number of witness

9.3

Rank of witness in block letters

9.4

Signature of witness

**F. PARTICULARS OF INTERPRETER**

(This section must be completed only if the applicant 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









SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR ACCREDITATION AS AN ASSOCIATION**

Section 8 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 Application 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	Firearm applications register reference No	SAPS 86	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	
6 Application for accreditation approved (Indicate with an X)			
		7 Peral number	8 Date
9 Signature of deciding officer		10 Officer code	11 Name in block letters
12 Application for accreditation refused (Indicate with an X)			
13 Reason(s) for refusal			
		14 Peral number	15 Date
16 Signature of deciding officer		17 Officer code	18 Name in block letters

**D. TYPE OF ACCREDITATION** (Indicate with an X)

1	As a sports-shooting and hunting association	
2	As a sports-shooting association	
3	As a hunting association	
4	As a collectors association	
5	Other (submit description of association)	

**E. PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

**2 Type of identification** (Indicate with an X)

2.1	SA citizen	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
3	Identity number of natural person			
4	Surname			
6	Full names			
7	Date of birth	-	-	-
	<sup>8</sup> Age		<sup>9</sup> Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
10	Residential address			
		<sup>11</sup> Postal Code		
12	Postal address			
		<sup>12</sup> Postal Code		
14	Trade or profession	<sup>13</sup> If self-employed, specify		
16	Name of employer/company			
17	Business address			
		<sup>14</sup> Postal Code		
19	Telephone number	<sup>15.1</sup> Home ( )	<sup>15.2</sup> Work ( )	
19.3	Celphone number	<sup>16</sup> Fax ( )		
21	E-mail address			

**22 Marital status** (Indicate with an X)

23	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
	Other (specify)									

**24 PARTICULARS OF SPOUSE/PARTNER** (if applicable)

**24.1 Type of identification** (Indicate with an X)

24.1.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
24.2	Identity number of spouse/partner			
24.3	Passport number of spouse/partner			
24.4	Name and surname			

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





61 REGION THAT IS COVERED BY THE ORGANIZATION

62 PARTICULARS OF HOW REGISTERS WILL BE KEPT

63 NUMBER OF PAID-UP MEMBERS REGISTERED (provide proof)

64 DECLARATION BY APPLICANT

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

F. SIGNATURE OF APPLICANT (Sign only if applicable)

1 Right index fingerprint of applicant

2 Fingerprint designation

3 Date

4 Name of applicant in block letters

5 Place

6 Signature of applicant

7 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

7.1 Name of police official in block letters

7.2 Personal number of police official

7.3 Rank of police official in block letters

7.4 Signature of police official

G. PARTICULARS OF INTERPRETER (This section must be completed only if the applicant 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













56 **COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION TO PROVIDE IN-HOUSE SECURITY SERVICES**

57 **SCOPE OF WHAT IS TO BE PROTECTED**

.....

.....

58 **NUMBER OF PERSONS WHO WILL BE ISSUED WITH FIREARMS**

.....

59 **COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A MUSEUM**

60 **DESCRIPTION OF ACCESS CONTROL**

.....

.....

61 **DESCRIPTION OF DISPLAY MECHANISMS**

.....

.....

62 **COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A PUBLIC COLLECTOR**

63 **PARTICULARS OF AN ACCREDITED MUSEUM WHERE THE FIREARM COLLECTION WILL BE DISPLAYED**

63.1 Name

63.2 Accreditation registration number

64 **DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

**F. SIGNATURE OF APPLICANT** (Sign only if applicable)

1

2 Fingerprint designation

3 Date

4   
Name of applicant in block letters

5 Place

6   
Signature of applicant

7 **PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

7.1   
Name of police official in block letters

7.2   
Personal number of police official

7.3   
Rank of police official in block letters

7.4   
Signature of police official

**G. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant 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

6 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   
Personal number of police official (if applicable)

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

1

RECOMMENDATION REGARDING THE APPLICATION

2

Recommended Not recommended

Motivation

3

Recommended conditions

Recommended conditions

3

Name of Designated Firearms Officer/Station Commissioner in block letters

Name of Designated Firearms Officer/Station Commissioner in block letters

5

Date

Date

6

Rank of Designated Firearms Officer/Station Commissioner in block letters

Rank of Designated Firearms Officer/Station Commissioner in block letters

7

Place

Place

8

Signature of Designated Firearms Officer/Station Commissioner

Signature of Designated Firearms Officer/Station Commissioner

9

Persal number of Designated Firearms Officer/Station Commissioner

Persal number of Designated Firearms Officer/Station Commissioner



**C. GOVERNMENT INSTITUTION'S DETAILS** (Indicate with an X)

1	Name of government institution											
2	Physical address											
			Postal Code									
4	Postal address											
			Postal Code									
6	Contact telephone number	** Work	( )		** Fax	( )						
7	E-mail address											

**RESPONSIBLE PERSON'S DETAILS**

9	Responsible person (full name and surname)											
10	Type of identification (Indicate with an X)	SA ID			Passport number							
11	Identity/Passport number of responsible person											
12	Cellphone number											
13	Physical address											
			Postal Code									
15	Postal address											
			Postal Code									

**PROOF SIGNATURES OF RESPONSIBLE PERSON**

18	Signature of responsible person	19	Signature of responsible person
----	---------------------------------	----	---------------------------------

**OTHER DETAILS**

21

**MOTIVATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED**

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22

**MOTIVATION REGARDING THE NEED FOR THE OFFICIAL INSTITUTION TO POSSESS FIREARMS**

.....

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.....

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.....

.....

.....

.....





**D. SIGNATURE OF APPLICANT** (Sign only if applicable)

1

2 Fingerprint designation

3 Date

4   
Name of applicant in block letters

5 Place

6   
Signature of applicant

**7 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

7.1   
Name of police official in block letters

7.2   
Persal number of police official

7.3   
Rank of police official in block letters

7.4   
Signature of police official

**8 PARTICULARS OF WITNESS**

8.1   
Name of witness in block letters

8.2   
Persal number of witness

8.3   
Rank of witness in block letters

8.4   
Signature of witness

**E. PARTICULARS OF INTERPRETER**  
(This section must only be completed if the applicant 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

6 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)



**D. TYPE OF PERMIT (Indicate with an X)**

<sup>1</sup> Multiple Import or export permit	<input type="checkbox"/>	<sup>2</sup> Import permit	<input type="checkbox"/>	<sup>3</sup> Export permit	<input type="checkbox"/>	<sup>4</sup> In-transit permit	<input type="checkbox"/>	<sup>5</sup> Temporary Import or export permit	<input type="checkbox"/>
---	--------------------------	----------------------------	--------------------------	----------------------------	--------------------------	--------------------------------	--------------------------	--	--------------------------

**E. PARTICULARS OF 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 of natural person									-	-	-
4	Passport number of natural person											
5	Surname							<sup>6</sup> Initials				
7	Full names											
8	Date of birth				-	-	<sup>9</sup> Age		<sup>10</sup> Gender	Male	Female	
11	Residential address									<sup>12</sup> Postal Code		
13	Postal address									<sup>14</sup> Postal Code		
15	Trade or profession						<sup>16</sup> If self-employed, specify					
17	Name of employer/company											
18	Business address									<sup>18</sup> Postal Code		
20	Telephone number			<sup>20.1</sup> Home	( )	<sup>20.2</sup> Work	( )					
20.3	Cellphone number					<sup>21</sup> Fax	( )					
22	E-mail address											

**23 Marital status (Indicate with an X)**

24	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
	Other (specify)									

**25 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (if applicable)**

**25.1 Type of identification (Indicate with an X)**

25.1.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>								
25.2	Identity number of spouse/partner									-	-	-
25.3	Passport number of spouse/partner											
25.4	Full Name and Surname											

**26 JURISTIC PERSON'S DETAILS**

27	Registered company name										
28	Trading as name										
29	FAR number										
30	Postal address										

32	Business address			35 Postal Code				
				34 Postal Code				
34	Business telephone number	34.1 Work	( )	34.2 Fax	( )			
35	E-mail address							

**RESPONSIBLE PERSON'S DETAILS**

37	Responsible person (full name and surname)							
38	Type of identification (indicate with an X)	SA citizen			Non-SA citizen with permanent residence*			
39	Identity number of responsible person					-		-
40	Passport number of responsible person							
41	Cellphone number							
42	Physical address							
		43 Postal Code						
44	Postal address							
		44 Postal Code						
46	Type of competency certificate (if applicable)							
47	Date of issue					-		-
		48 Expiry date						

**F. PARTICULARS OF THE CURRENT OWNER OF THE FIREARM(S)**

**NATURAL PERSON'S DETAILS**

2	Surname			3 Initials				
4	Full names							
5	Identity number of natural person					-		-
6	Passport number of natural person							
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							

**JURISTIC PERSON'S DETAILS**

15	Registered company name							
16	Trading as name							
17	FAR number							
18	Company registration or CC number							
19	Postal address							
		20 Postal Code						

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

21	Business address														
											22 Postal Code				
23	Business telephone number	23.1 Work					23.2 Fax								
24	E-mail address														

**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			

**G. IMPORT AND/OR EXPORT DETAILS**

1	Country of origin														
2	Country of destination														
3	Port of entry														
4	Port of exit														
5	Reason for permit														

6	In case of a permanent import/export permit, submit the date on which the import/export will take place																
7	Date on which the import/export will take place	Date															
8	In case of a multiple import or export permit/temporary import or export permit/in-transit permit, submit the following																
9	Period for which permit is required																
9.1	FROM	Date							TO	9.2	Date						

**H. TRANSPORTER'S DETAILS (Complete only in the case of an in-transit permit for business purposes)**

1	FAR number															
2	Transporter's name and surname															
3	Transporter's trading name															
4	Method of transport															
5	Transporter's responsible person (name and surname)															
6	Type of identification (Indicate with an X)		SA citizen					Non-SA citizen with permanent residence*								
7	Identify number of responsible person															
8	Cellphone number															

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









**N. IN CASE OF NOMINEE/AUTHORIZED PERSON**

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date

4 Signature of nominee/authorized person

5 Place

**\*\*\* NOTIFICATION OF CHANGE OF ADDRESS \*\*\***

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

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

1 **RECOMMENDATION REGARDING THE APPLICATION**

2 Recommended Not recommended

Motivation regarding the application

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 Personal number of Designated Firearms Officer/Station Commissioner



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR MULTIPLE IMPORT OR EXPORT PERMIT/  
PERMANENT IMPORT OR EXPORT PERMIT/TEMPORARY IMPORT OR  
EXPORT PERMIT/IN-TRANSIT PERMIT FOR DEALERS,  
MANUFACTURERS AND GUNSMITHS

Section 73(2), 74, 76, 77, 78, 80, 81 and 82 of the Firearms Control Act, 2000 (Act No 60 of 2000)

<b>OFFICIAL DATE STAMP</b>
<b>DATE RECEIVED</b>

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED										
1 Application 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	Firearm applications register reference number	SAPS 86	NO	YEAR							

C. FOR OFFICIAL USE BY THE DECIDING OFFICER										
1 Outstanding/Additional information required										
				2 Persal number				3 Date		
4 Signature of police official				5 Name in block letters						
6 Application for a permit approved (indicate with an X)										
				7 Persal number				8 Date		
9 Signature of deciding officer				10 Officer code		11 Name in block letters				
12 Application for a permit refused (indicate with an X)										
13 Reason(s) for refusal										
				14 Persal number				15 Date		
16 Signature of deciding officer				17 Officer code		18 Name in block letters				

**D. TYPE OF PERMIT** (Indicate with an X)

<sup>1</sup> Multiple import or export permit	<input type="checkbox"/>	<sup>2</sup> Import permit	<input type="checkbox"/>	<sup>3</sup> Export permit	<input type="checkbox"/>	<sup>4</sup> In-transit permit	<input type="checkbox"/>	<sup>5</sup> Temporary import or export permit	<input type="checkbox"/>
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**E. PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

**2 Type of identification** (Indicate with an X)

<b>2.1</b>	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>										
<b>3</b>	Identify number of natural person										-	-	-	
<b>4</b>	Passport number of natural person													
<b>5</b>	Surname								<sup>6</sup> Initials					
<b>7</b>	Full names													
<b>8</b>	Date of birth				-	-	<sup>9</sup> Age		<sup>10</sup> Gender	Male	Female			
<b>11</b>	Residential address										<sup>12</sup> Postal Code			
<b>13</b>	Postal address										<sup>14</sup> Postal Code			
<b>15</b>	Trade or profession					<sup>16</sup> If self-employed, specify								
<b>17</b>	Name of employer/company													
<b>18</b>	Business address										<sup>15</sup> Postal Code			
<b>20</b>	Telephone number		<sup>20.1</sup> Home	( )	<sup>20.2</sup> Work	( )								

20.3 

Telephone number	<sup>21</sup> Fax	( )
------------------	-------------------	-----

22 

E-mail address
----------------

23 **Marital status (Indicate with an X)**

24 

Single	Married	Divorced	Widow	Widower
Other (specify):				

