ANNEXURE "A"

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

Prepared by:



2	Application for a competency certificate (Form 2 amended by regulation 20(c) of Proc. R9 of 2012)	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 (Form 9 amended by regulation 20(d) of Proc. R9 of 2012)	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



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



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 (Second Form 50 inserted by regulation 1 of GNR 1208 of 2010)	SAPS 517(g)
50.	Application for authorisation to possess more than 200 rounds of ammunition	SAPS 540
	(Form 50 inserted by regulation 6(a) of GNR 696 of 2005)	
51	Application for acquisition of firearms by official institutions	SAPS 349(a)



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(Form 51 inserted by regulation 6(b) of GNR 696 of 2005)	





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)

		TON					D 1	POLICE STATIC					or F h	RGA	a regr	101	120	EI4	EU			
Province																						
Area																						
Police statio	n																					
Component	code	÷								2	004-0250		1								22	
Firearm app	lications	regist	er refer	ence	No	14		SAPS 86	NO						_	YEAR						_
c .	1.1		FC	R	OFF	ICI/	AL U	ISE BY THE CE	NTR	AL F	IRE	ARM	S RI	EGI	TEF	R (CF	R)		1			
¹ Outstandi	ng/Add	Itional						40.0														
	T				-		2	Persal number					-			1-		Ι		³ De	te	
										[
	⁴ Si	ignatur	e of pol	ice o	fficia	al				[5 N	lame	in blo	ck let	ters	-			
Applicatio							ith an	X		[5 N	ame	in blo	ck let	ters	-			
Applicatio								X) Persal number]			-	5 M	lame	in blo	ck let	ters		* Da	le	
Applicatio													-	5 N	lame	in blo	ck let	ters		^e Da	le	
Applicatio	n for lic			ed ()	-								-			in blo	L	I		^e Da	le	

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SAPS 271

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

Main firearm licence holder Additional firearm licence holder (Indicate with an X)

3.	Section	Type of licence/permit	Period of X validity
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

1.1

Action

Rifle	Shatgun	Handgun	Combination
Other, specify (armament/ indeterminable design type)			

DETAILS OF FIREARM (Indicate with an X)

Semi-automatic	Automatic	Manual
Other action (specify)	* 48.042.00, gp0	

1	Calibre					1.4 Calibre c	ode	
	Make							
	Model							
	Firearm component type:							
	Barrel serial number						1.8 Ma	ake
	Frame serial number						1.10 N	lake
	Receiver serial number						^{1.42} M	ake
	F.	P/	RTICUL	ARS OF CUP	RENTO	WNER		
	Type of owner (Indicate with an X)							
	A	6		c		D		E Estate



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	TYPE A (Private owner)
	Surnaime 6 Initials
	Full names
	identity number
	Residential addross
	*Postal Code
	Postal address
	¹¹ Postal Code
	Telephone number () ^{12.2} Work ()
	Celiptione number ()
	E-mail address
	Are there any additional firearm licence holders for this firearm? (indicate with sin X) YES NO
	JURISTIC PERSON'S DETAILS
	TYPE B (Firearm dealer)
	Registered company name
	Trading as name
	FAR number
	Postal address
	²² Postal Code
	Business address
1	
	24 Postal Code
	Business telephone number: 25.2 Fax ()
-	E-mail address
	Responsible person (Name and summe) Type of identification (indicate with an X) SA citizen Non-SA citizen with permanent residence*
	Type of identify number of responsible person
	Celiphone number
	Diversal address
	³² Postal Code
	Postal address
	34 Postal Code
ſ	
	SAP 350 (A) DETAILS Firearm received from
	Nami
and a state of the	identification number or FAR number
	Address
B	Postal code 40 Date received



Page	127	of	383
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TYPE C (Companies)							SAPS :
Registered company name							
Trading as name							
FAR number							
Postal address							
				46 Pos	tal Code		
Business address				- an			
Business telephone number	49,1 Work ()		^{48.2} Fax	(tal Code		
E-mail address							
Responsible person (Name and su	mame)						
Type of identification (indicate with a	in X) SA citi	400	Non-S	A citizen w	ith permanent	rasidence	•
Identity number of responsible pers	ion				<u> - </u>		-
Cellphone number				·			
Physical address							
				56 Pos	tal Code		
Postal address							
	83			58 Pos	tai Code		T
Date issued					-	-	
TYPE E (Estate)						10.000	
Type of estate (indicate with an X)							
Executorship	Administratorship	Curators	hip		Trust		
Sumame				67	Initials		
Full names							
Identity number of person handling	the estate						
Name and sumarine of executor, ad	ministrator, curator, trustee or liq	uidator					
Type of identification (indicate with a	in X) Non-SA citizen with	permanent residence	•		5A citizen		
Identity number of executor, admin trustee or liquidator	istrator, curator,						
Telephone number	^{73,1} Home ()		73.2 Work	()		
Celiphone number			74 Fax	()		
Physical address				1			
			-	76 Po	stel Code		
Postal address							
				78 Por	stal Code		

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

Prepared by:

UNIVERSITEIT VAN PRETORIA UNIVERSITY OF PRETORIA YUNIBESITHI YA PRETORIA Page 128 of 383

																	SAPS 2	271
79	Physical address w	here firearm(s) l	s kept															
												80 P	ostal C	ode			1	
81	DECLARATION	BY PERSON	WHO IS	S LAWFULL	Y IN	POSSE	ssio	NOFT	THE	FIRE	EAR	M(S)	٦					
	I hereby declare that	the above firearr	n(s) is/are	legally in my p	osse	ssion and	i that i p	vopose	to se	li or s	upply	it to the	applica	int on	ce the	neces	sary	
	licence(s) has/have b																	
	I am aware that it is a application.	in offence in tern	ns of secti	on 120 (9)(f) o	f the I	Firearms	Control	Act, 20	4) 00	Act No	o 60 c	f 2000),	to mak	e a fa	lse sta	tement	in this	
82	Name and sumame	of current owne	er/authoriz	ed person														
83	Identification numb	er of current own	iet/authori	zed person						-							-	
84	Designation			7			85	Date				Τ	Τ.	Г				٦
		<u>.</u>										L	-		1	L		
86							87	Place										
	Signature of current of	wner/authorized	person															
1	G.	PARTI	CULARS	OF APPLI	CAN	T (Comple	ete only	the secti	ion th	at has	bear	ng an ya	u)					
	PARTICULARS	OF EXISTING	COMP	ETENCY CE	RTI	FICATE	(Indicat	e with ar	n X)	٦								
1.1	A	Competenc	y certific.	ate to trade	in fire	arms												
1.2	B Fraid	Competenc					rio Ma		and the second	月空の		-						
1.3	C MIT									特徴す		_						
1.4		Color Materian Prop	0.000	ate to condu	11.1	A. W		and the second	ALC: N	1011 1111		_						
1.4	D		y certific	ate to posse	SS 8	tirearm	(Indicala	with en X)				12/50	a transferred	-	10.00	25,77,72	and the second	
		Handgun		Rifie			一把	Shotg	un		1	E	and M	achir	te Ca	rbine		-
	Competency cer	tificate numbe	an .												сы са с.н. ла			
	Date of issue						Expiry	date										
						10055				-	_	_						
2		OF FIREARMS	IN YOUR	POSSESSION	ANE				VE A				•••••	AUTH	IORIZ	ATION		
2.1	Туре	Calibre		Make		Ba	rrel Ser	ial No		Fn	ime/ri	No No	erial			nce/per rization		
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														1				
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														SA	
					.										
					l										
NATURAL PERSON'S D	ETAILS														
PRIVATE PERSON															
Type of identification (In	idicate with an	n X)													
SA citizen	Non-SA oit	tizen with (permanér	nt reside	nce*										
identity number of private	person									Τ				Τ.	
Surname											Initials			Τ	
															-
Full names															
Full names Date of birth				-		11	Age			12	Gender		Male	F	er
		-				11	Age			12	Gender		Male	F	en
						41	Age -			E			Male	F	en
Date of birth		·		.		41	Age			E	Gender		Male	F	en
Date of birth		·		. 		11	Age	a		14 Po	stal Cod	6	Male	F	er
Date of birth Residential address		-	, 			11	Age			14 Po		6	Male		
Date of birth Residential address	ck. flat, cara	/an, settag	je, house	, hostel	or hamele		Age	-		14 Po	stal Cod	6	Male		
Date of birth Residential address Postal address	ck. flat, carav	-	je, house	, -	000000000	s\$}	Age	, speci	¥	14 Po	stal Cod	6	Male		
Date of birth Residential address Postal address Type of residence (eg sha		-	je, house	, hostel	000000000	s\$}		, speci	ÿ	14 Po	stal Cod	6	Male		
Date of birth Residential address Postal address Type of residence (eg sha Trade of profession		-	je, house	, hostel	000000000	s\$}		, spitch	y	14 Po	stal Cod	6	Male		
Date of birth Residential address Postal address Type of residence (eg sha Trade of profession Name of employer/compar		-	e, house	, hostel	000000000	s\$}		, брес	ý	14 Pot	stal Cod	•	Male		
Date of birth Residential address Postal address Type of residence (eg sha Trade of profession Name of employer/compar Business address	iy		je, house		000000000	s\$}				14 Pot	stal Cod stal Cod	•	Male		
Date of birth Residential address Postal address Type of residence (eg sha Trade or profession Name of employer/compar Business address Telephone number					000000000	s\$}		23.2	Wark	14 Pot	stal Cod stal Cod stal Cod	•	Male	Fi	
Date of birth Residential address Postal address Type of residence (eg sha Trade or profession Name of employer/compar Business address Telephone number Cellphone number	iy				000000000	s\$}		23.2		14 Por 18 Por 18 Por	stal Cod stal Cod	•	Male		
Date of birth Residential address Postal address Type of residence (eg sha Trade or profession Name of employer/compar Business address	23.1 _H				000000000	s\$}		23.2	Wark	14 Por 18 Por 18 Por	stal Cod stal Cod stal Cod	•	Male		
Date of birth Residential address Postal address Type of residence (eg sha Trade or profession Name of employer/compar Business address Telephone number Cellphone number E-mail address	19 23.† _H				000000000	if self-		23.2	Wark	14 Por 18 Por 18 Por	stal Cod stal Cod stal Cod	e e			

	SAPS
	PARTICULARS OF APPLICANT'S SPOUSE/PARTNER
	Type of identification (Indicate with an X)
	SAID Passport Identity number of spouse
	Passport number of appuse
	Name and sumame
	JURISTIC PERSON'S DETAILS
	OTHER BODIES (eg body corporate, close corporation or company)
	Registered company harve
	Tradity as name
	FAR number
	Postal address
	³⁵ Postai Code
	41 Postal Code
	Business telephone number 42+ Work () 42.2 Fax ()
	E-mail address
	Number of firearms alrendy registered to the business
	Number of persons employed by the business to handle firearms
	Responsible person (Name and sumarne)
	Type of identification (indicate with an X) SA citizen Non-SA citizen with permanent residence*
	identity number of tesponsible person
	Celiphone number
	Physical address
	⁸¹ Postal Code
	Postal acdress
	⁵⁹ Postal Code
	OTHER DETAILS (Applicable to dedicated hunters, dedicated sports-persons or collectors only.)
	Are you a member of an accredited association? (Indicate with an X) YES NO If yes submit the following details
	State name of accredited association
	FAR number of accredited association
	Membership number
	40 Exptry cate
	Motivation of purpose for which the firearm is required (Applicable to all types of epplications)
I	



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YES	NO	If yes, submit the follow	ng details	
Police station (1)		- Letter and the second s	62.2 CAS/Case number	
Charge		*****		
Outcome				
Police station (2)			62.6 CAS/Case number	
Charge				
Outcome				
ARE THERE ANY CA	SES PENDING AGAINST	OU? (Indicate with an X)	and the second	
YES	NO	If yes, submit the follow!	ng details	
Police station (1)		_10	63.2 CAS/Case number	
Offence		***************************************		****************************
Police station (2)			63.6 CAS/Case number	
Offence				
HAVE ANY OF YOUR	FIREARM(S) EVER BEEN	LOST/STOLEN? (Indicate v	(th an X)	
YES	NO	if yes, submit the following	and the state of the second	
Police station (1)			*4.3 CAS/Case number	
Olicumstances				
Details of firearm				
Police station (2)			64.6 CAS/Case number	
Circumstances				
		*****		••••••
Details of fitearm				
	SLIGENCE OPENED AND I	NVESTIGATED REGARDIN	IG THE STOLEN LOST FIRE	ARM? (Indicate with an X
	SLIGENCE OPENED AND I	NVESTIGATED REGARDIN		ARM? (Indicate with an X
WAS A CASE OF NEC	- I			ARM? (Indicate with an X
WAS A CASE OF NEC	- I		ig details	ARM? (Indicate with an X
WAS A CASE OF NEC YES Police station ⁽¹⁾ Charge	- I		eg details ^{85,2} CAS/Case number	ARM? (Indicate with an X
WAS A CASE OF NEC YES Police station ⁽¹⁾ Charge Police station ⁽²⁾	- I		ng defails ^{15,2} CAS/Case number ^{65,4} Outcome	ARM? (Indicate with an X
WAS A CASE OF NEC YES Police station ⁽¹¹⁾ Charge Police station ⁽²⁾ Charge	NO		etails ^{85,2} CAS/Case number ^{65,4} Outcome ^{65,6} CAS/Case number ^{65,8} Outcome	ARM? (Indicate with an X
WAS A CASE OF NEC YES Police station ⁽¹⁾ Charge Police station ⁽²⁾ Charge	NO	If yes, submit the follow	19 details 19.2 CAS/Case number 55.4 Outcome 55.6 CAS/Case number 55.8 Outcome Ecale with an X)	ARM? (Indicate with an X
WAS A CASE OF NEC YES Police station ⁽¹⁾ Charge Police station ⁽²⁾ Charge HAVE YOU EVER BEI YES	NO EN DECLARED UNFIT TO	If yes, submit the follows	19 details 19.2 CAS/Case number 55.4 Outcome 55.6 CAS/Case number 55.8 Outcome Ecale with an X)	ARM ? (Indicate with an X
WAS A CASE OF NEC YES Police station ⁽¹¹⁾ Charge Police station ⁽²¹⁾ Charge HAVE YOU EVER BEI YES Police station ⁽¹¹⁾	NO EN DECLARED UNFIT TO	If yes, submit the follows	ng details ^{45,2} CAS/Case number ^{45,4} Outcome ^{45,6} CAS/Case number ^{45,8} Outcome Ecate with an X) ^{45,6} CAS/Case number ^{45,2} CAS/Case number	ARM? (Indicate with an X
WAS A CASE OF NEC YES Police station ⁽¹¹⁾ Charge Police station ⁽²⁾ Charge HAVE YOU EVER BEI	NO EN DECLARED UNFIT TO	If yes, submit the follows	ng details ^{85,2} CAS/Case number ^{65,4} Outcome ^{65,6} CAS/Case number ^{65,8} Outcome ficate with an X) ng details	ARM ? (Indicate with an X
WAS A CASE OF NEC YES Police station ⁽¹⁾ Charge Police station ⁽²⁾ Charge HAVE YOU EVER BEI YES Police station ⁽¹⁾ Charge	NO EN DECLARED UNFIT TO	If yes, submit the follows	ng details ^{45,2} CAS/Case number ^{45,4} Outcome ^{45,6} CAS/Case number ^{45,8} Outcome Ecate with an X) ^{45,6} CAS/Case number ^{45,2} CAS/Case number	ARM? (Indicate with an X
WAS A CASE OF NEC YES Police station ⁽¹⁾ Charge Police station ⁽²⁾ Charge HAVE YOU EVER BEI YES Police station ⁽¹⁾ Charge Date from	NO EN DECLARED UNFIT TO	If yes, submit the follows	etails ^{85,2} CAS/Case number ^{65,4} Outcome ^{65,6} CAS/Case number ^{65,8} Outcome Ecale with an X) ig details ^{66,2} CAS/Case number ^{68,5} Period ^{69,7} CAS/Case number	ARM? (Indicate with an X
WAS A CASE OF NEC YES Police station ⁽¹⁾ Charge Police station ⁽²⁾ Charge HAVE YOU EVER BEI YES Police station ⁽¹⁾ Charge Date from Police station ⁽²⁾	NO EN DECLARED UNFIT TO	If yes, submit the follows	ng defails 19-2 CAS/Case number 55.4 Outcome 55.8 Outcome ficate with an X) ng defails 56.2 CAS/Case number 56.2 CAS/Case number	ARM ? (Indicate with an X
WAS A CASE OF NEC YES Police station ⁽¹⁾ Charge Police station ⁽²⁾ Charge HAVE YOU EVER BEI YES Police station ⁽¹⁾ Charge Date from Police station ⁽²⁾ Gharge Date from	NO EN DECLARED UNFIT TO NO	If yes, submit the follows	etails 19.2 CAS/Case number 54.4 Outcome 55.6 CAS/Case number 55.8 Outcome 55.8 Outcome 55.8 Outcome 55.8 Outcome 56.2 CAS/Case number 56.2 CAS/Case number 56.5 Period 56.7 CAS/Case number	ARM ? (Indicate with an X)
WAS A CASE OF NEC YES Police station ⁽¹⁾ Charge Police station ⁽²⁾ Charge HAVE YOU EVER BEI YES Police station ⁽¹⁾ Charge Date from Police station ⁽²⁾ Charge Date from HAS A FIREARM IN Y YES	NO EN DECLARED UNFIT TO NO	If yes, submit the follows	efails	ARM ? (Indicate with set X)
WAS A CASE OF NEC YES Police station ⁽¹⁾ Charge Police station ⁽²⁾ Charge HAVE YOU EVER BED YES Police station ⁽¹⁾ Charge Date from Police station ⁽²⁾ Gharge Date from HAS A FIREARM IN Y	NO EN DECLARED UNFIT TO NO OUR POSSESSION BEEN	If yes, submit the following of the foll	effails	ARM ? (Indicate with en X)

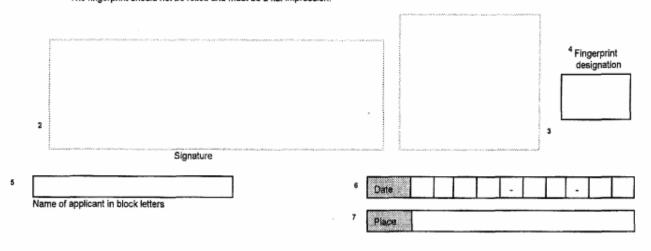


SAPS 271

DO	umstances				
				St.8 Outcome	
	YOU HAVE THE P	RESCRIBED SAFE? (Inc	licate with an X)		
000000000	YES	NÖ			
if y	'ES, SUBMIT FULI	DETAILS (Indicate with)	an X, with short description)		
•	Type of sale	Handgun	Rife		
	Strongroom				
	Device				
16 8	AFE MOUNTED?	(Indicate with an X)			
	YES	ND			
IF Y	ES, SUBMIT FULL	DETAILS (Indicate with a	an X, with short description)		
	Wati	Floor			
DEC	LARATION BY AF	PLICANT			
l am a applica		fence in terms of section	120 (9)(f) of the Firearms Contro	el Act, 2000 (Act No 60 of 2000), to make a	false statement in this
н.		SIGN	ATURE OF APPLICANT (S	ign only if applicable)	
,	Note:				
٦	The requirements of	f the photo:			
:	The photo must	must be in colour and ma be the size of a standard	passport photograph.		
	applicant.	be a full front view of the h of the photo must be plai	nead and shoulders of the	РНОТО	and the second se
		ay not be wearing a hat or	sunglasses on the		

- 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

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	SAPS 2
8	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION
8.1	
0.1	Name of police official in block letters Persal number of police official
8,3	8.4
0,5	Rank of police official in block letters Signature of police official
9	PARTICULARS OF WITNESS
9.1	9.2
	Name of witness in block letters Persal number of witness
9,3	3.4
	Rank of witness in block letters Signature of witness
	I. PARTICULARS OF INTERPRETER (This section must be completed <u>only</u> 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 Fax ()
10	E-mail address
11	Interpreted from (language) to
	¹² Date
13	14 Place
	Signature of interpreter
15	16
	Rank of police official in block letters (if applicable) Persal number of police official (if applicable)
	J. PARENTAL CONSENT IN CASE OF A MINOR
1	
	Recommended Not recommended
2	Name and sumame of parent/guardian
3	Identity/Passport number of parent/guardian
4	Comments of parent/guardian
	Page 10 of 1