25 **PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (if applicable)**

25.1 **Type of identification (Indicate with an X)**

25.1.1 

SA ID	Passport
-------	----------

25.2 

Identity number of spouse/partner	-	-	-
-----------------------------------	---	---	---

25.3 

Passport number of spouse/partner			
-----------------------------------	--	--	--

25.4 

Full Name and surname
-----------------------

26 **JURISTIC PERSON'S DETAILS**

27 

Registered company name
-------------------------

28 

Trading as name
-----------------

29 

BAR number							
------------	--	--	--	--	--	--	--

SAPS 520(a)

30 

Postal address		<sup>31</sup> Postal Code			
----------------	--	---------------------------	--	--	--

32 

Business address		<sup>32</sup> Postal Code			
------------------	--	---------------------------	--	--	--

34 

Business telephone number:	<sup>34.1</sup> Work	( )	<sup>34.2</sup> Fax	( )
----------------------------	----------------------	-----	---------------------	-----

35 

E-mail address
----------------

36 **RESPONSIBLE PERSON'S DETAILS**

37 

Responsible person (full name and surname)					
--	--	--	--	--	--

38 

Type of identification (Indicate with an X)	SA citizen	Passport
---	------------	----------

39 

Identity number of responsible person	-	-	-
---------------------------------------	---	---	---

40 

Passport number of responsible person			
---------------------------------------	--	--	--

41 

Telephone number
------------------

42 

Physical address		<sup>43</sup> Postal Code			
------------------	--	---------------------------	--	--	--

44 

Postal address		<sup>45</sup> Postal Code			
----------------	--	---------------------------	--	--	--

46 

Type of competency certificate (if applicable)					
--	--	--	--	--	--

47 

Date of issue	-	-	<sup>48</sup> Expiry date	-	-	-
---------------	---	---	---------------------------	---	---	---

**F. PARTICULARS OF CURRENT OWNER OF THE FIREARM(S)**

1 **NATURAL PERSON'S DETAILS**

2	Surname													5 Initials									
4	Full names																						
5	Identity number of natural person									-								-					
6	Passport number of natural person																						
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	Are there any additional firearm licence holders for this firearm? (Indicate with an X)												YES		NO								

**JURISTIC PERSON'S DETAILS**

16	Registered company name																					
17	Trading as name																					
18	FAR number																					

Page 3 of 10  
SAPS 520(a)

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																					

**RESPONSIBLE PERSON'S DETAILS**

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

**G. IMPORT AND/OR EXPORT DETAILS**

1	Country of origin																			
2	Country of destination																			
3	Port of entry																			
4	Port of exit																			

5 Reason for permit

6 In case of a permanent import/export permit submit the date on which the import/export will take place

7 Date on which the import/export will take place: Date

8 In case of a multiple import or export permit/temporary import or export permit/in-transit permit submit the following

9 Period for which permit is required

10 FROM Date TO Date

**H. TRANSPORTER'S DETAILS** (Complete only in the case of an in-transit permit)

1	FAR number	
2	Transporter's name and surname	
3	Transporter's trading name	
4	Method of transport	
5	Transporter's responsible person (name and surname)	
6	Type of identification (Indicate with an X)	SA citizen      Non-SA citizen with permanent residence*
7	Identity number of responsible person	
8	Cellphone number	

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

9 Validity of the transporter's permit

FROM

Date					-				-			
------	--	--	--	--	---	--	--	--	---	--	--	--

TO

Date					-				-			
------	--	--	--	--	---	--	--	--	---	--	--	--

10

Transport route


**1. DETAILS OF FIREARMS**

1

1.1 Type	1.2 Action	1.3 Calibre	1.4 Model	1.5 Make	1.6 Frame or receiver serial number	1.7 Barrel serial number

Prepared by:







**4 SIGNATURE OF PERSON CURRENTLY IN POSSESSION**

4.1   
Name of person currently in possession in block letters

4.2 Date    -

4.3 .....  
Signature of person currently in possession

4.4 Place

**5 DECLARATION OF APPLICANT**

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

**J. SIGNATURE OF APPLICANT (Sign only if applicable)**

1   
Name of applicant in block letters

2 Date    -

3 .....  
Signature of applicant

4 Place

**K. (This section must only be completed if the applicant cannot read or write)**

1  2 Fingerprint designation   
Right Index fingerprint of applicant

3 Date    -

4   
Name of applicant in block letters

5 Place

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

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

**L. PARTICULARS OF INTERPRETER (This section must be completed only if the applicant cannot read or write or does not understand the content of this form.)**

1	Name and surname of interpreter	<input type="text"/>
2	Identity/Passport number of interpreter	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	Residential address	<input type="text"/>
		<sup>4</sup> Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5	Postal address	<input type="text"/>
		<sup>5</sup> Postal Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

7	Telephone number	7.1 Home ( )	7.2 Work ( - )
8	Cellular phone		9 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)

**M. PARENTAL CONSENT IN CASE OF A MINOR**

1	Recommended		Not recommended	
---	-------------	--	-----------------	--

2	Name and surname of parent/guardian	
---	-------------------------------------	--

3	Identity/Passport number parent/guardian																		
---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4	Comments of parent/guardian	
---	-----------------------------	--

Large area with horizontal dotted lines for additional comments or notes.

5	Date					-					
---	------	--	--	--	--	---	--	--	--	--	--

6   
Signature of parent/guardian

7	Place	
---	-------	--

**N. IN CASE OF NOMINEE/AUTHORIZED PERSON**

1	Name and surname of nominee/authorized person													
2	Identity/Passport number of nominee/authorized person													
		3	Date					-				-		
4	Signature of nominee/authorized person	5	Place											

**\*\*\* NOTIFICATION OF CHANGE OF ADDRESS \*\*\***

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

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

1	RECOMMENDATION REGARDING THE APPLICATION													
	Recommended		Not recommended											
2	Motivation regarding the application:	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>												



**P.** **FOR OFFICIAL USE BY THE SCRUTINY COMMITTEE**  
(In the case of multiple import or export permit/permanent export permit)

1

**RECOMMENDATION REGARDING THE APPLICATION**

2

Recommended		Not recommended	
Recommendation from Scrutiny Committee			

**Q.** **FOR OFFICIAL USE BY THE NCACC**  
(In the case of multiple import or export permit/permanent export permit)

1

**RECOMMENDATION REGARDING THE APPLICATION**

2

Recommended		Not recommended	
Recommendation from NCACC			



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR PERMIT TO TRANSPORT FIREARMS AND AMMUNITION**

Section 83, 85(1) and 86(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

<b>OFFICIAL DATE STAMP</b>
<b>DATE RECEIVED</b>

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED																			
<sup>1</sup> Application reference No <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>																			

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED				
1	Province			
2	Area			
3	Police station			
4	Component code			
5	Firearm applications register reference number	SAPS 88	NO	YEAR

Prepared by:

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)																								
<b>1</b> Outstanding/Additional information required																								
<b>2</b> Persal number															<b>3</b> Date									
..... <b>4</b> Signature of police official																								
<b>6</b> Application for a permit approved (Indicate with an X)															<input type="checkbox"/>									
<b>7</b> Persal number															<b>8</b> Date									
..... <b>9</b> Signature of CFR officer																								
<b>12</b> Application for a permit refused (Indicate with an X)										<b>13</b> Reason(s) for refusal														
<b>14</b> Persal number															<b>15</b> Date									
..... <b>16</b> Signature of CFR officer																								
<b>17</b> Officer code										<b>18</b> Name in block letters														

**D. PARTICULARS OF 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 of natural person			
4	Passport number of natural person			
5	Surname			Initials
7	Full names			
8	Date of birth		Age	Gender
				Male Female
11	Residential address			Postal Code
13	Postal address			Postal Code
15	Trade or profession		If self-employed, specify	
17	Name of employer/company			
18	Business address			Postal Code
20	Telephone number	Home	Work	
20.3	Cellphone number		Fax	
22	E-mail address			

**23 Marital status (Indicate with an X)**

24	Single	Married	Divorced	Widow	Widower
	Other (specify)				

**25 PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)**

**25.1 Type of identification (Indicate with an X)**

25.1.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
25.2	Identity number of spouse/partner			
25.3	Passport number of spouse/partner			
25.4	Full name and surname			

**26 JURISTIC PERSON'S DETAILS**

**27 OTHER BODIES (eg body corporate, close corporation or company)**

28	Registered company name			
29	Trading as name			
30	FAR number			
31	Company registration or CC number			
32	Postal address			Postal Code



34	Business address				
		35 Postal Code			
35	Business telephone number	35.1 Work	( )	35.2 Fax	( )
37	E-mail address				

**RESPONSIBLE PERSON'S DETAILS**

39	Responsible person (full name and surname)				
40	Type of identification (indicate with an X)	SA citizen		Non-SA citizen with permanent residence*	
41	Identity number of responsible person			-	-
42	Passport number of responsible person				
43	Cellphone number				
44	Physical address				
		45 Postal Code			
46	Postal address				
		47 Postal Code			

**E. OTHER DETAILS**

**1. HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?** (indicate with an X)

	YES		NO		If yes, submit the following details
1.1	Police station (1)				1.2 CAS/Case number
1.3	Charge				
1.4	Outcome				
1.5	Police station (2)				1.6 CAS/Case number
1.7	Charge				
1.8	Outcome				

**2. ARE THERE ANY CASES PENDING AGAINST YOU?** (indicate with an X)

	YES		NO		If yes, submit the following details
2.1	Police station (1)				2.2 CAS/Case number
2.3	Offence				
2.4	Police station (2)				2.5 CAS/Case number
2.6	Offence				

**3. HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?** (indicate with an X)

	YES		NO		If yes, submit the following details
3.1	Police station (1)				3.2 CAS/Case number
3.3	Circumstances				
3.7	Details of firearm				
3.5	Police station (2)				3.6 CAS/Case number
3.7	Circumstances				
3.8	Details of firearm				

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

<b>4</b>			
<b>WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM? (Indicate with an X)</b>			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes, submit the following details			
4.1	Police station <sup>(1)</sup>	4.2	CAS/Case number
4.3	Charge	4.4	Outcome
4.5	Police station <sup>(2)</sup>	4.6	CAS/Case number
4.7	Charge	4.8	Outcome

<b>5</b>			
<b>HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM? (Indicate with an X)</b>			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes, submit the following details			
5.1	Police station <sup>(1)</sup>	5.2	CAS/Case number
5.3	Charge		
5.4	Date from	5.5	Period
5.6	Police station <sup>(2)</sup>	5.7	CAS/Case number
5.8	Charge		
5.9	Date from	5.10	Period

<b>6</b>			
<b>HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED? (Indicate with an X)</b>			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes, submit the following details			
6.1	Police station <sup>(1)</sup>	6.2	CAS/Case number
6.3	Circumstances	6.4	Outcome
6.5	Police station <sup>(2)</sup>	6.6	CAS/Case number
6.7	Circumstances	6.8	Outcome

<b>7</b>	<b>PARTICULARS OF TWO-WAY COMMUNICATION SYSTEM</b>
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

<b>8</b>	<b>DESCRIPTION OF SAFETY MEASURES FITTED TO VEHICLES</b>
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

9

**DESCRIPTION OF SECURITY PRECAUTIONS**

Form area for security precautions with horizontal dashed lines.

10

**DESCRIPTION OF HOW THE PRESCRIBED REGISTERS WILL BE KEPT**

Form area for register keeping with horizontal dashed lines.

11

**DECLARATION BY APPLICANT**

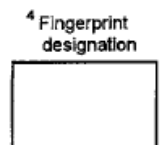
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

**F. SIGNATURE OF APPLICANT (Sign only if applicable)**

Note:

The requirements of the photo:

- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or sunglasses on the photograph.
- The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
- The applicant must sign in black ink.
- The signature may not exceed the border.
- The whole finger must be pressed down on the sheet.
- The fingerprint should not be rolled and must be a flat impression.