Prepared by:

	and the second s	100	1		SAPS
			5 Date		1.
			7 Place		
	Signature of parent/guardian				
	*** NOTI	FICATION OF CHAN	IGE OF ADDRESS ***		
	The Registrar must be informed of all ch	anges of address/circ	cumstances within 30 da	lys of such changes of	curring
	K. FOR OFFICIAL US	E BY THE DESIG	NATED FIREARMS	OFFICER	
	REPORT OF DESIGNATED FIREARMS OF	FICEP IN THE CAS		EIPEARM FOR SELE	DEFENCE
	Place where the applicant resides (indicate with an X)	urban area	rural area	farm	smallholding
		other			
	If the applicant resides in a rutal area/ori a farm or smallin	olding, state the follo	wing		
	Distance to nearest neighbours				metre/kilometre
	Distance to nearest police station				metre/kilometre
_	Leave and the second				
Ì	Does the applicant reside rear/not near a high-risk/orane	-rated area? If the ap	plicant resides near a ci	rime-rated area submit	
		erated area? If the ap	plicant resides near a c	lime-rated anda aubmit	
		erated area? If the ap	plicant resides near a ci	rime-rated area submit	
		erated area? If the ap	plicar4 resides near a c	rime-rated area submit	
				ime-rated area submit	
	Does the applicant reside rear/not near a high-risk/origin			ime-rated area submit	
	Does the applicant reside rear/not near a high-risk/origin			ime-rated area submit	
	Does the applicant reside cearmot near a high-risk/oride Goes the applicant reside or work in a dangerous area or	a high-risk area? If y	ies, submit motivation.		motivation
	Does the applicant reside near/not near a high-risk/orime Does the applicant reside or work in a dangerous area or lis the applicant a (indicate with an X) dedicated hurs	a high-risk area? If y er dedici	es, submit motivation.	rime-rated and a submit	
	Does the applicant reside cearmot near a high-risk/oride Goes the applicant reside or work in a dangerous area or	a high-risk area? If y er dedici	es, submit motivation.		motivation
	Does the applicant reside near/not near a high-risk/oriene Does the applicant reside or work in a dangerous area or fis the applicant a (indicate with an X) dedicated bury How many firearms does the applicant possess?	a high-risk area? (f.) er dedici	es, submit motivation. Hed sports-	private collector	motivation
	Does the applicant reside near/not near a high-risk/orime Does the applicant reside or work in a dangerous area or lis the applicant a (indicate with an X) dedicated hurs	a high-risk area? (f.) er dedici	es, submit motivation, ated sports- ierson	private collector	motivation
	Does the applicant reside cearmot near a high-disk/oride Goes the applicant reside or work in a darigerous area or fie the applicant a (indicate with an X) dedicated hurs How many firearms does the applicant possess?	a high-risk area? (f.) er dedici	es, submit motivation, ated sports- ierson	private collector	motivation
	Does the applicant reside nearmot near a high-risk/oriene Coes the applicant reside or work in a dangerous area or Is the applicant a (indicate with an X) dedicated hum How many firearms does the applicant possess? L. RECOMMENDATION REGA	a high-risk area? (f.) er dedici	es, submit motivation, ated sports- ierson	private collector	motivation
	Does the applicant reside nearmot near a high-risk/oriene Coes the applicant reside or work in a dangerous area or Is the applicant a (indicate with an X) dedicated hum How many firearms does the applicant possess? L. RECOMMENDATION REGA	a high-risk area? (f.) er dedici	es, submit motivation, ated sports- ierson	private collector	motivation

Prepared by:

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UNIVERSITEIT VAN PRETORIA UNIVERSITY OF PRETORIA YUNIBESITHI YA PRETORIA

Report regarding the physical inspection of the applicant's safeguarding f	i facilities
······································	
	9 Date
ame of Designated Firearms Officer/Station Commissioner in block letters	irs
	11 Place
ank of Designated Firearms Officer/Station Commissioner in block letters	/5
	13
ignature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station
	Commissioner
	Page 12 of

(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)

Application reference E STATION WHEF SB6 NO HE CENTRAL FIR nber	RE THE APPL	\	/EAR	
3 86 NO		\	/EAR	
3 86 NO		\	/EAR	
3 86 NO		\	/EAR	
HE CENTRAL FIR	EARMS REG			
HE CENTRAL FIR	EARMS REG			
HE CENTRAL FIR	EARMS REG			
HE CENTRAL FIR	EARMS REG			
HE CENTRAL FIR	EARMS REG			
	EARMS REG	ISTER (CI	FR)	
nber				
				³ Date
	°N	lame in bloc	k letters	
with an X)				
nber	-	-		⁰ Dete
10 Officer code	11	Name in blo	ck letters	
vith an X)	¹³ Reason(s) for refus	al	
mber		-		¹⁵ Date
1	0 Officer code	With an X)	With an X)	ber



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	D. TYPE OF COMPETENCY CERTIFICATE (Indicate with an x)
1	A To trade in firearms
2	B To manufacture freerins
3	C To conduct business as a gunsmith
4	D To possess a firearm (indicate with an X)
	Handgun Rifle Shotgun Hand Machine Carbine
5	E To possess a muzzle loading firearm
	E. PARTICULARS OF APPLICANT
1	TYPE OF CITIZENSHIP (Indicate with an X)
1.1	SA citizen Non-SA citizen with permanent residence*
2	Identity number of applicant
3	Sumame ⁴ Initials
5	Full names
6	Age 7 Gender Male Female (Indicate with an X)
8	Date of birth
9	Residential address
11	19 Postal Code
	Postal address
13	12 Postal Code Description of type of residence (eg shack, flat, caravan, cottage, house, hostel or homeless)
14	
16	Trade or profession 18 If self-employed, specify
17	Name of employer/company Business address
	¹⁴ Postal Code
19	Telephone number () ^{19,1} Home ()
19.3	Celphone number 20 Fax ()
21	E-mail address
22	Marital status (Indicate with an X)
22.1	Single Married Divorced Widow Widower
	Other (specify)
23	PARTICULARS OF SPOUSE/PARTNER (If applicable)
23.1	Type of identification (Indicate with an X)
23,1.1	SA ID Passport
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





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	LICATION FOR A COMPETENCY CERTIFICATE TO TRADE IN FIREARMS AND/OR NITION, OR TO MANUFACTURE FIREARMS AND/OR AMMUNITION, OR TO CONDUCT BUSINESS AS A GUNSMITH (THIS APPLIES TO FIREARM DEALERS, MANUFACTURERS AND GUNSMITHS ONLY.)
Have you successfully O	ompleted the prescribed test on the knowledge of this Act? (Indicate with an X)
YES	NO
Have you successfully or	ompleted the prescribed training and practical fust for dealers, manufacturers or gunsmiths? (indicate with an X)
YES	NO
In the case of dealers, In	anufacturers or gunsmiths, submit details of relevant qualifications/experience
6.	APPLICATION FOR A COMPETENCY CERTIFICATE TO POSSESS A FIREARM (THIS APPLIES TO PRIVATE PERSONS ONLY.)
Have you successfully or	emplated the prescribed test on this Act? (induste with an X)
YES	NO
Have you successfully or (indicate with an X)	mpleted the prescribed training and practical tests on the sale and efficient handling of a firearm?
YES	NO
an a	you receive the prescribed training? (indicate with an X)
Pistol	Revolver Rifle Shotgan
Other (specify)	
H.	OTHER INFORMATION
DO YOU HAVE A TRAI	NING CERTIFICATE ISSUED BY AN ACCREDITED TRAINING INSTITUTION? (Indicate with an X)
YES	NO
Name of accredited trains	ang melitution
Setial number on training	certificate issued
Date issued	
HAVE YOU EVER BEE! (Indicale with an X)	N CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?
YES	NO If yes, submit the following details
Police station (1)	32 CAS/Case number
Chatge	
Outcome	58 CARDINAL STREET
Police station (2)	58 CAS/Case number
Charge	

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SAPS 5	17
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YES	NO	If yes, submit the follow	ing details
olice station ⁽¹⁾			#3 CAS/Case number
fience			
Police station ⁽²⁾			6.5 GAS/Case number
Offence			
HAVE ANY OF YOUR FI	REARM(S) EVER BEEN	LOST/STOLEN? (Indicate	 (四) m X)
YES	NO	If yes, submit the follow	ing details
Police station ⁽¹⁾			7.3 CAS/Case number
Circumstances			
Details of fream			
Police station (?)			7.6 CAS/Case number
Circumstances			
Details of fream			
WAS A CASE OF NEOLI	SENCE OPENED AND I	NVESTIGATED REGARDI	IG THE STOLEN/LOST FIREARM? (Indicate with an X)
YES	NO	If yes, submit the follow	ng details
Police station ⁽¹⁾			*2 CAS/Case number
Charge			34 Outcome
Police station (2)			9.8 CAS/Case number
Charge			8.8 Gutcome
and the second	DECLARED UNFIT TO	POSSESS A FIREARM?	clicate with an X)
YES	NO	If yes, submit the follow	
Police station [1]			5.2 CAS/Case number
Charge			
Date from			9.5 Period
Police station (2)			9.7 CAS/Case number
Charge			-
Date from			*1 ⁹ Period
HAS A FIREARM IN YOU	IR POSSESSION BEEN	CONFISCATED? (Indicate	tillh an X)
YES	NO.	If yes, submit the follow	ng details
Police station (1)			10 2 CAS/Case number
			10.4 Outcome
Circumstances			10.6 CAS/Case number
Circumstances Police station ⁽²⁾ Circumstances			^{10,8} Outcome
Police station ⁽²⁾ Circumstances			ON ORDER, OR VISITED BY A POLICE OFFICIAL

SAPS 517

YES	NO	If yes, submit details		
-		-		
		OR ATTEMPT SUICIDE, SUFFEI DR NARCOTIC SUBSTANCE ABU		SSION OR EMOTIONA
YES	NO	If yes, submit details		
		AGNOSED OR TREATED BY A M IUSE, BEHAVIOURIAL PROBLEM		
YES	NO	if yes, submit details		
				6592-10
		CE A DIVORCE OR SEPARATION ALLEGATIONS OF VIOLENCE?		NER WITH WHOM YOU
YES	NO	If yes, submit details		
IN THE PAST TWO YEAR	S HAVE YOU EXPERIE	NCED ANY FORCED JOB LOSS	2 (Indicate with an X)	
YES	NO	If yes, submit details		
L				
IF YOU ARE UNDER THE CERTIFICATE MUST BE		DMPELLING REASONS WHICH R	REQUIRE YOU TO OBTAIN A	COMPETENCY
		OMPELLING REASONS WHICH R	REQUIRE YOU TO OBTAIN A	COMPETENCY
	SUBMITTED.	DMPELLING REASONS WHICH R	REQUIRE YOU TO OBTAIN A	COMPETENCY
CERTIFICATE MUST BE	SUBMITTED.		Dedicated sports-	COMPETENCY Private collector
CERTIFICATE MUST BE	SUBMITTED.		Dedicated sports-	
CERTIFICATE MUST BE	SUBMITTED. te with an X) Gainfully employ		Dedicated sports-	

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.

Page 5 of 11

I.	SIGNATURE OF APPLICANT (Sign of	niv il 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 lnk. 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. 	РНОТО
		⁴ Fingerprint designation
2		3
L	Signature	
	6 Date	
Nam	e of applicant in block letters	
	7 P	lace
8	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
8.1	8.2	
	Name of police official in block letters Per	sal number of police official
8.3	S.4	nature of police official
9		inature of police onicial
	PARTICULARS OF WITNESS	
9,1	9.2 Name of witness in block letters Per	sai number of witness
9.3	9.4	
	Rank of witness in block letters Sig	nature of witness
	* Submit proof of that indicated in par 11.1. J. PARTICULARS OF INTERF	100-700
	J. PARTICULARS OF INTERF (This section must be completed only if the applicant cannot read or write	
1	Name and surname of interpreter	
2	Identity/Passport number of interpreter	
3	Residential address	
5		* Postal Code
	Postal address	⁶ Postal Code
7	Telephone number 7.1 Home () 7.	² Work ()

Page 6 of 11



Celiphone number												SA	PS 517	
		* 1	ax		()								
E-mail address														
Interpreted from (language)		t	0											
	12	Date		-	1	T	Т	Τ.	1	T	1.	1		
					-	-	-	- I	-	-		1	1	J
	14	Plac				_								
ignature of interpreter														
	16	1				Ι			-	1				
ank of police official in block letters (if applicable)		Persa	d num	ber o	of pol	ice o	fficial	(if app	licable	e)				
K. PARENTAL CONSENT	IN C/	ASE O	FA	MIN	OR									
Recommended					Ne	nt rec	¢mn s	anded						
Name and sumame of parent/guardian													-	
identity/Pasaport number of parent/guardian	Т	T	Г	Г	Т	Т	T	T	T	T	T	Т	П	
Comments of parent/guardian		_	-	-				_	_	-		-		
			•••••											
					•••••				•••••					

									•••••					
	5									T	1			
	5	Dute					1	1-	I	1	-			
ignature of parent/guardian	5	Date				Γ	1	<u> </u>	1	1	<u> </u>			

Prepared by:

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																		SA	PS 517
	L. Fi	OR OFFIC	CIAL USE	BY TI		ICE O					NDU	ств	THE	INT	ERVI	EWS			
1	INTERVIEW 1 (With a	person othe	er than the a	applican	t's spous	e or pa	rtner)												
1.1	SAID	Passpo	ort.		(Indicate	with an	X)												
2	Identity number of inter		21.25	-		Τ									1			1.	Τ
3	Passport number of infe	erviewee																	
4	Sumame													5	nitials				
6	Full names																		
7	Age		⁸ Gen	der	Male		Fer	nale		(Indi	cate w	ith an)	9						
9	Address																		
								COLORED D					10	Posta	Code				
11	Telephone number	11.1 Home	()						Wee		()							
11.3	Cellphone number								Fax		()	_		_				
14	The interviewee's relation		plicant? (eg	neighb	our, empli	oyer, pa	irents)	l.: .											
	Comments of the intervi	iewee	_l														••••••		
				•••••															
15			1-1-1			1.5	Time												
17	Date Comments of the poice						t iine												
	Comments of the police	George and a sector	1. ODI ICHICINEC	- (1)¢ (1)(t	A VIC 1/	J					••••••		•••••						
				•••••									•••••		•••••				
				•••••													•••••		
				-															
18	In what manner was the	interview c	onducted?	(eig in p	erson, by	telepho	one)												
19	Date			-		20	Time												
21								22						1	1				
	Name of police official in I	block letters	i						Pers	al nun	nber o	of polic	e of	ficial		-			
23								24											
	Rank of police official in b	lock letters							Signa	iture c	of poli	ce offic	cial			••••••	•••••		
25																			
	INTERVIEW 2 (With a	person oth	er than the	applican	t's spous	e or pa	rtner)												
25.1	SAID	Passpo	rt		(Indicate	with an	X)												
26	Identity number of Interv	Newee									-					-		-	
27	Passport number of inte	rviewee																	
28	Sumame			10.00 B										29	Initials		-		
30	Full names													P					1
31	Age	TT	32 Gen	der	Male		Fen	naie		(India	cate w	ith an)	9						
33	Address					8 1													
						-								³⁴ Pot	stal Co	ode			П
35	Telephone number	^{25,1} Home	()			1	35.2	Nork		()							-
			00122							de la constanción de		-	-						

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SAPS 517

35.3	Celiphone 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 46
ļ	Name of police official in block letters Persal number of police official
47	48
l	Rank of police official in block letters Signature of police official
49 [INTERVIEW WITH APPLICANT'S SPOUSE/PARTNER (# applicable)
l	INTERVIEW WITH APPLICANT'S SPOUSE/PARTNER (# applicable)
49.1	SA ID Passport (Indicate with an X)
50	Identity number of spouse/partner
51	Passport number of spouse/partner
52	Sumame 33 Initials
54	Full names
55	Age Sender Male Female (Indicate with an X)
57	Address
	66 Postal Code
59	Telephone number Sait Home () Sa Work ()
59.3	Celiphone number Pax ()
61	Comments of spouse/partner
62	Date 63 Time
	Date · ** Time
64	Comments of the police official who conducted the interview



	SAPS 517
65	In what manner was the interview conducted? (eg in person, by telephone)
66	Date
67	68 68 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	Name of police official in block letters Persal number of police official
69	70
	Rank of police official in block letters Signature of police official
71	OTHER DETAILS (To be completed by the Designated Firearms Officer)
	OTHER DETAILS (To be completed by the Designated Firearms Officer)
72	Describe the health and physical fitness of the applicant
73	
10	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 infosicating 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

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Describe the applicant's kno safe handling of a firearm	wiedge of the Firearm		CONTRACTOR OF A						APS 5
	in The second second	ns Control Act,	2000 (Act No 80	of 2000), a	nd Regulatio	ns, as well as	his or her a	nowiedge	af the
IF THE APPLICANT IS UNE TO OBTAIN A COMPETEN		1 YEARS, CO	NFIRM IF COM	PELLING RI	EASONS EX	IST WHICH F	REQUIRE	THE APPL	CAN
Compelling reasons (indicate	with an X)								
Conduct a business	Gainfully emp	ployed	Dedicated h	inter	Dedicated	sports-	Privat	a collector	
Other					have	wi+			
Confirmation of compelling re-	easons								
			•••••••						
M. RI	ECOMMENDATIC	DN (To be comp	deted by the Dusig	nated Piream	ns Office#Stat	ian Commissio	ner)		
	REC	OMMENDATI	ION REGARDIN	G THE APP	LICATION				
A	Recommended	An open to the second se			i rest	recommended	1		
and the second second second second	Recommended				NU	recommended	1		
and the second second second second	Recommended					recommended	1		
Motivation	Recommended					recommender	•		
and the second sec	Recommended								
and the second sec	Recommended								
a de la compansión de la c	Recommended								
a de la compansión de la c	Recommended						•		
and the second se	Recommended								
and the second se	Recommended								
and the second sec									
Motivation		nissioner in ble	3 00% latters	Date					
Motivation		nissioner in blo	ock letters	Date					
Motivation	Officer/Station Com		ock letters 5	Data					
Motivation	Officer/Station Com		ock letters 5						
the second se	Officer/Station Comm	nissioner in blo	ock letters 5 ock letters	Place					

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





SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A FURTHER COMPETENCY CERTIFICATE Section 9(6)(a) of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED									
	¹ Application refere	nce No									
DATE RECEIVED											
B. FOR OFFICIAL USE BY I	POLICE STATION WHE		ICATION I	SRECEIVE	₽D.						
Pravince											
Area											
Police station											
Component code	-										
Fireerm applications register reference number	SAPS 86 NO			YEAR							
C. FOR OFFICIAL	USE BY THE CENTRAL	FIREARMS	REGISTER	(CFR)							
Dutstanding/Additional information required											
· · · · · · · · · · · · · · · · · · ·						•••••					

- 2	Persai number				^a Date						
						ı					
⁴ Signature of police official		5	Name in block	letters		J					
Application for a further competency certificate approved (adicate with an X)	•										
atternand (nordan van dr. C)											
	Persai numbel	-		-	e Date						
						7					
B	10					J					
⁹ Signature of CFR officer ¹² Application for a further competency certificat	¹⁰ Officer code	on(s) for relus	Name in bloc	(letters							
refused (indicate with an X)											
- 14	Persul number	-		-	15 Date						
						7					
¹⁶ Signature of CFR officer	17 Officer code		ame in block]					

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SAPS 517(a)

	D			TYPE	orru	IRTHER	COMPI	TEN	Y CER	TIFIC	ATE	(Indicate	veltis en	x			
	A	To trade in	n firearms								٦						
	в	To manufa									-						
	с	To conduc	t busine:	s as a g	unsmith						1						
	D	To posses	s a firear	m (indica	ate with i	X)					1						
		Hand	յսո		Rif	10		Shot	gun]						
	E.				PAR	RTICUL	ARS OF	APPL	ICANT								
	NATURAL PERSO	N'S DETAIL	.s]													
Contraction of the	Type of identificat	ion (Indicate	with an X)														
00000000	SAID	Non-	SA citize	n with pe	ermanen	t residen	se*										
1000	Identity number											_		-		-	-
10000	Sumame											\$	Initals				
1000000	Full names											2-05-040			C.0.5321		
CONSTRUCTION OF STRUCT	Residential address		-		_						123325						
				-				- 10				⁸ Pos	ital Co	de			
Contraction of the local distribution of the	Postal address																
	Table of the second sec						0.5	100				¹⁰ Pc	stal C	ode			
	Telephone number		.11.1 Ho	me ())			11-2 Wor	<u>k</u> (()					
	Cellphone number				11.0				¹² Fax	(()	\$20.00				
	E-mail address						10-1-10									10-10 B	and a second
	Trade or profession						15	/ self-e	mployed,	specif	N.						
	Name of employer/c		T	TT	T	TT		T		ΓT	, T		1		Т	T	
	Business address			1		1 1					1	_				-	-
	Charling Statistics							•				18 000	itai Co	da	-	T	
	Talankaranaka		191 Ho						9.2 Wor	.	,	1. 190	star cu	ue	23 (2		
	Telephone number		HO	me ()		1000		ĸ	()				-	
	Celiphone number								Fax		()				-	
	E-mail address		_														
ALC: NO ALC: NO	F. PAR	TICULARS	OF CU	RRENT	//PREV	/ious c	OMPET	ENCY	CERTI	FICA	TE IS	SUED		PPLIC.	ANT		
	Type of competency	certificate							20125							-	
and the second s	Competency certific	ate number															
	Date of issue		-			Π	4 E	çoiry da	te				-			-	Τ
	ARE YOU A MEME	ER OF AN	ACCRE		SOCIA	TION2 /	ndicete with	ar Y									
	YES		NO	T			hit the follo		staile								
	Concernance of the Concernence	L				res, auon	in one rolic	ang d	oralis.								
And and a state of the state of	Name of accredited					-					Т				T		
1	Membership numbe	r					- C	ale joir	bed				-			-	