5   
Name of applicant in block letters

6 Date    -

7 Place

8 **PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1   
Name of police official in block letters

8.2      -   
Persal number of police official

8.3   
Rank of police official in block letters

8.4 .....  
Signature of police official

9 **PARTICULARS OF WITNESS**

9.1   
Name of witness in block letters

9.2      -   
Persal number of witness

9.3   
Rank of witness in block letters

9.4 .....  
Signature of witness

G. **PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant 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  <sup>4</sup> Postal Code

5 Postal address  <sup>6</sup> Postal Code

7 Telephone number <sup>7.1</sup> Home ( ) <sup>7.2</sup> Work ( )

8 Cellphone number  <sup>8</sup> 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. **PARENTAL CONSENT IN CASE OF A MINOR**

1 Recommended  Not recommended

2 Name and surname of parent/guardian

3 Identity/Passport number of parent/guardian

6 Comment of parent/guardian  
.....  
.....  
.....





SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR A PERMIT TO COLLECT AMMUNITION**

Section 18 and 19 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									
<sup>1</sup> Application 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	Firearm applications register reference number	SAPS 86	NO
			YEAR

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)	
Outstanding/Additional information required	

		-	<sup>2</sup> Persal number		-		<sup>3</sup> Date
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"><sup>4</sup> Signature of police official</div> <div style="width: 50%;"><sup>5</sup> Name in block letters</div> </div>							
<sup>6</sup> Application for a permit approved (indicate with an X)							
		-	<sup>7</sup> Persal number		-		<sup>8</sup> Date
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"><sup>9</sup> Signature of CFR officer</div> <div style="width: 10%;"><sup>10</sup> Officer code</div> <div style="width: 40%;"><sup>11</sup> Name in block letters</div> </div>							
<sup>12</sup> Application for a permit refused (indicate with an X)							
<sup>13</sup> Reason(s) for refusal							
		-	<sup>14</sup> Persal number		-		<sup>15</sup> Date
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"><sup>16</sup> Signature of CFR officer</div> <div style="width: 10%;"><sup>17</sup> Officer code</div> <div style="width: 40%;"><sup>18</sup> Name in block letters</div> </div>							

**D. PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

**2 Type of identification (Indicate with an X)**

2.1	SA ID	Passport	Non-SA citizen with permanent residence*		
3	Identity number				
4	Passport number				
5	Surname				Initials
7	Full names				
8	Residential address				
					Postal Code
10	Postal address				
					Postal Code
12	Telephone number	12.1 Home ( )	12.2 Work ( )		
12.3	Cellphone number	18 Fax ( )			
14	E-mail address				
15	Description of type of residence (eg shack, flat, caravan, cottage, house, hostel)				
16	Trade or profession	17 If self-employed, specify			
18	Name of employer/company				
19	Business address				
					Postal Code
21	Telephone number	21.1 Home ( )	21.2 Work ( )		
21.3	Cellphone number	22 Fax ( )			
23	E-mail address				

**24 Marital status (Indicate with an X)**

24.1	Single	Married	Divorced	Widow	Widower
	Other (specify)				

**25 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (if applicable)**

**25.1 Type of identification (Indicate with an X)**

25.1.1	SA ID	Passport			
25.2	Identity number of spouse/partner				
25.3	Passport number of spouse/partner				

**26 JURISTIC PERSON'S DETAILS**

**27 OTHER BODIES (eg body corporate, close corporation or company)**

28	Registered company name	
29	Trading as name	

\* In the case of a Non-SA citizen proof of permanent residence must be submitted

30 FAR number

31 Postal address

<sup>32</sup> Postal Code

33 Business address

<sup>34</sup> Postal Code

35 Business telephone number <sup>35.1</sup> Work ( ) <sup>35.2</sup> Fax ( )

36 E-mail address

**RESPONSIBLE PERSON'S DETAILS**

38 Responsible person (full names and surname)

39 Type of identification (indicate with an X) SA ID  Passport number

40 Identity number of responsible person

41 Passport number of responsible person

42 Telephone number

43 Physical address

<sup>44</sup> Postal Code

45 Postal address

<sup>45</sup> Postal Code

**OTHER DETAILS (Indicate with X)**

48 Private collector  Public collector

49 Reason(s) for applicant to collect ammunition

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

**PLEASE MOTIVATE IF MORE THAN 200 ROUNDS OF AMMUNITION OF ANY PARTICULAR CALIBRE IS REQUIRED**

.....

.....

.....

.....

.....

.....

.....

.....

.....



51 **COMPLETE IN CASE OF A PRIVATE COLLECTOR** (Indicate with an X)

52 Are you a member of an accredited association? (Indicate with an X) YES NO If yes, submit the following details

53 Name of accredited association

54 FAR number of accredited association

55 Membership number 56 Date joined

57 Expiry date

58 Description of the place where the ammunition will be stored

59 Manner in which the ammunition will be displayed

60 **COMPLETE IN CASE OF A PUBLIC COLLECTOR**

61 **WHERE WILL THE AMMUNITION BE DISPLAYED?**

61.1 Name of the accredited museum

61.2 Accreditation number of the museum 61.3 Date issued

61.4 Manner in which the ammunition will be displayed

62 OTHER INFORMATION (Indicate with an X)

63 HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
63.1	Police station <sup>(1)</sup>		63.2	CAS/Case number
63.3	Charge			
63.4	Outcome			
63.5	Police station <sup>(2)</sup>		63.6	CAS/Case number
63.7	Charge			
63.8	Outcome			

64 ARE THERE ANY CASES PENDING AGAINST YOU? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
64.1	Police station <sup>(1)</sup>		64.2	CAS/Case number
64.3	Offence			
64.4	Police station <sup>(2)</sup>		64.5	CAS/Case number
64.6	Offence			

65 HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
65.1	Police station <sup>(1)</sup>		65.2	CAS/Case number
65.3	Circumstances			
65.4	Details of firearm			

65.5	Police station <sup>(2)</sup>		65.6	CAS/Case number
65.7	Circumstances			
65.8	Details of firearm			

66 WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
66.1	Police station <sup>(1)</sup>		66.2	CAS/Case number
66.3	Charge		66.4	Outcome
66.5	Police station <sup>(2)</sup>		66.6	CAS/Case number
66.7	Charge		66.8	Outcome

67 HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM? (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
67.1	Police station <sup>(1)</sup>		67.2	CAS/Case number
67.3	Charge			
67.4	Date from		67.5	Period
67.6	Police station <sup>(2)</sup>		67.7	CAS/Case number
67.8	Charge			
67.9	Date from		67.10	Period

68 HAS A FIREARM THAT WAS IN YOUR POSSESSION BEEN CONFISCATED? (Indicate with an X)			
YES	NO	If yes, submit the following details	
68.1	Police station (1)	68.2	CAS/Case number
68.3	Circumstances	68.4	Outcome
68.5	Police station (2)	68.5	CAS/Case number
68.7	Circumstances	68.6	Outcome

### 69 DECLARATION BY APPLICANT

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

### E. SIGNATURE OF APPLICANT (Sign only if applicable)

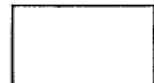
Note:

The requirements of the photo:

- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or sunglasses on the photograph.
- The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
- The applicant must sign in black ink.
- The signature may not exceed the border.
- The whole finger must be pressed down on the sheet.
- The fingerprint should not be rolled and must be a flat impression.



<sup>4</sup> Fingerprint designation



5   
Name of applicant in block letters

6     -   -

7

### B. PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

8.1   
Name of police official in block letters

8.2       -

8.3   
Rank of police official in block letters

8.4   
Signature of police official

**9 PARTICULARS OF WITNESS**

9.1   
Name of witness in block letters

9.2  -   
Persal number of witness

9.3   
Rank of witness in block letters

9.4 .....  
Persal number of witness

**F. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant 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

6  Postal Code

7 Telephone number 7.1 Home ( ) 7.2 Work ( )

8 Cellphone number 7.3 Fax ( )

10 E-mail address

11 Interpreted from (language)  to

12 Date  -  D D

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. PARENTAL CONSENT IN CASE OF A MINOR**

1 Recommended  Not recommended

2 Name and surname of parent/guardian

3 Identity/Passport number of parent/guardian

4 Comments of parent/guardian

.....

.....

.....

.....

.....

.....

5 Date  -

6 .....  
Signature of parent/guardian

7 Place





**D. PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

**2 Type of identification (Indicate with an X)**

2.1	SA ID	Passport	Non-SA citizen with permanent residence*											
3	Identity number of natural person													
4	Passport number of natural person													
5	Surname										Initials			
7	Full name													
8	Residential address													
											Postal Code			
10	Postal address													
											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	Registered company name													
17	Trading as name													
18	FAR number													
19	Postal address													
											Postal Code			
21	Business address													
											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	Identity number of responsible person											
29	Passport number of responsible person											
30	Cellphone number											
31	Physical address											
											Postal Code	
33	Postal address											
											Postal Code	

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

35 **REPRESENTATIVE'S DETAILS**

36	Name and surname				
37	Postal address				
			38	Postal Code	
39	Telephone number	39.1 Home	( )	39.2 Work	( )
39.3	Cellphone number		40 Fax	( )	
41	E-mail address				

42 **PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION**

43	Licence, permit, certificate or authorization type	
44	Licence, permit, certificate or authorization number	

45 **DETAILS OF FIREARM**

46	Type	
47	Calibre	
48	Make	
49	Model	

Firearm component type:

50	Barrel serial number		50.1	Make	
51	Frame serial number		51.1	Make	
52	Receiver serial number		52.1	Make	

53 **OTHER PARTICULARS**

54	Police station name				
55	SAPS 13 register reference number				
56	Case reference number				
57	Motivation for compensation				
58	Expected compensation amount	R		-	58 Amount in words



60 **BANK PARTICULARS**

61	Account holder name	
62	Account type	
63	Account number	
64	Name of bank	
65	Branch name	
66	Bank branch code	

67 **DECLARATION BY APPLICANT**

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 application form.

**E. SIGNATURE OF APPLICANT** (Sign only if applicable)

1 **SIGNATURE OF APPLICANT**

2 Name of applicant in block letters

3 Date

4 Signature of applicant

5 Place

6 **SIGNATURE OF REPRESENTATIVE**

7 Name of representative in block letters

8 Date

9 Signature of representative

10 Place

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

1 Right index fingerprint of applicant

2 Fingerprint designation

3 Date

4 Name of applicant in block letters

5 Place

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

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 applicant 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											
			6 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 

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

  
 Peral number of police official (if applicable)

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

1 **RECOMMENDATION REGARDING THE APPLICATION**

Recommended		Not recommended	
-------------	--	-----------------	--

2 Motivation

.....

.....

.....

.....

.....

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 

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

  
 Peral number of Designated Firearms Officer/Station Commissioner



SOUTH AFRICAN POLICE SERVICE

**NOTIFICATION OF LOST OR STOLEN LICENCES, PERMITS, CERTIFICATES AND AUTHORIZATIONS**

Section 29(1), 44(1), 58(1), 72(1) and 82(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									
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. TYPE OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION (Indicate with an X)**

1	Competency certificate	2.9	Licence issued to particular categories of persons	
1.1	To trade in firearms	3	Licence to deal in firearms and ammunition	
1.2	To manufacture firearms	3.1	Licence to manufacture firearms and ammunition	
1.3	To conduct business as a gunsmith	3.2	Licence to conduct business as a gunsmith	
1.4	To possess a firearm	3.3	Permits	
2	Licences	4	Permit to possess ammunition in a private collection	
2.1	Licence to possess a firearm for self-defence	4.1	Permit to possess ammunition in a public collection	
2.2	Licence to possess restricted firearm for self-defence	4.2	Import permit	
2.3	Licence to possess a firearm for occasional hunting and sports shooting	4.3	Export permit	
2.4	Licence to possess a firearm for dedicated hunting and dedicated sports shooting	4.4	Transporter's permit	
2.5	Licence to possess a firearm in a private collection	4.5	In-transit permit	
2.6	Licence to possess a firearm, in a public collection (museums)	4.6	Multiple import and export permit	
2.7	Licence to possess a firearm for business purposes: Business in hunting	4.7	Temporary import/export permit	
2.8	Licence to possess a firearm for business purposes: Business other than hunting			

continue

5	<b>Authorizations</b>		6.4	To conduct business in hunting	
5.1	Temporary authorization to possess a firearm		6.5	To provide security services for its own business	
5.2	Temporary authorization to trade in firearms and ammunition		6.6	As a sports shooting and hunting association	
5.3	Temporary authorization to a manufacturer to display firearms and ammunition		6.7	As a collectors' association	
5.4	Temporary authorization to conduct business as a gunsmith		6.8	As a museum	
6	<b>Accreditation</b>		6.9	As a public collector	
6.1	As a shooting range		6.10	As a game rancher	
6.2	To provide training		6.11	As an official institution	
6.3	To provide firearms for the use in theatrical, film or television productions				

7			Details of original licence, permit, certificate or authorization		
Licence, permit, certificate or authorization number		Date issued	Expiry date		
7.1					
7.2					
7.3					
7.4					
7.5					

8		<b>DETAILS OF FIREARM(S)</b>												
8.1		In case of a licence or temporary authorization to possess a firearm, submit the details of the firearm(s)												
		(1)	(2)	(3)	(4)									
8.1	Type													
8.2	Calibre													
8.3	Make													
8.4	Model													
Firearm component type:														
8.5	Barrel serial number													
8.6	Frame serial number													
8.7	Receiver serial number													
9	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 10%;">Lost</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">Stolen</td> <td style="width: 10%;"><input type="checkbox"/></td> </tr> </table>	Lost	<input type="checkbox"/>	Stolen	<input type="checkbox"/>	(Indicate the circumstances with an X)								
Lost	<input type="checkbox"/>	Stolen	<input type="checkbox"/>											
10	Describe incident	<div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px dashed black; margin-bottom: 5px;"></div>												
11	Date on which loss or theft was discovered	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>							-			-		
			-			-								
12	Notification time	<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>							-			-		
			-			-								
		<table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">-</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>							-			-		
			-			-								

**D. 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	Initials			
6	Residential address				
7	Postal Code				
8	Postal address				
9	Postal Code				
10	Telephone number	10.1 Home	( )	10.2 Work	( )
11	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	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 **DECLARATION BY REPORTING PERSON**

If a licence, permit or authorization is lost or stolen, the holder of the licence, permit or authorization must inform the Registrar of such loss or theft within 24 hours of the discovery of the loss or theft.