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



OTHER INFORMATIC	DN			
HAVE YOU EVER BE (Indicate with an X)	EN CONVICTED OF AN OF	FFENCE, COMMITTED INSI	DE OR OUTSIDE THE BOR	DERS OF THE RSA?
YES	NO	If yes, submit the following	ng details	
Police station (1)			10.2 CAS/Case number	
Charge			-	
Outcome				
Police station (2)			10.6 CAS/Case number	
Charge				
Outcome				
ARE THERE ANY CA	SES PENDING AGAINST Y	(OU? (Indicate with an X)		
YES	NO	If yes, submit the following	ng details	
Police station (1)		1	11 2 CAS/Case number	
Offence			•	g
Police station (2)			11.5 CAS/Case number	
Offence			-	J
HAVE ANY OF YOUR	FIREARM(S) EVER BEEN	LOST/STOLEN? (Indicate v)	th an X)	
YES	NÓ	If yes, submit the following	1	
Police station (1)			12.2 CAS/Case number	
Circumstances				
Details of firearm				
Police station (2)			12.6 CAS/Case number	
Circumstances				
Details of Frearm				
WAS A CASE OF NE	SLIGENCE OPENED AND I	NVESTIGATED REGARDING	G THE STOLEN/LOST FIRE	ARM? (Indicate with an X)
YES	NO	If yes, submit the followin	g details	
Police station (1)			13.2 CAS/Case number	
Charge			^{13.4} Outcome	
Police station (2)			13.6 CAS/Case number	
Charge			13.8 Outcome	
HAVE YOU EVER BEI	EN DECLARED UNFIT TO	POSSESS A FIREARM? (nd	cale with an X)	
YES	NO	If yes, submit the following	g details	
Police station (1)			14.2 CAS/Case number	
Charge				
Date from			14.5 Period	
Police station (2)			14 7 CAS/Case number	
Charge				
Date from			14.10 Period	

SAPS 517(a)

16	HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED? (Indicale with an X)					
1	YES	NO	If yes, submit the following	j details	and the second second	
15.1	Police station (1)			16.2 CAS/Case number		
15.3	Oircumstances			15.8 Outcome		
15.5	Police station (2)			15.6 CAS/Case number		
15.7	Circumstances			*8.8 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.

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 fingerprint should not be rolled and must be a flat impression. 		РНОТО	1		
2				⁴ Fing des	erprir ignati
	6		, T		
lame of applicant in block letters		Date -	-		
	7	Place			
PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION					
PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	8.2			7	
	8.2	Persal number of police official]	
	8.2]	
lame of police official in block letters]	
lame of police official in block letters		Persal number of police official			
lame of police official in block letters Rank of police official in block letters		Persal number of police official] 	
lame of police official in block letters Rank of police official in block letters PARTICULARS OF WITNESS	8.4	Persal number of police official]	
Name of police official in block letters Rank of police official in block letters	8.4 9.2 9.4	Persal number of police official Signature of police official		 	

3

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SAPS 517(a)

	H. PARTICULARS OF INTERPRETER (This section must be completed <u>only</u> If the applicant cannot read or write or does not understand the content of this form.)
1	Name and sumame of interpreter
2	Identity/Passport number of Interpreter
3	Residential address
	* Postal Code
5	Postel address
	* Postal Code
7	Telephone number 7.1 Home () 7.2 Work ()
8	Cellphone number ()
10	E-mail address
11	interpreted from (language) to
	12
	Data
13	14
	Signature of interpreter
15	
	Rank of police official in block letters(if applicable) Persal number of police official(if applicable)
	L PARENTAL CONSENT IN CASE OF A MINOR
1	Recommended
	Recommended Not recommended
2	Name and sumarize of parent/guardian
4	Identity/Passport number of parent/guardian
	5
	Date
6	7 Place

Prepared by:

Page 5 of 6

SAPS 517(a)

	ated by the Designated Firearms Officer/Station Commissioner)
	DN REGARDING THE APPLICATION
Recommended	Not recommended
Motivation	
	4 Date
Name of Designated Firearms Officer in block letters	4 Date
	4 Date
	Date
Rank of Designated Firearms Officer in block letters	6 Piace
Name of Designated Firearms Officer in block letters Rank of Designated Firearms Officer in block letters Signature of Designated Firearms Officer	6 Place
Rank of Designated Firearms Officer in block letters	6 Piace
Rank of Designated Firearms Officer in block letters	6 Piace
Rank of Designated Firearms Officer in block letters	6 Piace
Rank of Designated Firearms Officer in block letters	6 Piace
Rank of Designated Firearms Officer in block letters	6 Piace
Rank of Designated Firearms Officer in block letters	6 Piace
Rank of Designated Firearms Officer in block letters	6 Piace



Page 6 of 6

	C	SAPS
SOUTH	AFRICAN	POLICE SERVICE
AUTHORIZATION FOR L	OST, ST	ICENCE, PERMIT, CERTIFICATES OR FOLEN AND DEFACED LICENCES he Firearms Control Act, 2000 (Act No 60 of 2000)
OFFICIAL DATE STAMP	A.	FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED
	¹ Applicatio	n reference No
DATE RECEIVED		
B. FOR OFFICIAL USE BY POLICE	ESTATION	WHERE THE APPLICATION IS RECEIVED
Province		
Area		
Police station		
Component code		
Firearm applications register reference No SA	P\$ 86	NO YEAR
	LICENCE.	
TYPE OF LICENCE, F		PERMIT OR AUTHORIZATION AUTHORIZATION (Indicate with an X)
TYPE OF LICENCE, F		
	PERMITOR	AUTHORIZATION (Indicale with an X)
Competency certificate	3 3.1 3.2	AUTHORIZATION (Indicate with an X) Licence issued to particular categories of persons
Competency certificate	3 3.1	AUTHORIZATION (Indicate with an X) Licence issued to particular categories of persons Licence to deal in firearms and ammunition
Competency certificate To trade in firearms To manufacture firearms	3 3.1 3.2	AUTHORIZATION (Indicate with an X) Licence Issued to particular categories of persons Licence to deal in firearms and ammunition Licence to manufacture firearms and emmunition
Competency certificate To trade in firearms To manufacture firearms To conduct business as a gunsmith	3 3.1 3.2 3.3	AUTHORIZATION (Indicate with an X) Licence issued to particular categories of persons Licence to deal in firearms and emmunition Licence to manufacture firearms and emmunition Licence to donduct business as a gunsmith
Competency certificate To trade in firearms To manufacture frearms To conduct business as a gunsmith To possess a firearm	3 3.1 3.2 3.3 4	AUTHORIZATION (Indicate with an X) Licence Issued to particular categories of persons Licence to deal in firearms and ammunition Licence to manufacture firearms and emmunition Licence to donduct business as a guasmith Permits
Competency certificate To trade in firearms To manufacture firearms To conduct business as a gunsmith To possess a firearm Licences	3 3.1 3.2 3.3 4 4.1	AUTHORIZATION (Indicate with an X) Licence issued to particular categories of persons Licence to deal in firearms and ammunition Licence to manufacture firearms and ammunition Licence to donduct business as a gunsmith Permits Permits Permit to possess ammunition in a private collection
Competency certificate To trade in firearms To manufacture frearms To conduct business as a gunsmith To possess a firearm Licences Licences Licence to possess a firearm for self-defence	3 3 3.1 3.2 3.3 4 4.1 4.2	AUTHORIZATION (Indicate with an X) Licence Issued to particular categories of persons Licence to deal in firearms and ammunition Licence to manufacture firearms and emmunition Licence to donduct business as a gunsmith Permits Permits Permit to possess ammunition in a provate collection Permit to possess ammunition in a public collection
Competency certificate To trade in firearms To manufacture firearms To conduct business as a gunsmith To possess a firearm Licences Licence to possess a firearm for self-defence Licence to possess a restricted firearm for self-defence Licence to possess a firearm for occasional hunting	3 3.1 3.2 3.3 4 4.1 4.2 4.3	AUTHORIZATION (Indicate with an X) Licence Issued to particular categories of persons Licence to deal in firearms and ammunition Licence to manufacture firearms and emmunition Licence to conduct business as a guramith Permits Permits Permit to possess ammunition in a private collection Permit to possess ammunition in a public collection Import permit
Competency certificate To trade in firearms To manufacture firearms To conduct business as a gunsmith To possess a firearm Licences Licence to possess a firearm for self-defence Licence to possess a restricted firearm for self-defence Licence to possess a firearm for occasional hunting and sports-shooting Licence to possess a firearm for dedicated hunting and	3 3 3.1 3.2 3.3 4 4.1 4.1 4.2 4.3 4.4	AUTHORIZATION (Indicate with an X) Licence Issued to particular categories of persons Licence to deal in firearms and ammunition Licence to manufacture firearms and emmunition Licence to donduct business as a guramith Permits Permits Permit to possess ammunition in a private collection Permit to possess ammunition in a public collection Import permit Export permit
Competency certificate To trade in firearms To manufacture firearms To conduct business as a gunsmith To possess a firearm Licences Licence to possess a firearm for self-defence Licence to possess a restricted firearm for self-defence Licence to possess a firearm for occasional hunting and sports-shooting Licence to possess a firearm for dedicated hunting and dedicated sports-shooting	3 3 3.1 3.2 3.3 4 4.1 4.2 4.3 4.4 4.5	AUTHORIZATION (Indicate with an X) Licence Issued to particular categories of persons Licence to deal in firearms and ammunition Licence to manufacture firearms and ammunition Licence to donduct business as a gunsmith Permits Permit to possess ammunition in a private collection Permit to possess ammunition in a public collection Import permit Export permit Transporter's permit
Competency certificate To trade in firearms To manufacture firearms To conduct business as a gunsmith To possess a firearm Licences Licence to possess a firearm for self-defence Licence to possess a restricted firearm for self-defence Licence to possess a firearm for occasional hunting and sports-shooting Licences to possess a firearm for dedicated hunting and dedicated sports-shooting Licence to possess a firearm in a private collection Licence to possess a firearm in a public collection	3 3 3.1 3.2 3.3 4 4.1 4.2 4.3 4.4 4.5 4.6	AUTHORIZATION (Indicate with an X) Licence Issued to particular categories of persons Licence to deal in firearms and ammunition Licence to manufacture firearms and emmunition Licence to donduct business as a guramith Permits Permits Permit to possess ammunition in a private collection Permit to possess ammunition in a public collection Export permit Export permit Instransit permit

continue

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SAPS 517(b)