36 .....  
Signature of reporting person 37   
Name of reporting person in block letters

38 Identity/Passport number of reporting person

39 If you are not the holder of the licence, permit, certificate or authorization, in what manner are you related to the holder?  
(eg neighbour, friend, spouse, etc)

**E. FOR OFFICIAL USE BY THE 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. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CAPTURES 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



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>4</sup> Initials	
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	Registered company name											
15	Trading as name											
16	FAR number											
17	Postal address											
											<sup>18</sup> Postal Code	



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> <p>.....</p> <p>.....</p> <p>.....</p>									
----	--	---	--	--	--	--	--	--	--	--	--

34	Date of ceasing to carry on as a business	Date												
----	---	------	--	--	--	--	--	--	--	--	--	--	--	--

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> <p>.....</p> <p>.....</p>									
----	---	---	--	--	--	--	--	--	--	--	--

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

1	
Details of licence, permit, certificate or authorization	
Type of licence, permit, certificate or authorization	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	
1.13	
1.14	
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1.32	
1.33	
1.34	
1.35	
1.36	
1.37	
1.38	
1.39	

Prepared by:

**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   
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  -   
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

**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										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  -  -  D

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>5</sup> Initials	
<b>Details of new address</b>												
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											

**Details of new address**

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

**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

33 Postal Code

34 Are there additional firearms licence holder(s) licenced to your name?

YES NO If yes, submit full details

**ADDITIONAL LICENCE HOLDER(S) PARTICULARS**

35.1 SA ID Passport

36 Identity number of natural person

37 Passport number of natural person

38 Surname Initials

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

44 DID THE ADDITIONAL LICENCE HOLDER ALSO MOVE TO THE NEW ADDRESS?

YES NO

45 DO YOU HAVE THE PRESCRIBED SAFE? (indicate with an X)

YES NO

45.1 IF YES, SUBMIT FULL DETAILS

**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   
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   
Right index fingerprint of reporting person

2 Fingerprint designation

3 Date    -

4   
Name of reporting person in block letters

5 Place

**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

**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 contents of this form.)

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

3 Residential address  <sup>4</sup> Postal Code

5 Postal address  <sup>5</sup> Postal Code

7 Telephone number <sup>7.1</sup> Home ( )  <sup>7.2</sup> Work ( )

8 Cellphone number  <sup>8</sup> Fax ( )

10 E-mail address

11 Interpreted from (language)  to

13

.....  
Signature of interpreter

15

Rank of police official (if applicable)

12

Date						-							
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14

Place													
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16

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Persal number of police official (if applicable)

**G. FOR OFFICIAL USE BY THE 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													
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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





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

<b>A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED</b>
<sup>1</sup> Notification reference No

<b>B. FOR OFFICIAL USE BY POLICE STATION WHERE THE NOTIFICATION IS RECEIVED</b>	
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>5</sup> Initials				
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										
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					

**RESPONSIBLE PERSON'S DETAILS**

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

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

35	35	35	
	Licence, permit, certificate or authorization type	Licence, permit, certificate or authorization number	Date issued

**OTHER INFORMATION**

37	Description of change in circumstances	

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   
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

**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		8 Fax ( )											
10	E-mail address		<input type="text"/>											
11	Interpreted from (language)		<input type="text"/>				to		<input type="text"/>					

SAPS 521(c)

13

Signature of interpreter

15

Rank of police official in block letters (if applicable)

12

Date					-			-		
------	--	--	--	--	---	--	--	---	--	--

14

Place										
-------	--	--	--	--	--	--	--	--	--	--

16

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

Persal number of police official (if applicable)

**G. FOR OFFICIAL USE BY THE 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

									-	
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Persal number of Designated Firearms Officer/Station Commissioner



SOUTH AFRICAN POLICE SERVICE

**NOTIFICATION OF CHANGE OF COMMERCIAL AGENT PREMISES**

Section 37(1), 51(1) and 65(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										
<sup>1</sup> Province										
<sup>2</sup> Area										
<sup>3</sup> Police station										
<sup>4</sup> Component code										
<sup>5</sup> General firearm transactions register number										

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)										
<sup>1</sup> Outstanding/Additional information required										
.....										
.....										
.....										
					<sup>2</sup> Persal number				<sup>3</sup> Date	
.....										
<sup>4</sup> Signature of police official					<sup>5</sup> Name in block letters					
<sup>6</sup> Application for new premises approved (Indicate with an X)										
.....										
					<sup>7</sup> Persal number				<sup>8</sup> Date	
.....										
<sup>9</sup> Signature of deciding officer					<sup>10</sup> Officer code		<sup>11</sup> Name in block letters			
<sup>12</sup> Application for new premises refused (Indicate with an X)										
<sup>13</sup> Reason(s) for refusal										
.....										
.....										
					<sup>14</sup> Persal number				<sup>15</sup> Date	
.....										
<sup>16</sup> Signature of deciding officer					<sup>17</sup> Officer code		<sup>18</sup> Name in block letters			

**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	Initials	
6	Residential address		
	Postal Code		
8	Postal address		
	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	Company registration or CC number		
19	Postal address		
	Postal Code		
21	Business address		
	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	Identity/Passport number of responsible person		

29	Telephone number				
30	Physical address				
		31 Postal Code			
32	Postal address				
		31 Postal Code			

**F. DETAILS OF EXISTING LICENCE**

1	Licence type	Licence number	Date issued	Expiry date

**2 DETAILS OF PREMISES**

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

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

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

.....				
.....				

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

.....				
.....				

**6 DESCRIPTION OF THE ALARM SYSTEM**

.....				
.....				

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

.....				
.....				

**8 DESCRIPTION OF THE BURGLAR PROOFING**

.....				
.....				

**9 DESCRIPTION OF OTHER SECURITY FEATURES**

.....				
.....				

10

**\* DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH AND MAINTAIN A WORKSTATION WHICH LINKS THEIR REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS AND MANUFACTURERS DATABASE**  
**\* THE REGISTRAR MAY, ON GOOD CAUSE SHOWN, EXEMPT DEALERS OR GUNSMITHS FROM THIS DUTY**

Submit a description of the workstation which will link your registers to the Central Database  
 in case of a dealer or a gunsmith, submit the reason(s) why the Registrar must exempt you from maintaining a linked workstation

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11 Date of commencement of business on new premises

Date    -

12 **DECLARATION BY APPLICANT**

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 notification.

**G. SIGNATURE OF APPLICANT (Sign only if applicable)**

1  2 Date    -

Name of applicant in block letters

3 ..... 4 Place

Signature of applicant

**H. This section must be completed only if the applicant cannot read or write**

1  2 Fingerprint designation

Right index fingerprint of applicant

3 Date    -

4

Name of applicant in block letters

5 Place

**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

**7 PARTICULARS OF WITNESS**

7.1  7.2      -

Name of witness in block letters in block letters

Persal number of witness

7.3  7.4 .....

Rank of witness in block letters

Signature of witness



**I. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant 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										
								<sup>4</sup> Postal Code			
5	Postal address										
								<sup>6</sup> Postal Code			
7	Telephone number	<sup>7.1</sup> Home	( )				<sup>7.2</sup> Work	( )			
8	Cellphone number						<sup>8</sup> 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	Personal number of police official (if applicable)										

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

1	<b>RECOMMENDATION REGARDING THE APPLICATION</b>	
	Recommended	Not recommended
2	Report of inspection on premises	
	.....	
	.....	
	.....	
	.....	
	.....	
3	Additional conditions recommended	
	.....	
	.....	
	.....	
	.....	
	.....	
	.....	
	.....	

4

Recommendation regarding the application	

5

--

Name of Designated Firearms Officer/Station Commissioner in block letters

6

Date					-					-				
------	--	--	--	--	---	--	--	--	--	---	--	--	--	--

7

--

Rank of Designated Firearms Officer/Station Commissioner in block letters

8

Place	
-------	--

9

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

10

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

Personal number of Designated Firearms Officer/Station Commissioner





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
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2	OTHER BODIES
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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										

**13 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										

18	Cellphone number					
19	Physical address					
		N <sup>o</sup>	Postal Code			
21	Postal address					
		N <sup>o</sup>	Postal Code			
23	Competency certificate number					
24	Date of issue					
		-		-		
		-		-		
		-		-		
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>
---	---

**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: 200px; height: 20px;" 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><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: 80%;"></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: 80px; margin: 0 auto;"></div> Right index fingerprint of reporting person</p>	<p>2 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width:10%; background-color: #cccccc;">Fingerprint designation</td><td style="width: 80%;"></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><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>4 <input style="width: 100%; height: 20px;" 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: 80%;"></td></tr></table></p>	Place																				
Place																							

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

<p>6.1 <input style="width: 200px; height: 20px;" 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><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td><td style="width:5%;"></td></tr></table> Personal number of police official</p>																			
<p>6.3 <input style="width: 200px; height: 20px;" type="text"/> Rank of police official in block letters</p>	<p>6.4 ..... Signature of police official</p>																			

**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

**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  <sup>4</sup> Postal Code

5 Postal address  <sup>6</sup> Postal Code

7 Telephone number: <sup>7.1</sup> Home ( ) <sup>7.2</sup> Work ( )

8 Cellphone number  <sup>8</sup> 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	<b>A. FOR OFFICIAL USE BY POLICE STATION WHERE THE INCIDENT IS REPORTED</b>	
	1 Province	
DATE RECEIVED	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)	

**B. PARTICULARS OF CURRENT OWNER OF THE FIREARM**

**1 NATURAL PERSON'S DETAILS**

2 SA ID	Passport	
3 Identify number		- - - - -
4 Passport number		
5 Surname		8 Initials
7 Residential address		
		9 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					21 Postal Code				
23	Business telephone number	23.1 Work	( )	23.2 Fax	( )					
24	E-mail address									

**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 number of responsible person									
29	Passport number of responsible person									
30	Telephone number (if applicable)									
31	Physical address									
						32 Postal Code				
33	Postal address									
						34 Postal Code				

**C. DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORIZATION**

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

**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				
<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>					


**5 Complete only in the case of found firearm(s)**

**5.1 Location where firearm was found**


**6 IS A CASE OF NEGLIGENCE OPENED FOR THE LOSS OR THEFT OF THE FIREARM? (Indicate with an X)**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	if yes, submit the following details
<b>6.1</b> Police station				<b>6.2</b> CAS/Case number

**7 Date on which loss/theft was discovered**

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

**8 Notification time**

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

**8 Notification date**

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

**10 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, within 24 hours after having become aware of the loss, theft or destruction of the firearm, is guilty of an offence.

**11** \_\_\_\_\_ **12** \_\_\_\_\_

Signature of reporting person Name of reporting person in block letters

**13 Identity number/Passport number of reporting person**

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

**14 Personal number of reporting person in case of police official**

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

**15 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)**




**E. PARTICULARS OF POLICE OFFICIAL WHO COMPLETES THE NOTIFICATION**

1	<input type="text"/> Name of police official in block letters	2	Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/> Rank of police official in block letters	4	Place <input type="text"/>
5	..... Signature of police official	6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> Persal number of police official

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

1	<input type="text"/> Name of police official in block letters	2	Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
3	<input type="text"/> Rank of police official in block letters	4	Place <input type="text"/>
5	..... Signature of police official	6	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> 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								
								10 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													
										34 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	

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

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

1	<input type="text"/>	2	Fingerprint designation <input type="text"/>	3	Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
	Right index fingerprint of reporting person			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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
	Name of police official in block letters		Personal number of police official
6.3	<input type="text"/>	6.4	<input type="text"/>
	Rank of police official in block letters		Signature of police official

**7 PARTICULARS OF WITNESS**

7.1	<input type="text"/>	7.2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/>
	Name of witness in block letters		Personal number of witness
7.3	<input type="text"/>	7.4	<input type="text"/>
	Rank of witness in block letters		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"/>	<input type="text"/>
3	Residential address <input type="text"/>	<input type="text"/>
		<sup>4</sup> Postal Code <input type="text"/> <input type="text"/> <input type="text"/>

5	Postal address				
			6 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       -

Personal 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       -

Personal 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 Province	
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 Peral number	3 Date
4 Signature of police official	5 Name in block letters

6 Was the firearm referred for ballistic testing?		YES	NO	(Indicate with an X)
7 Result				
6 Peral number		9 Date		
10 Signature of police official		11 Name in block letters		

12 Deactivation approved (Indicate with an X)				
13 Peral number		C	14 Date	
15 Signature of CFR officer		16 Officer code	17 Name in block letters	

18 Deactivation refused (Indicate with an X)		19 Reason(s) for refusal		
20 Peral number		21 Date		
22 Signature of CFR officer		23 Officer code	24 Name in block letters	

**0. PARTICULARS OF THE HOLDER OF THE LICENCE**

**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 as name																					
18	FAR number																					
19	Postal address																					
																	Postal Code					
21	Business address																					
																	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	Identity number of responsible person																					
29	Passport number of responsible person																					
30	Cellphone number																					
31	Physical address																					
																	Postal Code					
33	Postal address																					
																	Postal Code					

**E. PARTICULARS OF FIREARM**

1 Licence number

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

Rifle	Shotgun	Handgun
Other: specify		

Calibre	
Make	
Model	

Firearm component type:

Barrel serial number	7. <sup>o</sup> Make
Frame serial number	8. <sup>o</sup> Make
Receiver serial number	9. <sup>o</sup> Make

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.



20 **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. (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   
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 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. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER**

1 **RECOMMENDATION REGARDING THE NOTIFICATION**

2 Motivation regarding the notification

[Dotted lines for text entry]

3 [Text box]  
Name of Designated Firearms Officer/Station Commissioner in block letters

4 Date [Grid with dashes]

5 [Text box]  
Rank of Designated Firearms Officer/Station Commissioner in block letters

6 Place [Text box]

7 .....  
Signature of Designated Firearms Officer/Station Commissioner

8 [Grid with dashes]  
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	<b>A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED</b>		
	<sup>1</sup> Province		
	<sup>2</sup> Area		
	<sup>3</sup> Police station		
	<sup>4</sup> Component code		
DATE RECEIVED	<sup>5</sup> Firearm applications register reference No	SAPS 86	NO
			YEAR

<b>B. TYPE OF APPLICATION TO BE CANCELLED</b> (indicate with an X)
--

1	Competency certificates	4.3	Application for accreditation as an official institution	
1.1	Application for a competency certificate	5	<b>Permits</b>	
1.2	Application for a further competency certificate	5.1	Application for a permit to collect ammunition in a private collection	
2	<b>Licences</b>	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	<b>Temporary authorizations</b>	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	<b>Accreditations</b>	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)	

**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	Identify number													
4	Passport number													
6	Surname											Initials		
7	Full names													
8	Residential address													
												<sup>1</sup> Postal Code		
10	Postal address													
												<sup>1</sup> Postal Code		
12	Business telephone number	<sup>12.1</sup> Home	( )				<sup>12.2</sup> Work	( )						
12.3	Cellphone number					<sup>13</sup> 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													
												<sup>21</sup> Postal Code		
22	Business address													
												<sup>23</sup> Postal Code		
24	Business telephone number	<sup>24.1</sup> Work	( )				<sup>24.2</sup> 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	<input type="checkbox"/>									
29	Identify number of responsible person													
30	Passport number of responsible person													
31	Cellphone number (if applicable)													
32	Physical address													
												<sup>33</sup> Postal Code		
34	Business address													
												<sup>34</sup> Postal Code		



**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					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 

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

  
 Peral number of police official (if applicable)

**H. FOR OFFICIAL USE BY THE 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 

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

  
 Peral number of Designated Firearms Officer/Station Commissioner



SOUTH AFRICAN POLICE SERVICE

**SURRENDERING OF FIREARM ITEM(S)**

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

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE SURRENDER FORM IS CAPTURED												
1 Transaction reference No												

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE FIREARM ITEM(S), LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION IS SURRENDERED												
1	Province											
2	Area											
3	Police station											
4	Component code											
5	SAPS 13 reference number											
6	General firearm transactions register number											

**C. PARTICULARS OF SURRENDERING PERSON**

**1 NATURAL PERSON'S DETAILS**

2	SA ID	Passport									
3	Identity number of natural person										
4	Passport number of natural person										
5	Surname										1 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	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 If the firearm item is not being surrendered by the holder of the licence, permit, certificate or authorization, describe the relationship of the surrendering person with the holder of the licence, permit, certificate or authorization.

.....

.....

.....

36 **TYPE OF SURRENDER** (Indicate with an X)

37	<input type="checkbox"/> Surrendering of a firearm licence, permit, certificate or authorization	<input type="checkbox"/> Surrendering of firearm item
----	--	---

38 Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS

Date 

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

39 Reason(s) for surrendering of firearm licence, permit, certificate, authorization or item(s)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....



**D. DETAILS OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION THAT IS TO BE SURRENDERED**

	(1)	(2)	(3)	(4)
1 Type of licence				
2 Licence number				
3 Date issued				
4 Expiry date				

**E. DETAILS OF FIREARM ITEM THAT IS TO BE SURRENDERED**  
**DETAILS OF FIREARM**

	(1)	(2)	(3)	(4)
1 Type				
2 Calibre				
3 Make				
4 Model				
Firearm component type:				
5 Barrel serial number				
6 Frame serial number				
7 Receiver serial number				

**DETAILS OF PARTS**

	(1)	(2)	(3)	(4)
9 Description of part				
10 Associated firearm make				
11 Associated firearm model				

**DETAILS OF AMMUNITION**

	(1)	(2)	(3)	(4)
13 Calibre				
14 Quantity				

**F. SIGNATURE OF PERSON SURRENDERING THE ITEM(S)** (Sign only if applicable)

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

**DECLARATION OF PERSON SURRENDERING THE ITEM(S)**

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 surrendering form.

**G.** (This section must be completed only if the person surrendering the item(s) cannot read or write)

1

2 Fingerprint designation

3 Date

4   
Name of person surrendering block letters

5 Place

Right index fingerprint of person surrendering

**6 PARTICULARS OF POLICE OFFICIAL DEALING WITH THE SURRENDERING**

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

**H. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the person surrendering the item(s) 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

6 Postal Code

7 Telephone number <sup>7.1</sup> Home ( ) <sup>7.2</sup> Work ( )

8 Cellphone number <sup>7.3</sup> 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)

**FOR OFFICIAL USE BY THE POLICE STATION**  
**PARTICULARS OF POLICE OFFICIAL WHO RECEIVED THE FIREARM LICENCE**  
**PERMIT, CERTIFICATE, AUTHORIZATION OR ITEM(S)**

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**  
**FORFEITURE OF FIREARM ITEM(S)**  
Firearms Control Act, 2000 (Act No 60 of 2000)

<b>OFFICIAL DATE STAMP</b>
<b>DATE RECEIVED</b>

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE FIREARM ITEM IS KEPT														
<sup>1</sup> Province														
<sup>2</sup> Area														
<sup>3</sup> Police station														
<sup>4</sup> Component code														
<sup>5</sup> Property (SAPS 13) register reference number	<table border="1" style="width: 100%; height: 20px;"> <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> </tr> </table>													

**B. PARTICULARS OF THE HOLDER OF LICENCE, PERMIT OR AUTHORIZATION**

**1 NATURAL PERSON'S DETAILS**

2	SA ID	Passport												
3	Identity number of natural person													
4	Passport number of natural person													
5	Surname					<sup>6</sup> Initials								
7	Residential address													
											<sup>8</sup> Postal Code			
9	Postal address													
											<sup>10</sup> Postal Code			
11	Telephone number	<sup>11.1</sup> Home	( )	<sup>11.2</sup> Work	( )									
11.3	Cellphone number				<sup>12</sup> 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													
											<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 number of responsible person											
29	Passport number of responsible person											
30	Telephone number											
31	Physical address											
											32 Postal Code	
33	Postal address											
											34 Postal Code	

**C. DETAILS OF THE FIREARM ITEM(S) FORFEITED**

1 **DETAILS OF FIREARM**

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

Firearm component type:

5 Barrel serial number				
6.1 Make				
7 Frame serial number				
7.1 Make				
8 Receiver serial number				
8.1 Make				

9 **DETAILS OF PARTS**

	(1)	(2)	(3)	(4)
10 Description of part				
11 Associated firearm make				
12 Associated firearm model				

13 **DETAILS OF AMMUNITION**

	(1)	(2)	(3)	(4)
14 Calibre				
15 Quantity				

16 Reason(s) for forfeiture

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17 Disposal instruction

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18 Forfeiture date

Date 

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**D. FOR OFFICIAL USE BY THE POLICE STATION**

1 

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Name of police official in block letters

2 Date 

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

3 

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Rank of police official in block letters

4 Place 

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5 .....  
Signature of police official

6 

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

  
Persal number of police official



SOUTH AFRICAN POLICE SERVICE

## ACKNOWLEDGEMENT OF RECEIPT OF FIREARM DOCUMENTATION

A. PARTICULARS OF POLICE STATION	
1	Police station where documentation was received
2	Telephone number ( ) <sup>3</sup> Fax ( )
4	Reference No
B. TYPE OF ACKNOWLEDGEMENT OF RECEIPT OF FIREARM DOCUMENTATION	
1	Type of firearm documentation received
C. PARTICULARS OF THE PERSON FROM WHOM THE FIREARM DOCUMENTATION IS RECEIVED (Fill in if applicable)	
1 NATURAL PERSON'S DETAILS	
2	Identity number
3	Passport number
4	Surname <sup>5</sup> Initials
6 JURISTIC PERSON'S DETAILS	
7	Registered company name
8	Trading as name
9	FAR number
10 RESPONSIBLE PERSON'S DETAILS	
11	Responsible person (full names and surname)
12	Type of identification (indicate with an X) SA ID Passport number
13	Identity number of responsible person
14	Passport number of responsible person
15 GOVERNMENT INSTITUTION'S DETAILS	
16	Institution name
17	Institution FAR number

18 **RESPONSIBLE PERSON'S DETAILS**

19	Responsible person (Full names and surname)																							
20	Type of identification (indicate with an X)				SA ID				Passport number															
21	Identity number of responsible person								-								-				-			
22	Passport number of responsible person																							

**D. PARTICULARS OF DESIGNATED FIREARMS OFFICER**

1	Name of Designated Firearms Officer in block letters				2	Rank of Designated Firearms Officer in block letters				5 OFFICIAL DATE STAMP
3	Personal number of Designated Firearms Officer				4	Signature of Designated Firearms Officer				





### SOUTH AFRICAN POLICE SERVICE REMITTANCE ADVICE FOR FIREARM APPLICATIONS

**A. PARTICULARS OF POLICE STATION**

1	Police station where application was captured										
2	Telephone number/	( )		Fax	( )						
4	Reference number of register										

**B. TYPE OF APPLICATION RECEIVED**

1	Type of application					
---	---------------------	--	--	--	--	--

**C. PARTICULARS OF APPLICANT (Complete if applicable)**

**NATURAL PERSON'S DETAILS**

2	Identity number																		
3	Passport number																		
4	Surname											Initials							

**JURISTIC PERSON'S DETAILS**

7	Registered company name									
8	Trading as name									
9	FAR number									

**RESPONSIBLE PERSON'S DETAILS**

11	Responsible person (full names and surname)															
12	Type of identification (indicate with an X)	SA ID		Passport number												
13	Identity number of responsible person															
14	Passport number of responsible person															

**D. PAYMENT DETAILS**

1	FGS application reference No																			
2	Amount to be paid	R																		

**E. PARTICULARS OF DESIGNATED FIREARMS OFFICER**

1							2							5	OFFICIAL DATE STAMP					
	Name of Designated Firearms Officer in block letters							Rank of Designated Firearms Officer in block letters												
3							-													
	Persal number of Designated Firearms Officer						4	Signature of Designated Firearms Officer												



SOUTH AFRICAN POLICE SERVICE

NOTICE OF APPEAL

Section 133 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE APPEAL BOARD

<sup>1</sup> Outstanding/Additional information required	

					-							<sup>2</sup> Date
--	--	--	--	--	---	--	--	--	--	--	--	-------------------

..... <sup>3</sup> Signature of the Secretary: Appeal Board	..... <sup>4</sup> Name in block letters
--	---

<sup>5</sup> Appeal upheld (indicate with an X)	<input type="checkbox"/>	<sup>6</sup> Conditions
---	--------------------------	-------------------------


					-							<sup>7</sup> Date
--	--	--	--	--	---	--	--	--	--	--	--	-------------------

..... <sup>8</sup> Signature of the Chairperson: Appeal Board	..... <sup>9</sup> Name in block letters
--	---

<sup>10</sup> Appeal not upheld (indicate with an X)	<input type="checkbox"/>	<sup>11</sup> Comments
--	--------------------------	------------------------


					-							<sup>12</sup> Date
--	--	--	--	--	---	--	--	--	--	--	--	--------------------

..... <sup>13</sup> Signature of the Chairperson: Appeal Board	..... <sup>14</sup> Name in block letters
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**B. PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

2	SA ID	Passport		
3	Identity number		-	-
4	Passport number			
5	Surname		<sup>8</sup> Initials	
7	Residential address			
			<sup>9</sup> Postal Code	
9	Postal address			
			<sup>10</sup> Postal Code	
11	Telephone number	<sup>11.1</sup> Home ( )	<sup>11.2</sup> Work ( )	
11.3	Cellphone number		<sup>12</sup> 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			
			<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 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			
			<sup>32</sup> Postal Code	
33	Postal address			
			<sup>34</sup> Postal Code	

**35 REPRESENTATIVE'S DETAILS**

36	Full name and surname			
37	Type of identification (indicate with an X)	SA ID	Passport number	



**D. FIREARM DETAILS**  
(Complete only if the appeal involve a firearm)

	(1)	(2)	(3)	(4)
1 Type				
2 Calibre				
3 Make				
4 Model				
Firearm component type:				
5 Barrel serial number				
6 Frame serial number				
7 Receiver serial number				

**E. DETAILS OF THE CURRENT OWNER OF THE FIREARM**

1 SA ID	Passport	
2 Identity number		
3 Passport number		
4 Surname		<sup>4</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> VWork ( )
10.3 Cellphone number		<sup>11</sup> Fax ( )
12 E-mail address		

**DECLARATION BY APPLICANT/AUTHORIZED PERSON/REPRESENTATIVE**

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 notice.