5	Authorizations		5.4	To provide sea	unity services for its own bo	ainess			
5.1	Temporary authorization to poss	ess a firearm	6.5	As a sports-shooting and/or hunting association					
5.2	Temporary authorization to trade in financia and 6.6 As a collectors' association animunition								
5.3	Temporary authorization to a ma firearms and ammunition	Importary authorization to a manufacturer to display 6.7 As a museum earms and ammunition							
5.4	Temporary authorization to conduct business as a gunsmith								
6	Accreditation		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 f	or a duplicate licence (Indicate	e with an X)	Löst	Stolen	Defaced			
7.1	Other reason(s)				A Barris Constant				
8 8.1 8.2 8.3 8.4 9	Licence Did you report the Ics& of your lic YES	permit or authorization numbers	er at your heare	the second second	Date issued	Expiry date			
9.1	YES NO If no, submit reason why the loss of your licence, permit or authorization was not reported Reason(s)								
9.2	If yes, submit the following detail								
9.2.1	Police station where the loss/the	of your licence, permit or at	shorization w	as reported					
0.2.2	Notification reference number								
10	In case of a licence, temp	D prary authorization to possess		FIREARM an import/export p	ermit the following particula	ars must be submitted			
		(1)		(2)	(3)	(4)			
10.1	Туре								
10.2	Calibre								
10.3	Make								
10.4	Model								



SAPS 517(b)

	Firearm component type;
10.5	Barrel serial number
10.6	Frame sarial 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 Fassport
1.2	Identity number of natural person
2	Passport number of natural person
3	Sumame finitials
5	Residential address
7	⁸ Postal Code
	Postal address Postal Code
9	Telephone.number \$1 Home () \$2 Work ()
9.3	Celliphone number () ()
11	E-mail address
12	
	JURISTIC PERSON'S DETAILS
13	OTHER BODIES
14	Registered company name
15	Trading as name
16	FAR number
17	Postal address
	¹⁹ Postal Code
19	Business address
	29 Postal Code
21	Bueiness telephone number 21.5 Work () 21.5 Fax ()
22	E-mail address
23	RESPONSIBLE PERSON'S DETAILS
24	Responsible person (full name and sumame)
25	Type of identification (Inscale with an X) SA (D) Passport number
26	Identify number of responsible person
27	Passport number of responsible person
28	Cettphane number
29	Physical address
	^{a0} Postal Code

SAPS 517(b)

31	Postal address		
	r osult duviene		32 Postai Code
33	[]		
30	DECLARATION BY APPLICANT		
	I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms (application.	Contr	ol Act, 2000 (Act No 60 of 2000), to make a false statement in this
	E. SIGNATURE OF APPLIC	AN'	(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 signature may not exceed the border. The signature may not exceed down on the sheet. The fingerprint should not be rolled and must be a flat impression. 		PHOTO
		and the second	4
			⁴ Fingerprint designation
	2		3
	Signature		un constitution de constitution de la constitution de la constitution de la constitution de la constitution de
5		6	
	Name of applicant in block letters		Date - -
		'	Place
8	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	٦	
8.1		8.2	
	Name of police official in block letters	0,2	
	Name of police official in block letters		Persal number of police official
8.3		8.4	
	Rank of police official in block letters		Signature of police official
9	PARTICULARS OF WITNESS		
9.1		9.2	
	Name of witness in block letters		Persal number of witness
9.3		9.4	
	Rank of witness in block letters		Signature of witness

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SAPS 517(b)

	F. (This section mu	PARTICU st be completed only if the applica	LARS OF INT			and the co	ontent of t	his form	1.)	
1	Name and sumame of interpre-	əter								
2	Identity/Passport number of in	terpreter								
3	Residential address									
						• Posta	al Code			
5	Postal address									
						⁶ Poste	I Code			
7	Telephone number	7.3 Home ()		7.2 Worl	()				
8	Cellphone number			⇒ Fax	()				
10	E-mail address									
11	Interpreted from (language)			to						
13 15	Signature of interpreter		12 14 16	Place Place Persal num	per of police of	official (if a	- applicable		-	
	G.	FOR OFFICIAL	USE BY THE	POLICES	TATION					
1	Name of police official in block le	etters	2	Date			-		-	
3			4	Place						
5	Signature of police official		5 [F	ersal numbe	r of police offi	icial	- [



Page 5 of 5



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)

	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED													
	1 Application reference No													
DATE RECEIVED														
B. FOR OFFICIAL USE BY P	LICE STATION WHERE THE APPLICATION IS REC	EIVED												
Province		9												
Area														
Police station														
Component code	· · · · · · · · · · · · · · · · · · ·													
Firearm applications register reference No	SAPS 86 NO YEAR													
Outstanding/Additional information required	BY THE CENTRAL FIREARMS REGISTER (CFR)													
	sal number	* Date												
* Pe	sat number	3 Date												
A Signature of police official	sal number													
⁴ Signature of police official Application for licence approved (indicate with an X)														
⁴ Signature of police official Application for licence approved (indicate with an X)	* Name in block letters	5												
⁴ Signature of police official Application for licence approved (indicate with an X)	* Name in block letters	s Pate												

- ** Persai oumber ** Date				officer		17 Officer code						
- ** Perssi oumber ** Date							Γ	 	 			
				-	14 Persai (umber		-		-		15 Date



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	SAPS 517(c)
	D. PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH
1	Details of competency certificate
2	Type of competency certificate
3	Competency certificate number
4	Date issued SExpiry date
6	Specify type of licence which is being applied for (Indicate with an X)
6.1	To trade in firearms and ammunition
6.2	To trade in ammunition
6.3	To manufacture firearms
6.4	To manufacture ammunition
6.5	To conduct business as a gunsmith
	E. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Surname a brittals
4	Full names
5	Identity number of natural person
6	Passport humber of natural person
7	Business address
9	B Postal Code
	Postal address 10 Postal Code
11	Telephone number 11,4 Home () 11.2 Work ()
11.3	Celliphone number 12 Fax ()
13	E-mail address
14	JURISTIC PERSON'S DETAILS
15	Registered company name
16	Trading as name
17	Name under which business is to be conducted
18 19	FAR number
	CC or company registration no
20	RESPONSIBLE PERSON'S DETAILS
21	Responsible parson (full name and sumame)
22	Type of Identification (indicate with an X) SA 10 Passport number
23	Identity number of responsible person
24 25	Passport number of responsible person
	Celiphone number

26	SAPS 51
	Physical address 27 Postal Code
8	Postal address
	28 Postal Code
•	PROOF SIGNATURES OF RESPONSIBLE PERSON
1	32
3	Signature of responsible person Signature of responsible person
	DETAILS OF PREMISES
4	PHYSICAL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED Address
	Postal Code
5	CLASSIFICATION OF THE PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL, ETC)
	·
1	DESCRIBE THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS
	DESCRIBE THE ALARM SYSTEM
	LOCATION AND PARTICULARS OF SAFE OR STRONG ROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT
	DESCRIBE THE BURGLAR PROOFING

SAPS 517(c)

UESCR	IBE OTHER SECURITY FEA	TURES	10.14			e je je				
									and the second	

								•••••		
L										
REG	LERS, GUNSMITHS AND MA ISTERS TO THE CENTRAL I REGISTRAR MAY, ON GOO	DEALERS, GUNSMITHS OF	R MANUFAC	TURERS	DATAB	ASE	3 N		LINKS TH	EIR
	e description of the workstation					3 PACINI				
In case of	of a dealer or a gunsmith, sub-	hit the reason(s) why the Reg	istrar must e	xempt you	i from m	aintaining	a linke	d work	station	
										••••••
						•••••		•••••		
L										
Date of o	commencement of business					-			•	
DECLA	RATION BY APPLICANT									
		Constant control of the Fil								
application	e that it is an offence in terms o n.	of Section 120 (9)(f) of the Fit	earms Contr	of Act, 20	UU (ACC I	10 00 01 20	000), t	o make	a raise state	iment in this
F		SIGNATURE OF A	PELICAN	C /Skin only	(X analise	shia)				
		SIGNATURE OF A	1 Clonici	100.00	t in applica					
Note	1								N WARM IN	
The	requirements of the photo:								and the part of th	
- т	he photograph must be in colo he photo must be the size of a	standard passport photograp	h.						We want to be	
- The	e photo must be a full front vie								-	
	plicant. e background of the photo mus	st be plain.				PHO	то			
- The	e applicant may not be wearing								-	
- The	otograph. e applicant's name and identifi									
on t form	the back of the photograph be n.	fore it is affixed on the application	ation	1000						
	e applicant must sign in black i e signature may not exceed the								1	
 The 	e whole finger must be presse a fingerprint should not be rolle	d down on the sheet.	ion.							
				100.000						
									4	Fingerprint
										designation
									V	
2									3	
	Signatu	re								
l							-			
			6	Date				-		-
Vame of app	blicant in block letters		6	Date				-		

	·SA	PS 517(c)
8	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
8.1	8.2	
	Name of police official in block letters Persal number of police official	
8.3	8.4	
	Rank of police official in block letters Signature of police official	
9	PARTICULARS OF WITNESS	
9.1	9.2 - Name of witness in block letters Persal number of witness	
9.3	3.4	
	Rank of witness in block letters Signature of witness	
	G. PARTICULARS OF INTERPRETER	
	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 sumamic of interpreter	
2	Identify/Passport number of interpreter	
3	Residential address	
	* Postal Code	
5	Postal address	
	P Postal Gode	
7	Telephone number ^{7,1} Home () ^{7,2} Work ()	
9	Cellphone number 11 Fax ()	
	E-mail address	
10	Interpreted from (language) to	
	11 Date	
12	13 Place	
	Signature of interpreter	
14	15	
	Rank of police official in block letters(if applicable) Persal number of police official (if applicable)	
	H. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER	
1	RECOMMENDATION REGARDING THE APPLICATION	
	Recommended Not recommended	
2	Report of inspection on premises	