**F. SIGNATURE OF APPLICANT (Sign only if applicable)**

1 Name of applicant in block letters	2 Date
3 Signature of applicant	4 Place

**G. SIGNATURE OF AUTHORIZED PERSON/REPRESENTATIVE**

1 Name and surname of authorized person/representative	
2 Designation	3 Date
4 Signature of authorized person/representative	5 Place

**H.** (This section must only be completed if the applicant cannot read or write)

1

2 Fingerprint designation

3 Date

4   
Name of applicant in block letters

5   
Place

Right index fingerprint of applicant

**PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTICE**

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

**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

**I. PARTICULARS OF INTERPRETER**  
(This section must only be completed if the applicant 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  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)



SOUTH AFRICAN POLICE SERVICE

**REQUEST TO ALTER FIREARM BY A GUNSMITH**

Section 59 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	General firearm transactions register No									

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)										
Outstanding/Additional information required										
2 Peral number							3 Date			
4 Signature of police official						5 Name in block letters				
6 Alteration approved (Indicate with an X)										
7 Peral number							8 Date			
9 Signature of CFR officer				10 Officer code		11 Name in block letters				
12 Alteration 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				





**E. PARTICULARS OF THE REQUESTER**

**1 NATURAL PERSON'S DETAILS**

2	SA ID	Passport	
3	Identity number		
4	Passport number		
5	Surname		<sup>6</sup> Initials
7	Residential address		
		<sup>8</sup> Postal Code	
9	Postal address		
		<sup>10</sup> Postal Code	
11	Telephone number	<sup>11.1</sup> Home ( )	<sup>11.2</sup> Work ( )
11.3	Cellphone number		<sup>12</sup> 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		
		<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 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		
		<sup>32</sup> Postal Code	
33	Postal address		
		<sup>34</sup> Postal Code	

**F. PARTICULARS OF GUNSMITH**

1	Gunsmith's name		
2	Gunsmith's FAR number		

3	Postal address							* Postal Code				
5	Business address							* Postal Code				
7	Business telephone number	7.1 Work	(    )	7.2 Fax	(    )							
8	E-mail address											

**DECLARATION BY REQUESTER**

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 request form.

**G. SIGNATURE OF REQUESTER/GUNSMITH (Sign only if applicable)**

<p>1 <input style="width: 100%;" type="text"/></p> <p>Name of requester in block letters</p>	<p>2 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%; text-align: center;">Date</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table></p>	Date														
Date																

<p>3 ..... Signature of requester</p>	<p>4 <input style="width: 100%;" type="text"/></p>
---	--

<p>5 <b>DETAILS OF GUNSMITH</b></p> <p>6 <input style="width: 100%;" type="text"/></p> <p>Name of gunsmith in block letters</p>	<p>7 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%; text-align: center;">Date</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table></p>	Date														
Date																

<p>8 ..... Signature of gunsmith</p>	<p>9 <input style="width: 100%;" type="text"/></p>
--	--

**H. (This section must be completed only if the requester cannot read or write.)**

<p>1 <input style="width: 100%; height: 80px;" type="text"/></p> <p>Right index fingerprint of the requester</p>	<p>2 Fingerprint designation</p>	<p><input style="width: 100%; height: 30px;" type="text"/></p>	<p>3 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 20%; text-align: center;">Date</td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table></p> <p>4 <input style="width: 100%;" type="text"/></p> <p>Name of requester in block letters</p> <p>5 <input style="width: 100%;" type="text"/></p>	Date														
Date																		

**PARTICULARS OF POLICE OFFICIAL DEALING WITH REQUEST**

<p>6.1 <input style="width: 100%;" type="text"/></p> <p>Name of police official in block letters</p> <p>6.3 <input style="width: 100%;" type="text"/></p> <p>Rank of police official in block letters</p>	<p>6.2 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table></p> <p>Persal number of police official</p> <p>6.4 ..... Signature of police official</p>															

**PARTICULARS OF WITNESS**

<p>7.1 <input style="width: 100%;" type="text"/></p> <p>Name of witness in block letters</p> <p>7.3 <input style="width: 100%;" type="text"/></p> <p>Rank of witness in block letters</p>	<p>7.2 <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table></p> <p>Persal number of witness</p> <p>7.4 ..... Signature of witness</p>															

**I. PARTICULARS OF INTERPRETER (This section must be completed only if the requester cannot read or write or does not understand the content of this form.)**

<p>1 Name and surname of interpreter</p>											
<p>2 Identity/Passport number of interpreter</p>											

3	Residential address					4 Postal Code				
6	Postal address					6 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 Date 

				-					
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14 Place 

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13 Signature of interpreter

15 

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Rank of police official in block letters (if applicable)

16 

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Personal number of police official (if applicable)

**J. IN CASE OF NOMINEE/AUTHORISED PERSON**

1 Name and surname of nominee/authorized person 

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

2 Identity/Passport number of nominee/authorized person 

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

3 Date 

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

5 Place 

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

4 Signature of nominee/authorized person

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

**RECOMMENDATION REGARDING THE REQUEST**

1	Recommended		Not recommended	
2	Motivation	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		

3 

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Name of Designated Firearms Officer/Station Commissioner in block letters

4 Date 

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

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Rank of Designated Firearms Officer/Station Commissioner in block letters

6 Place 

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Signature of Designated Firearms Officer/Station Commissioner

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

  
Personal number of Designated Firearms Officer/Station Commissioner



SOUTH AFRICAN POLICE SERVICE

INFRINGEMENT NOTICE

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

<b>OFFICIAL DATE STAMP</b>
<b>DATE RECEIVED</b>

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

**B. PARTICULARS OF INFRINGER**

**1 NATURAL PERSON'S DETAILS**

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

**14 JURISTIC PERSON'S DETAILS**

**15 OTHER BODIES**

<sup>16</sup> Registered company name			
<sup>17</sup> Trading as name			
<sup>18</sup> FAR number			
<sup>19</sup> Postal address			
			<sup>20</sup> Postal Code
<sup>21</sup> Business address			
			<sup>22</sup> Postal Code
<sup>23</sup> 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 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 **PARTICULARS OF LICENCES, PERMITS, CERTIFICATES OR AUTHORIZATIONS**

36 DETAILS OF LICENCES, PERMITS, CERTIFICATES OR AUTHORIZATIONS			
37 Type	Number	Date of issue	Expiry date

38 Particulars of alleged offence

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39 Administrative fine payable R

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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 Date     -

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     -

Name and surname of police official in block letters

3  4 Place issued

Rank of police official in block letters

5 ..... 6       -

Signature of police official Personal number of police official

**D. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO SERVES THE INFRINGEMENT NOTICE**

1  2 Date served     -

Name and surname of police official in block letters

3  4 Place served

Rank of police official in block letters

5 ..... 6       -

Signature of police official Personal number of police official

**E. ACKNOWLEDGMENT OF RECEIPT OF INFRINGEMENT NOTICE BY THE INFRINGER**

1 **Name and surname of infringer**

2 **Identity number of infringer**         -

3 Date served Date     -

4 Place served Place

5 Time served Time

6 .....  
 Signature of infringer



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			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	





**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 65	NO	YEAR

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)									
1 Outstanding/Additional information required									
.....									
.....									
.....									
		2 Persel number						5 Date	
4 Signature of police official				5 Name in block letters					
11 Cancellation of firearm licence, permit, certificate or authorization approved (Indicate with an X)									
.....									
		7 Persel 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 Persel 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	Personal number	
2	Identity number of the requester			
3	Passport number of the requester			
4	Personal 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	Trade or profession	15 if self-employed, specify		
17	Name of employer/company			
18	Business address			
				Postal Code
20	Telephone number	20.1 Home ( )	20.2 Work ( )	
20.3	Cellphone number	24 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	Initials
5	Residential address	
	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										
		18 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	Identify 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					-						
------	--	--	--	--	---	--	--	--	--	--	--

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.

**G. SIGNATURE OF REQUESTER**

1  2 Date    -   -

Name of requester in block letters

3  4 Place

Rank of requester in block letters

5 ..... 6       -

Signature of requester

Personal number of requester

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

1 RECOMMENDATION REGARDING THE CANCELLATION OF THE FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Recommended	<input type="checkbox"/>	Not recommended	<input type="checkbox"/>
-------------	--------------------------	-----------------	--------------------------

1.1 Motivation

.....

.....

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.....

.....

2  3 Date    -   -

Name of Designated Firearms Officer/Station Commissioner in block letters

4  5 Place

Rank of Designated Firearms Officer/Station Commissioner in block letters

6 ..... 7       -

Signature of Designated Firearms Officer/Station Commissioner

Personal number of Designated Firearms Officer/Station Commissioner



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
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE REQUEST IS CAPTURED
Request reference No

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED
Province
Area
Police station
Component code
General firearm transactions register No

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)
Outstanding/Additional information required
Personal number
Date
Signature of police official
Name in block letters
Suspension of firearm licence, permit, certificate or authorization approved (indicate with an X)
Reason(s) for suspension
Period of suspension
Date
Signature of CFR officer
Officer code
Name in block letters
Suspension of firearm licence, permit, certificate or authorization refused (indicate with an X)
Reason(s) why suspension is unnecessary
Personal number
Date
Signature of CFR officer
Officer code
Name in block letters

**D PARTICULARS OF THE REQUESTER**

**1 NATURAL PERSON'S DETAILS**

1	SA ID	Passport	Persal number	
2	Identify number of the requester			
3	Passport number of the requester			
4	Persal number		5 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 JURISTIC PERSON'S DETAILS**

**16 OTHER BODIES**

17	Registered company name			
18	Trading as name			
19	FAP number			
20	Postal address			
			21 Postal Code	
22	Business address			
			22 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	Identify number of responsible person			
30	Passport number of responsible person			
31	Cellphone number			
32	Physical address			
			33 Postal Code	
34	Postal address			
			34 Postal Code	



**E. PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION TO BE SUSPENDED**

1 Licence, permit, certificate or authorization type	2 Licence, permit, certificate or authorization number	3 Date issued	4 Expiry date

5 Reason (Indicate with an X)     Alleged offence     Firearm lost/stolen     Indicate case details below

5.1 Alleged offence

5.1.1 Police station

5.1.2 Reference number

5.1.3 Description of case

5.2 Firearm lost/stolen

5.2.1 Police station

5.2.2 Reference number

5.2.3 Description of case

6 Date on which suspension is requested    Date     -

**7 DECLARATION BY REQUESTER**

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 request form.

**F. SIGNATURE OF REQUESTER**

1   
Name of requester in block letters

2 Date     -

3   
Rank of requester in block letters

4 Place

5 .....  
Signature of requester

6       -   
Persal number of requester

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

1 **RECOMMENDATION REGARDING THE SUSPENSION OF THE FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION**

Recommended		Not recommended	
-------------	--	-----------------	--

2 Motivation regarding the request for suspension

.....

.....

.....

.....

.....

.....

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         -

Personal number of Designated Firearms Officer/Station Commissioner



SOUTH AFRICAN POLICE SERVICE

**TRANSFER OF FIREARM OWNERSHIP**

Section 125(2)(a)(ii) of the Firearms Control Act, 2000(Act No 60 of 2000)

<p><b>OFFICIAL DATE STAMP</b></p>        <p><b>DATE RECEIVED</b></p>
--

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED																									
<sup>1</sup> Transfer reference No <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																									

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	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 100px;">NO</td> <td style="width: 100px;">YEAR</td> </tr> </table>	NO	YEAR
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										<sup>5</sup> Initials <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
7	Residential address																		
8											<sup>8</sup> Postal Code <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
9	Postal address																		
10											<sup>10</sup> Postal Code <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
11	Telephone number		<sup>11.1</sup> Home ( ) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						<sup>11.2</sup> Work ( ) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
11.3	Cellphone number		<sup>11</sup> Fax ( ) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																
13	E-mail address																		

14 JURISTIC PERSON'S DETAILS

15 OTHER BODIES

16	Registered company name	
17	Trading 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 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

.....

.....

.....

**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:

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										
		5 Postal Code									
6	Business address										
		7 Postal Code									
8	Business telephone number	8.1 Work	( )	8.2 Fax	( )						
9	E-mail address										

**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	<b>SIGNATURE OF CURRENT OWNER</b>	
2		3 Date
	Name of current owner in block letters	
4	Signature of current owner	5 Place
6	<b>SIGNATURE OF DEALER/GUNSMITH</b>	
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	<div style="border: 1px solid black; width: 100px; height: 100px; display: inline-block;"></div>	2 Fingerprint designation	3 Date
		<div style="border: 1px solid black; width: 80px; height: 30px; display: inline-block;"></div>	
	Right index fingerprint of current owner		4
			Name of current owner in block letters
			5 Place

**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

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  \* Postal Code

5 Postal address  # 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









SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR AUTHORIZATION TO POSSESS MORE THAN 2 400 PRIMERS**

Section 93 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 Application 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	General firearms transaction register number											

C. FOR OFFICIAL USE BY THE DECIDING OFFICER												
1 Outstanding/Additional information required												
.....												
.....												
.....												
							2 Personal number				3 Date	
										<input style="width: 100%;" type="text"/>		
4 Signature of police official										5 Name in block letters		
4 Application for authorization to possess approved (indicate with an X)												
.....												
							7 Personal number				8 Date	
										<input style="width: 100%;" type="text"/>		
9 Signature of deciding officer										10 Officer code	11 Name in block letters	
12 Application for authorization to possess refused (indicate with an X)												
13 Reason(s) for refusal												
.....												
.....												
							14 Personal number				15 Date	
										<input style="width: 100%;" type="text"/>		
16 Signature of deciding officer										17 Officer code	18 Name in block letters	

**D. PARTICULARS OF APPLICANT**

**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	11.3 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	Company registration or CC 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 (full name 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		

**E. PARTICULARS OF FIREARM(S) FOR WHICH PERMISSION IS REQUIRED TO POSSESS MORE THAN 2 400 PRIMERS**

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

Firearm component type:

5 Barrel serial number				
6 Frame serial number				
7 Recalver serial number				

8 Provide reason(s) for the need to possess more than 2 400 primers for each firearm

Firearm 1

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Firearm 2

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Firearm 3

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Firearm 4

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**F. SIGNATURE OF APPLICANT** (Sign only if applicable)

1   
Name of applicant in block letters

2 Date  -  -

3 .....  
Signature of applicant

4 Place

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

1

2 Fingerprint designation

3 Date  -  -

4   
Name of applicant in block letters

5 Place

Right index fingerprint of applicant

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

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

**H. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant 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  <sup>4</sup> Postal Code

5 Postal address  <sup>6</sup> Postal Code

7 Telephone number <sup>7.1</sup> Home ( ) <sup>7.2</sup> Work ( )

8 Cellphone number <sup>8</sup> 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)

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

1

**RECOMMENDATION REGARDING THE APPLICATION**

Recommended

Not recommended

1.1

Motivation

Lined area for motivation text.

2

Name of Designated Firearms Officer/Station Commissioner in block letters

3

Date					-				-		
------	--	--	--	--	---	--	--	--	---	--	--

4

Rank of Designated Firearms Officer/Station Commissioner in block letters

5

Place											
-------	--	--	--	--	--	--	--	--	--	--	--

6

Signature of Designated Firearms Officer/Station Commissioner

7

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

Persal number of Designated Firearms Officer/Station Commissioner



SOUTH AFRICAN POLICE SERVICE

LIST OF FIREARMS IN POSSESSION OF GOVERNMENT DEPARTMENTS AND OTHER BODIES WHICH ARE EXEMPT FROM LICENSING

Section 97 of the Firearms Control Act, 2000 (Act No 60 of 2000)

1 CODE OF BODY To be completed by the SA Police				

2 DEPARTMENT/INSTITUTION .....

3 IN POSSESSION ON 1 JULY 2003 OR OBTAINED THEREAFTER

To be completed by the SA Police Service

4 Date	5 Type	6 Action	7 Calibre	8 Calibre code			9 Manufacturer's serial number	10 Make

11 Signature of person who completed the SAPS 349

12 Name of person who completed the SAPS 349

13 Date

\* Type (Indicate - pistol, revolver, rifle, rifle and / or shotgun combination, shotgun)  
\* Action (Indicate - bolt, automatic, semi-automatic, cylinder, lever, pump action, etc)

For Central Firearms Register use only

14 Checked and captured by Signature

15 Name in block letters

16 Persal number

17 Office date stamp




<sup>5</sup> I am aware that it is an offence in terms of the Firearms Control Act, 2000(Act 60 of 2000) to provide false information on this form.

<sup>6</sup> .....  
Signature of responsible person

<sup>7</sup>   
Name of responsible person in block letters

<sup>8</sup> Date   -   -

D. ACKNOWLEDGEMENT OF RECEIPT (FOR OFFICIAL USE BY THE SOUTH AFRICAN POLICE SERVICE)

<sup>1</sup> PARTICULARS OF FIREARM(S) THAT COULD NOT BE REGISTERED

<sup>2</sup> Firearm type	<sup>3</sup> Model	<sup>4</sup> Calibre	<sup>5</sup> Serial number	<sup>6</sup> Make	<sup>7</sup> Remarks

E. PARTICULARS OF OFFICIAL RESPONSIBLE FOR THE REGISTRATION OF THE FIREARM DETAILS

<sup>1</sup>   
Name of official in block letters

<sup>2</sup>   
Rank of official in block letters

<sup>3</sup>         -   
Personal number of official

<sup>4</sup> .....  
Signature of official

OFFICIAL DATE STAMP









SOUTH AFRICAN POLICE SERVICE

MANUFACTURER'S RETURN: STOCK MANUFACTURED

Section 53(7) of the Firearms Control Act, 2000 (Act No 60 of 2000)

1 Period from Date [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] to Date [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

A. MANUFACTURER'S PARTICULARS

1 Trading as name of manufacturer [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] 2 Licence number of manufacturer [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

B. DETAILS OF FIREARM(S) MANUFACTURED

Table with 6 columns: 1 Firearm(s) type, 2 Model, 3 Calibre, 4 Serial number, 5 Make, 6 Date manufactured. The table contains multiple rows for data entry.

Prepared by:


<sup>7</sup> I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000) to provide false information on this form.

<sup>8</sup> \_\_\_\_\_  
Signature of responsible person

<sup>9</sup> \_\_\_\_\_  
Name of responsible person in block letters

<sup>10</sup> Date 

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

**C. ACKNOWLEDGEMENT OF RECEIPT (FOR OFFICIAL USE BY THE SOUTH AFRICAN POLICE SERVICE)**

**1 PARTICULARS OF FIREARM(S) THAT COULD NOT BE REGISTERED**

<sup>2</sup> Firearm type	<sup>3</sup> Model	<sup>4</sup> Calibre	<sup>5</sup> Serial number	<sup>6</sup> Make	<sup>7</sup> Remarks

**D. PARTICULARS OF OFFICIAL RESPONSIBLE FOR THE REGISTRATION OF THE FIREARM DETAILS**

<sup>1</sup> \_\_\_\_\_  
Name of official in block letters

<sup>2</sup> \_\_\_\_\_  
Rank of official in block letters

<sup>3</sup> \_\_\_\_\_  
Persal number of official

<sup>4</sup> \_\_\_\_\_  
Signature of official

OFFICIAL DATE STAMP



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

<sup>5</sup> I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000) to provide false information on this form..

<sup>6</sup> .....  
Signature of responsible person

<sup>7</sup> [ ]  
Name of responsible person in block letters

<sup>8</sup> Date [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

**D. ACKNOWLEDGEMENT OF RECEIPT (FOR OFFICIAL USE BY THE SOUTH AFRICAN POLICE SERVICE)**

**1 PARTICULARS OF FIREARM(S) THAT COULD NOT BE REGISTERED**

<sup>2</sup> Firearm type	<sup>3</sup> Model	<sup>4</sup> Calibre	<sup>5</sup> Serial number	<sup>6</sup> Make	<sup>7</sup> Remarks

**E. PARTICULARS OF OFFICIAL RESPONSIBLE FOR THE REGISTRATION OF THE FIREARM DETAILS**

<sup>1</sup> [ ]  
Name of official in block letters

<sup>2</sup> [ ]  
Rank of official in block letters

<sup>3</sup> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ]  
Personal number of official

<sup>4</sup> .....  
Signature of official

OFFICIAL DATE STAMP



**SOUTH AFRICAN POLICE SERVICE**  
**GUNSMITH'S RETURN: STOCK RECEIVED**  
Section 67(7) of the Firearms Control Act, 2000 (Act No 60 of 2000)

<sup>1</sup> Period from 

Date				-			-		
------	--	--	--	---	--	--	---	--	--

 to 

Date				-			-		
------	--	--	--	---	--	--	---	--	--

**A. GUNSMITH'S PARTICULARS**

<sup>1</sup> Trading as name of gunsmith 

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

<sup>2</sup> Licence number of gunsmith 

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

B. DETAILS OF FIREARM(S) RECEIVED					C. FROM WHOM RECEIVED			
<sup>1</sup> Firearm(s) type	<sup>2</sup> Model	<sup>3</sup> Calibre	<sup>4</sup> Serial number	<sup>5</sup> Make	<sup>1</sup> Name	<sup>2</sup> Identification/Passport/FAR No	<sup>3</sup> Licence No	<sup>4</sup> Date received

Prepared by:











**SOUTH AFRICAN POLICE SERVICE**  
**APPLICATION FOR THE RENEWAL OF A COMPETENCY CERTIFICATE**  
 Section 10A of the Firearms Control Act, 2000 (Act No. 60 of 2000)

<b>OFFICIAL DATE STAMP</b>
<b>DATE RECEIVED</b>

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED									
<sup>1</sup> Application reference No									

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED										
1	Province									
2	Police station									
3	Component code									
4	Firearm applications register reference number	SAPS.86	NO	YEAR						
C. FOR OFFICIAL USE BY THE DECIDING OFFICER										
<sup>1</sup> Outstanding/Additional information required										
		<sup>2</sup> Persal number						<sup>3</sup> Date		
..... <sup>4</sup> Signature of police official					..... <sup>5</sup> Name in block letters					
<sup>6</sup> Application for competency approved (Indicate with an X) <input type="checkbox"/>										
		<sup>7</sup> Persal number						<sup>8</sup> Date		
..... <sup>9</sup> Signature of deciding officer					..... <sup>10</sup> Officer code		..... <sup>11</sup> Name in block letters			
<sup>12</sup> Application for competency refused (Indicate with an X) <input type="checkbox"/>					<sup>13</sup> Reason(s) for refusal					
		<sup>14</sup> Persal number						<sup>15</sup> Date		
..... <sup>16</sup> Signature of deciding officer					..... <sup>17</sup> Officer code		..... <sup>18</sup> Name in block letters			

**D: Competency certificate renewal type (Indicate with an X)**

CERTIFICATES		
1.1	Competency Certificate to Possess a Firearm	
1.2	Competency Certificate to Trade in Firearms	
1.3	Competency Certificate to Manufacture Firearms	
1.4	Competency Certificate to Conduct Business as a Gunsmith	
1.5	Competency Certificate to Possess a firearm as a private collector for a specific category	
1.6	Competency Certificate to Possess a muzzle loading firearm	

**4 Details of original competency certificate**

Types of firearm/s indicated on current Competency Certificate	Mark applicable type with a X	Indicate category of collector if applicable (A, B, C)	Competency Certificate Number	Date issued	Expiry date
Handgun					
Handgun and Rifle					
Rifle					
Shotgun					
Shotgun and Handgun					
Rifle and Shotgun					
Handgun and Rifle and Shotgun					
Hand Machine Carbine					
Handgun and Hand Machine Carbine					
Handgun and Rifle and Hand Machine Carbine					
Handgun and Shotgun and Hand Machine Carbine					
Handgun and Rifle and shotgun and Hand Machine Carbine					
Rifle and Hand Machine Carbine					
Rifle, shotgun and Hand Machine Carbine					
Shotgun and Hand Machine Carbine					

**E: PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

**2 Type of identification (Indicate with an X)**

2.1	SA ID	Passport	Non-SA citizen with permanent residence*
3	Identity number of natural person		
4	Passport number of natural person		
5	Surname	Initials	
7	Full name	Title	
8	Formal Street Address (residential)		
		Postal Code	
10	Postal address		
		Postal Code	

12	Telephone number	12.1 Home ( )	12.2 Work ( )
12.3	Cellphone number		12.4 Fax ( )
13	E-mail address		

14 **OTHER INFORMATION** (Indicate with an X)

15 **WAS YOUR APPLICATION HANDED IN 90 DAYS BEFORE EXPIRY OF THE EXISTING COMPETENCY CERTIFICATE?** (Indicate with an X)

YES	NO	If no, provide reason(s)

16 **WAS YOUR APPLICATION HANDED IN AFTER THE EXPIRY OF THE EXISTING COMPETENCY CERTIFICATE ?** (Indicate with an X)

YES	NO	If yes, provide reason(s)

17 **DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

F. **SIGNATURE OF APPLICANT** (Sign only if applicable)

Note:

The requirements of the photo:

- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or sunglasses on the photograph.
- The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
- The applicant must sign in black ink.
- The signature may not exceed the border.
- The whole finger must be pressed down on the sheet.
- The fingerprint should not be rolled and must be a flat impression.