3	
	Additional conditions recommended
4	Recommendation regarding the application
1	
- 1	
5 (6 Date
ī	Name of Designated Firearms Officer/Station Commissioner in block letters
7	Place
ì	Rank of Designated Firearms Officer/Station Commissioner in block letters
9	10 -
	Signature of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station
	Commissioner





SOUTH AFRICAN POLICE SERVICE

APPLICATION TO MANUFACTURE A NEW FIREARM OR AMMUNITION TYPE

		0	FFIC	IAL I	DATE	STAN	ИP	_	P	r.	F	OR	OFF	CIAI	.US	E B	r TH	E PC	LICI	EST	ATI	ON		
													IERE											<u> </u>
									1	Applicat	tion ref	eren	ce No											
			DA	TE F	ECEN	VED																		
				EO	P OF	FICI	A1 119	S P)	POLICE	STATI	ON M		95 T1		ווספ	CAT		18 6	Ene	WEI	.			
8.				FΨ	K UF	FICI	AL 00		PULICE	SIAD	014.44	11100		16 A	CF LI	CA	TON	101		19.61	4			
	ovince															•••••								
Are																					•••••			
Pç	lice st	ation																						
	трон																					_		
Fir	earm a	opplica	itions	regi	ster re	ferend	e num	ber	SAP	s 86	NO)					_	YE	AR					
C.						FOR	OFFI	CIAL	USE BY	THE C	ENTR	AL I	FIRE/	ARM	S RE	GIS	TER	(CF	R)					
1 c	outsta	nding	/Add	itton	al info	ermat	lon rec	uired	I .															
	·····																							
1																								
																			•••••••					
		•••••								•••••					•••••			•••••	*****	•••••				
					Τ		-		² Persal ht	imper					-		Ι	-		Τ	3	Dat	•	
			4 s	ignat	ure of	police	e officia	ł							5	Nam	e in b	lock l	etters					
⁶ д	opplic	ation	for n	ew ty	(be al	prov	eđ	.6.1 N	New firearm	type			8.2	Vew a	mmu	initio	n typ	e		(in	dicat	e with	an X))
							-		⁷ Persai nu	imber					-			-			8	Det	•	
											_													
			9 S	ignat	ure of	CFR	officer			¹⁰ Offic	cer cod	le			11	Nan	ne in	block	letters	1				
12	Applie	cation	for r	iew'	ype r	efuse	d	12.4	New firearn	n lype			12.2	New	amm	unitie	on ty	pe		(Inc	dicate	e with	an X)	
18	Reaso	en(s)	lor re	fusa	1																			
							-		14 Persal na	umber					-			-			12	Dæ	e	
												_												
			¹⁶ S	Signa	ture of	CFR	officer			17 Offic	er cod	e				¹⁸ N	ame i	n bloc	k lette	ers				



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SAPS 517(d)

	D. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	SA ID Non-SA critzen with permanent residence*
3	Identify number of gatural person
4	Sumame 6 initials
6	Residential address
	⁷ Postal Code
8	Postal actificess
10	⁹ Postal Code Talephone number ^{10,1} Home () ^{10,2} Work
10.3	
12	Celiphone number () E-mail address
13	
	JURISTIC PERSON'S DETAILS
14	OTHER BODIES
15	Registered company name
16	Trad/ng as name
17	FAR number
18	Company registration or GC humber
19	Postal address
	20 Postal Code
21	Business address
	22 Postal Code
23	Business telephone number 23.1 Work ()
24	E-mail address
25	
	RESPONSIBLE PERSON'S DETAILS
26	Responsible person (full name and sumame)
27	Type of identification (excesse with an X) SA ID Passport number
28	Edentity number of responsible person
29	Passport number of responsible person
30	Cellphone number
31	Physical address
	12 Postal Code
33	Postal address
	# Postal Code

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



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SAPS	517	(d)
------	-----	-----

	E. DETAIL OF EXISTING LICENCE Firearm manufacturer licence type (edicate with an X)
1	To manufacture dreams
2	To manufacture ananuniton
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	Туре
3	Calibre
4 5	Make
	Model
6	PURPOSE OF DEVELOPMENT
	·
	······································
7	INTENDED MARKET
8	STATE THE SPECIFICATIONS OF THE NEW TYPE OF FIREARM



		SAPS 517(d)
9	DETAILS OF PROPOSED TYPE OF AMMUNITION	
10	Calibre	
11		
	Purpose of development	
12		
	Intended market	
13	State the specifications of the new type of anniunition	
13	State the specifications of the new type of ammunition	
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 fa application.	ise statement in this
	G. SIGNATURE OF APPLICANT (Sign only if applicators)	
1	2	
	Name of applicant in block letters	
3	Signature of applicant	

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SAPS	517(d)
SAPS	517(0)

	H. (This section must be completed only if the app	lie	SAFS 517(0)
1		3	
'	² Fingerprint designation	3	Date
			Name of applicant in block letters
		5	Place
	Right index fingerprint of applicant		
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION		
6.1	6	.2	
	Name of police official in block letters		Persal number of police official
6.3	6	.4	
	Rank of police official in block letters		Signature of police official
7	PARTICULARS OF WITNESS		
7.1	7	.2	
	Name of witness in block letters		Persal number of witness
7.3		.4	
	Rank of witness in block letters		Signature of witness
	1. PARTICULARS OF IN (This section must be completed only if the applicant cannot read o	TI	ERPRETER
1	Name and sumame of interpreter		
3	identity/Passport number of interpreter		╶┨╼╍┵╴╶┚╌╍┹╍╌╵╶┷╼╍╇╸╴┖╼╍┹╼╸┫
	Residential address		
1	Name and sumame of interpreter		
2	identity/Passport number of interpreter		
3	Residential address		
_			* Postał Code
5	Postal address		
7		_	Postal Code
8	Telaphone number 7/3 tiome ()		7.2 Work ()
10	Celiphone number		⁹ Fax ()
11	E-mail address Interpreted from (language)	-	to
	1:	2	Date
13			
	14 Signature of interpreter		Place
15	16	3	
	Rank of police official in block letters (if applicable)		Persal number of police official (if applicable)

SAPS 517(d)

	J. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION REGARDING THE APPLICATION
2	Recommended Not recommended Recommendation regarding the application
_	
3	Recommended conditions
4	5 Date
	Name of Designated Firearms Officer/Station Commissioner in block letters
6	7 Place Rank of Designated Firearms Officer/Station Commissioner in block letters
8	
	Signature of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station Commissioner

SAPS 517(e)



SOUTH AFRICAN POLICE SERVICE

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

(Transitional provisions)

OFFICIAL DATE STAMP	A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED							
	¹ Application reference	e No						
DATE RECEIVED								
8. FOR OFFICIAL USE BY PC	DLICE STATION WHER	E THE APPLICATION	IS RECEIVED					
Province								
Area								
Police station Component code								
Fination applications tegister reference number	SAPS 66 NO		YEAR					
	ICIAL USE BY THE DE							
¹ Outstanding/Additional Information required								
	rsa: number	-	- Date					
	Г							
⁴ Signature of police official	L	⁵ Name in block le	ters					
⁶ Application for licence approved (indicate with an 2)								
	rsal number		- Bate					
⁹ Signature of deciding officer	¹⁰ Officer code	¹¹ Name in bloc						
12 Application for licence refused (indicate with an X)	Reason	(s) for refusal						
			- 15 Date					
├ <u>──</u> └ <u>──</u> └ <u>─</u> └ <u>─</u> └ <u>─</u> └ <u>─</u> └ <u>─</u> └ <u>─</u>	rsal number		- Late					
¹⁶ Signature of deciding officer	17 Officer code	¹⁸ Name in block	letters					



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SAP	S :	517	(e)

	D. PARTICULARS C	FAPPLICANT	
		- AFF LIGHT	
1	NATURAL PERSON'S DETAILS		
2	2 SA ID Passport		
3	3 Identity number of natural person		-
4	Passport number of natural person		
5	Surname	\$ Initials	
7	Residential address		
9		*Postal Code	
	Postal address		
11	11 Telaphorie number 11,1 Home ()	¹⁰ Postal Code	
11.3		¹¹² Work ()	
13		-	
14		······································	
	JURISTIC PERSON'S DETAILS		
15	OTHER BODIES		
16	Registered company name		
17			
18	PARTURDE		
19	Company registration of LC number		
20	Postal address		
		²¹ Postal Code	
22	22 Business address		
		23 Postal Code	
24	Business telephone number Vvork ()	²⁴² Fax ()	
25	25 E-mail address		
26	RESPONSIBLE PERSON'S DETAILS		
27]
28	Responsible person (full name and sufname)		
29	(ype of identification (indicate with an X) SA		
30	Itentify number of responsible person Passport number of responsible person		
31	II Collabora aurobas		
32			
		³³ Postal Code	
34	Postal address	E. CONTRACTOR CON	
		²⁵ Postal Code	



36	OTHER INFORMATION (I	ndicate with an X)											
37	Type of competency certific					<u> </u>							
38	Competency certificate num												
39	Date of issue	-	-		40 Expiry date				-			-	
41	DO YOU HAVE THE PRES	SCRIBED SAFE? (I	idicate with	an X)									
	YES	NO											
41.1	IF YES, SUBMIT FUEL DE Type of safe	Flandgun	an X, with		ription)			_					
	Strangroom	managens		n	1112								
	Device												
42	IS SAFE MOUNTED? (indi YES	cate with an X) NO	1								e k		
42.1	IF YES, SUBMIT FULL DE		an X, with	short desp	riplian)								
	Wall	Floor											
	E, DETA	ILS OF CURREN	T LICEN	ICE(S),	PERMIT(S), AUTH	ORIZAT	ION(S) of fi	REA	RMS			
1	State the total number of fin	estme surratheliste	cod in you										
-										_			
2	DETAILS OF FIREARM LI	CENCE(S) TO BE F	RENEWED	2									
2.1													
2	Type of firearm	Calibre			Serial number		Make			Date	licenc	xe was	Issued
						-							
						+							
						1						•••••	•••••
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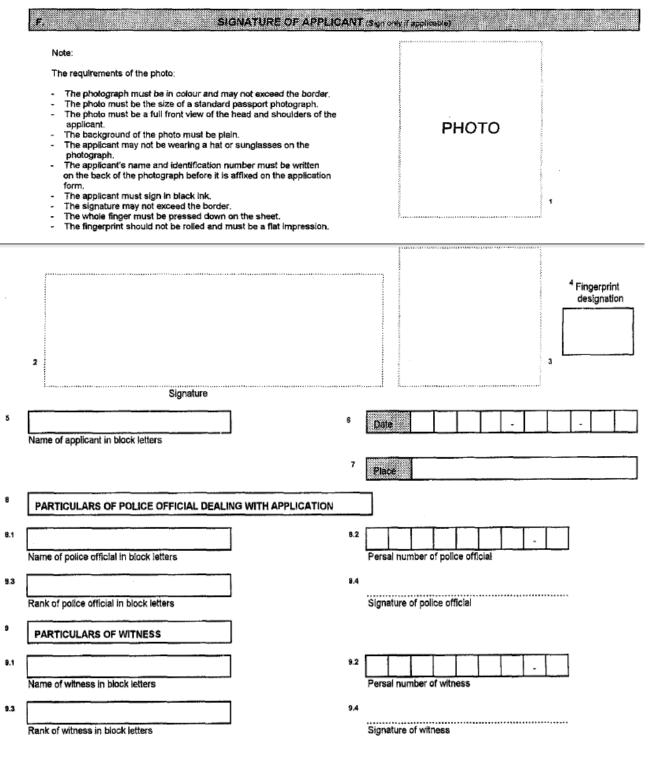
SAPS 517(e)

	'	0,4,0,0,1,(6)

DECLARATION BY APPLICANT

3

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.