1



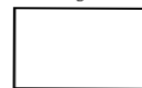
Signature

2



3

<sup>4</sup> Fingerprint designation



5

Name of applicant in block letters

6 **Date**    -

7 **Place**

**8 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1   
Name of police official in block letters

8.2   
Persal number of police official

8.3   
Rank of police official in block letters

8.4   
Signature of police official

**9 PARTICULARS OF WITNESS**

9.1   
Name of witness in block letters

9.2   
Persal number of witness

9.3   
Rank of witness in block letters

9.4   
Signature of witness

**G PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant 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  Postal Code

5 Postal address  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)

**H IN CASE OF NOMINEE/AUTHORIZED PERSON**

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date

4   
Signature of nominee/authorized person

5 Place

**I. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMANDER**

1	RECOMMENDATION REGARDING THE APPLICATION (Indicate with X)	
2	Recommended	Not recommended
2.1	Motivation regarding the application	

3	<input type="text"/>	4	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>															
	Name of Designated Firearms Officer/Station Commander in block letters																														
5	<input type="text"/>	6	Place	<input type="text"/>																											
	Rank of Designated Firearms Officer/Station Commander in block letters																														
7	..... Signature of Designated Firearms Officer/Station Commander															8	<input type="text"/>							Personal number of Designated Firearms Officer/Station Commander							

**ACCOMPANYING DECLARATION BY APPLICANT PRESCRIBED IN TERMS OF SECTION 10A(3) OF THE FIREARMS CONTROL ACT, 2000 (ACT NO. 60 OF 2000)**

I hereby declare that I am the Applicant for the renewal of a competency certificate with the particulars set out in part E above. I hereby declare that I have taken note that section 9(2) of the Firearms Control Act, 2000 (Act No. 60 of 2000), provides that a competency certificate may only be issued to a person if he or she-

- (a) is 21 years or older on the day the application is received by the Designated Firearms Officer;
- (b) is a South African citizen or a holder of a permanent South African residence permit;
- (c) is a fit and proper person to possess a firearm, to trade in firearms, to manufacture firearms or to conduct business as a gunsmith, as the case may be;
- (d) is of stable mental condition and is not inclined to violence;

- (e) is not dependent on any substance which has an intoxicating or narcotic effect;
- (f) has not been convicted of any offence under or in terms of this Act or the previous Act and sentenced to a period of imprisonment without the option of a fine;
- (g) has not been convicted, whether in or outside South Africa, of an offence involving the unlawful use or handling of a firearm by him or her or another participant to the offence, whether committed in or outside South Africa;
- (h) has not been convicted, whether in or outside South Africa, of an offence involving-
  - (i) violence or sexual abuse, whether committed in or outside South Africa, and sentenced to a period of imprisonment without the option of a fine; or
  - (ii) physical or sexual abuse which occurred within a domestic relationship as defined in section 1 of the Domestic Violence Act, 1998 (Act 116 of 1998), whether committed in or outside South Africa;
- (i) has not been convicted of fraud in relation to, or supplying false information for the purposes of, obtaining a competency certificate, licence, permit or authorisation in terms of this Act or the previous Act;
- (j) has not been convicted, whether in or outside South Africa, of an offence involving the abuse of alcohol or drugs, whether committed in or outside South Africa, and sentenced to a period of imprisonment without the option of a fine;
- (k) has not been convicted, whether in or outside South Africa, of an offence involving dealing in drugs, whether committed in or outside South Africa, and sentenced to a period of imprisonment without the option of a fine;
- (l) has not been convicted of an offence in terms of the Domestic Violence Act, 1998 (Act 116 of 1998), and sentenced to a period of imprisonment without the option of a fine;
- (m) has not been convicted of an offence involving the negligent handling of a firearm;
- (n) has not been convicted of an offence in terms of the Explosives Act, 1956 (Act 26 of 1956), and sentenced to a period of imprisonment without the option of a fine;
- (o) has not been convicted, whether in or outside South Africa, of an offence involving sabotage, terrorism, public violence, arson, intimidation, rape, kidnaping or child stealing, whether committed in or outside South Africa;
- (p) has not become or been declared unfit to possess a firearm in terms of this Act or the previous Act;



- (q) has successfully completed the prescribed test on knowledge of this Act;
- (r) has successfully completed the prescribed training and practical tests regarding the safe and efficient handling of a firearm; and
- (s) has, where applicable, successfully completed the prescribed training and practical tests for firearms dealers, manufacturers, gunsmiths, security officers or other persons who use firearms in the course of their business.

I hereby declare that I still conform with all the requirements of the said section 9(2).

**NAME AND SURNAME IN BLOCK LETTERS**

**SIGNATURE**

**Date:**

**Place:**

**CERTIFICATE BY COMMISSIONER OF OATHS**

I certify that the deponent has acknowledged that he/she knows and understands the content of this statement. The deponent has/has no objection in taking the prescribed oath. The statement was sworn to/affirmed before me and the deponent's signature/mark/fingerprint was placed thereupon in my presence at ..... (place) on ..... (date) at ..... (time).

**SIGNATURE OF COMMISSIONER OF OATHS**

**FULL NAMES:**

**CAPACITY:**

**ADDRESS:**

*(Second form 50 – SAPS 517(g) – inserted by regulation 1 of GNR 1208 of 2000)*



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR AUTHORIZATION TO POSSESS MORE THAN 200 ROUNDS OF AMMUNITION**

Section 93 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

<b>A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED ON COMPUTER</b>									
Application reference No									

<b>B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED</b>									
1	Province								
2	Area								
3	Police station								
4	Component code								
5	General firearms transaction register number								

<b>C. FOR OFFICIAL USE BY THE DECIDING OFFICER</b>									
<b>1 Outstanding/Additional information required</b>									
.....									
.....									
.....									
					<b>2</b> Persal number			<b>3</b> Date	
					<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">..... <b>4</b> Signature of police official</div> <div style="width: 50%; text-align: center;"> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <b>5</b> Name in block letters                 </div> </div>				
					<b>6</b> Application for authorization to possess approved (Indicate with an X) <input type="checkbox"/>				
					<b>7</b> Persal number			<b>8</b> Date	
					<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">..... <b>9</b> Signature of deciding officer</div> <div style="width: 10%; text-align: center;"> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <b>10</b> Officer code                 </div> </div> <div style="width: 50%; text-align: center; margin-left: 20px;"> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <b>11</b> Name in block letters             </div>				
					<b>12</b> Application for authorization to possess refused (Indicate with an X) <input type="checkbox"/>				
					<b>13</b> Reason(s) for refusal				
.....									
.....									
					<b>14</b> Persal number			<b>15</b> Date	
					<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">..... <b>16</b> Signature of deciding officer</div> <div style="width: 10%; text-align: center;"> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <b>17</b> Officer code                 </div> </div> <div style="width: 50%; text-align: center; margin-left: 20px;"> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> <b>18</b> Name in block letters             </div>				

<b>D. PARTICULARS OF APPLICANT</b>
------------------------------------

1	<b>NATURAL PERSON'S DETAILS</b>
---	---------------------------------

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

14	<b>JURISTIC PERSON'S DETAILS</b>
----	----------------------------------

15	<b>OTHER BODIES</b>
----	---------------------

16	Registered company name														
17	Trading as														
18	FAR number														
19	Company registration or CC 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	<b>RESPONSIBLE PERSON'S DETAILS</b>
----	-------------------------------------

27	Responsible person (full name 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													
33											33 Postal Code			
34	Postal address													
35											35 Postal Code			



**F. SIGNATURE OF APPLICANT** (Sign only if applicable)

1  Name of applicant in block letters

2 Date

3 .....  
Signature of applicant

4 Place

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

1  Right index fingerprint of applicant

2 Fingerprint designation

3 Date

4  Name of applicant in block letters

5 Place

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

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

**H. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant 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  <sup>4</sup> Postal Code

5 Postal address  <sup>6</sup> Postal Code

7 Telephone number <sup>7.1</sup> Home ( ) <sup>7.2</sup> Work ( )

8 Cellphone number <sup>8</sup> 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)









**E. PARTICULARS OF CURRENT OWNER**

1 **Type of owner** (Indicate with an X)

1.1	<b>A</b> Firearm dealer	<b>B</b> Another official/government institution	<b>C</b> Imported firearm
-----	----------------------------	---	------------------------------

2 **JURISTIC PERSON'S DETAILS**

3 **TYPE A** (Firearm dealer)

4	Registered company name		
5	Trading as		
6	FAR number		
7	Postal address		
		<sup>8</sup> Postal Code	
9	Business address		
		<sup>10</sup> Postal Code	
11	Business telephone number	<sup>11.1</sup> Work ( )	<sup>11.2</sup> Fax ( )
12	E-mail address		
13	Responsible person (Name and surname)		
14	Type of identification (Indicate with an X)	SA citizen	Non-SA citizen with permanent residence*
15	Identity number of responsible person		
16	Cellphone number		
17	Physical address		
		<sup>16</sup> Postal Code	
19	Postal address		
		<sup>20</sup> Postal Code	

21 **TYPE B** (Another official/government institution)

22	Registered name/government institution		
23	Trading as		
24	FAR number		
25	Postal address		
		<sup>26</sup> Postal Code	
27	Business address		
		<sup>28</sup> Postal Code	
29	Business telephone number	<sup>29.1</sup> Work ( )	<sup>29.2</sup> Fax ( )
30	E-mail address		
31	Responsible person (Name and surname)		
32	Type of identification (Indicate with an X)	SA citizen	Non-SA citizen with permanent residence*
33	Identity number of responsible person		
34	Cellphone number		

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







**G. SIGNATURE OF APPLICANT** (Sign only if applicable)

1

2 Fingerprint designation

3 Date

4   
Name of applicant in block letters

5 Place

6   
Signature of applicant

**7 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

7.1   
Name of police official in block letters

7.2   
Persal number of police official

7.3   
Rank of police official in block letters

7.4   
Signature of police official

**8 PARTICULARS OF WITNESS**

8.1   
Name of witness in block letters

8.2   
Persal number of witness

8.3   
Rank of witness in block letters

8.4   
Signature of witness

**H. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant 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

6 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 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)

**\*\*\* NOTIFICATION OF CHANGE OF ADDRESS \*\*\***

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

**I. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER**

**REPORT OF DESIGNATED FIREARMS OFFICER IN THE CASE OF A RESTRICTED FIREARM FOR SELF-DEFENCE**

Place where the applicant resides (indicate with an X)	urban area	rural area	farm	smallholding
	other			

If the applicant resides in a rural area/on a farm or smallholding, state the following

Distance to nearest neighbours	metre/kilometre
Distance to nearest police station	metre/kilometre

Does the applicant reside near/not near a high-risk/crime-rated area? If the applicant resides near a crime-rated area submit motivation

.....

.....

Does the applicant reside or work in a dangerous area or a high-risk area? If yes, submit motivation.

.....

.....

Is the applicant a (Indicate with an X)	dedicated hunter	dedicated sports-person	private collector	public collector
---	------------------	-------------------------	-------------------	------------------

How many firearms does the applicant possess?

**J. RECOMMENDATION REGARDING THE APPLICATION (Applicable to all types of applications)**

Recommended	Not recommended
-------------	-----------------

Motivation regarding the application

.....

.....

.....

Report regarding the physical inspection of the applicant's safeguarding facilities

.....

.....

.....

Name of Designated Firearms Officer/Station Commissioner in block letters

Date

Rank of Designated Firearms Officer/Station Commissioner in block letters

Place

Signature of Designated Firearms Officer/Station Commissioner

Personal number of Designated Firearms Officer/Station Commissioner

**ANNEXURE "B"**  
**LIST OF FEES PAYABLE**  
**(Regulation 97)**

Person responsible for payment	Circumstances for which fee is payable	Method of payment	Amount 2019/2020	Amount with CPI 2020/2021 4.8%	Amount with CPI 2021/2022 4.8%	Amount with CPI 2022/2023 4.8%
Applicant	Application for licence to possess a firearm	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R140	R 147	R 154	R 161
Applicant	Application for a competency certificate	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R70	R73	R77	R80
Applicant	Application for a further competency certificate	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R70	R73	R77	R80
Applicant	Application for a duplicate licence, permit, certificate or authorization	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R70	R73	R77	R80
Applicant	Application for licence issued to particular categories of persons - dealers, manufacturers and gunsmiths	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R1 400	R1 467	R1 538	R1 610
Applicant	Application for renewal of a licence,	Payment of fees shall be made at a police station by means of	R70	R73	R77	R80

	permit or authorization	cash or bank guaranteed cheque only				
Applicant	Application for temporary authorization to possess a firearm	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R140	R 147	R 154	R 161
Applicant	Application for renewal of a dealer's, manufacturer's or gunsmith's licence	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R700	R734	R769	R805
Applicant	Application for a temporary authorization to trade in firearms and ammunition, to conduct business as a gunsmith and to display firearms and ammunition on premises other than those specified in dealer's, manufacturer's or gunsmith's licence	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R550	R576	R604	R632
Applicant	Application for accreditation	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R280	R293	R308	R322
Applicant	Application for a permanent import or export permit	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R140	R 147	R 154	R 161



Applicant	Application for an in-transit permit for business purposes	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R140	R 147	R 154	R 161
Applicant	Application for permit to transport firearms and ammunition	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R280	R293	R308	R322
Applicant	Application for a permit to collect ammunition	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R140	R 147	R 154	R 161

*(Annexure B amended by regulation 7 of GNR 696 of 2005)*

*(Annexure B substituted by regulation 2 of GN 589 dated 5 July 2021)*