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SAPS 517(e)

	G. (This section must be completed only i	PARTIC f the applic	ULAR: ant can	S OF I	NTER S or writ	PRETE e or doe	R s not un	dersta	nd the	conten	l of th	is forr	n.)		
1	Name and sumame of interpreter														
2	Identity/Passport number of interpreter						TT	Т	Т	Τ	Г	Τ			
3	Residential address														
									4 Po	stai Co	sie .				
5	Postal address				-				-				·		
7	1								⁶ Pc	ostal Co	de				_
8	Telephone number 74 Home ()			6920	² Wark)						_
10	Celiphone number					Fax)						
11	E-mail address Interpreted from (language)					to									-
	mentation concerning and c					10	L								
					12)ate				-			-		
13					14	lace									
	Signature of interpreter				1000		1								
15					16			Τ	Τ		-				
	Rank of police official in block letters (if applicable)				Pe	rsal num	ber of p	olice o	fficial	(if appli	cable)				
	H. FOR OFFICIAL USE BY THE	DESIGN	ATED	FIRE/	RMS	OFFIC	ER/ST	ATIO	N CO	MMIS	SION	IER			
1	oc.	MMENTS	REGA	RDING	THE A	PPLICA	rion								
2	Report of inspection of safe														
				•••••			•••••								
						•••••	•••••								
					•••••••				•••••						
											•••••				
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												·····			
														••••••	
		••••••								•••••					1



3	Recommendation
4	5 Date

Name of Designated Firearms Officer/Station Commissioner in block letters

7	Plaçe

Rank of Designated Firearms Officer/Station Commissioner in block letters

Signature of Designated Firearms Officer/Station Commissioner

Persal number of Designated Firearms Officer/Station Commissioner



6

8

SAPS 517(f)



SOUTH AFRICAN POLICE SERVICE

APPLICATION TO DECLARE PREMISES A FIREARM FREE ZONE Section 140 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED
	1 Province
	* Area
	³ Police station
	* Component code
DATE RECEIVED	* SAPS 86 reference No

B. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)									
¹ Declared a Firearm Free Zone									
² SAPS Head Office reference no									
³ Date received				-			-		
⁴ Date declared as a Firearm Free Zone	⁴ Date declared as a Firearm Free Zone								
5 Government Gazette reference no									
⁵ Outstanding/Additional Information required									
		•••••	••••••		••••			••••	

APPLICATION TO DECLARE PREMISES FIREARM FREE ZONE Section 140 of the Firearms Control Act, 2000 (Act No 60 of 2000)

	Name of institution						
2	Name of person applying on behalf of the institution						
8	SA ID Passport (Indicate with an X)						
ŀ	identity number						
ö	Passport number						
5	Capacity of person applying						
,	Names and sumames of persons on the safety team						

¢.

8	Physical address of institution
10	* Postal Code
10	Postal address of institution 11 Postal Code
12	Temporary safe keeping facilities for firearms available (indicate with an X) YES NO
13	If yes, submit a description of the safekeeping facilities
14	
14	Motivation regarding the application
15	Contact particulars of person applying
15.1	Emergency telephone No () ¹⁵² Fax ()
16 17	Celphone number
	E-mail address
18	Conditions
	 The premises declared a Firearm Free Zone must be clearly identified and demarcated. Signs must be erected/posted at all the main entrances to the premises in English and where applicable in the
	predominant local language and maintained.
	- A map of the premises which already specify the demarcated area and sign must be attached to the application.
	 The institution where premises are declared Firearm Free Zone must endeavour to mark all correspondence accordingly to reflect the premises firearm free status.
	 The person applying on behalf of the Institution must notify the Designated Firearms Officer responsible for the area of any changes that may occur to any information submitted in this application.
,	
	19 20 Date
	19 20 Data Name of applicant in block letters
	Name of applicant in block letters 21 22 Place 22 Place
	Name of applicant in block letters
	Name of applicant in block letters 21 22 Place
	Name of applicant in block letters 21 Signature of applicant D. INSPECTION AND RECOMMENDATION OF DESIGNATED FIREARMS OFFICER
1	Name of applicant in block letters 21 Signature of applicant
1	Name of applicant in block letters 21 Signature of applicant D. INSPECTION AND RECOMMENDATION OF DESIGNATED FIREARMS OFFICER
1	Name of applicant in block letters 21 Signature of applicant D. INSPECTION AND RECOMMENDATION OF DESIGNATED FIREARMS OFFICER
1	Name of applicant in block letters 21 Signature of applicant D. INSPECTION AND RECOMMENDATION OF DESIGNATED FIREARMS OFFICER
1	Name of applicant in block letters 21 Signature of applicant D. INSPECTION AND RECOMMENDATION OF DESIGNATED FIREARMS OFFICER
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1	Name of applicant in block letters 21 Signature of applicant D. INSPECTION AND RECOMMENDATION OF DESIGNATED FIREARMS OFFICER
1	Name of applicant in block letters 21 Signature of applicant D. INSPECTION AND RECOMMENDATION OF DESIGNATED FIREARMS OFFICER
1	Name of applicant in block letters 21 Signature of applicant D. INSPECTION AND RECOMMENDATION OF DESIGNATED FIREARMS OFFICER

SAPS	51	7(f)
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		SAFSUN
2	Recommendation	
3		4 Date
	Name of Designated Firearms Officer in block letters	
5		6 Place
	Rank of Designated Firearms Officer	
7		8
	Signature of Designated Firearms Officer	Persal number of Designated Firearms Officer
	E. RECOMMENDA	TION OF STATION COMMISSIONER
1	e needenmenter	HIGH OF CHEMON COMMICCIONER
•		
2	Name of Station Commissioner in block letters	3 Date
	Name of Station Commissioner in block letters	
4		5 Place
	Rank of Station Commissioner in block letters	
6		7
	Signature of Station Commissioner	Persal number of Station Commissioner
		ON BY PROVINCIAL COMMISSIONER
1	F. RECOMMENDATI	ON BY PROVINCIAL COMMISSIONER
•		
2		3
-	Name of Provincial Commissioner in block letters	• Date
	Trains of Fromitoial Commissionic In MOR ICITES	
4		5 Place
	Signature of Provincial Commissioner	

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			SAPS 517(
	g. RECOMMENDATION BY	NATIONAL COMMISSIONER	
1			•••••••••••••••••••
	L		
2		3 Date -	-
4	Name of National Commissioner in block letters		
	Signature of National Commissioner	• Place	
1	H. RECOMMENDATION BY SECRE	TARIAT OF BAFETY AND SECURITY	
2	· · · · · · · · · · · · · · · · · · ·	3 Dute	
	Name of Secretary of Safety and Security in block letters		
4	Signature of Secretary of Safety and Security	5 Place	
	Signature of Sectorary of Safety and Sectority		
1	I APPROVAL/REFUSAL BY THE MI	NISTER OF SAFETY AND SECURITY	
			-
	L		
		2 Date	
3		4	
-	Signature of Minister of Safety and Security	Place	

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.

(1)

SAPS 518



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)

		10000000000000000000000000000000000000	and the second	6
¹ Application ref	erence No			
POLICE STATION W	HERE THE APPL	ICATION	IS RECEIVED	
	¹ Application ref	WHERE THE AF ¹ Application reference No	WHERE THE APPLICATIO	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED ¹ Application reference No

3	Police station
4	Component cade

⁵ Firearm applications register reference to SAPS 86 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 frearms and ammunition
1.2	Licence to possess a restricted firearm	2.3	Licence to conduct
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 filearm 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	3.4	Export permit
1.8	Licence to possess a fream in a public collection (museums)	3.5	In-transit permit
1.9	Licence, to possess a firearm for the business purposes Business in hunting	3.6	Multiple, Import and a second export permit
1.10	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)



1

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				SAPS 518
	D.	DESCRIPTION O	F FIREARM (Indicate with an X)	
1	Rifle Other; specify (armament/ indelarminable design type)	Shotgun	Handgun	Combination
2	DETAILS OF FIREARM (Indicate with	an X)		
3	Action	Semi-automatic	Automatic	Manual
4	Callbre	Other action (specify	2000	
5 6	Mahe Model			
	Firearm component type:			
7 9	Barrei serial number			* Make
11	Frame serial number Receiver serial number			¹⁰ Make ¹² Make
13	Every name and address engraved in t	he metet		
	E. P	ARTICULARS OF PERS	ON IN POSSESSION OF FIREA	RM
1	Sumame			² Initials
3	Full names			
4	Identity number of person in possessio	n of the firearm		
5	Residential address			
				Postal Gode
7	Postal address			
				Postal Code
9	Telephone number \$11 H	onte ()	9.2 Work ()
9.3	Cellphone number		^{f0} Fax ()
11	E-Mail address			
12	OTHER BODIES (eg body corporate, cle	ose corporation or company)]	
13	Registered company name			
14	Trading as name			
15	Company registration number			
16	FAR number			
17	Postal address			
19				Postal Code
	Buniness address			Postal Code
21	0 m	Work ()		
22		Work ()	()	
	E-mail address			



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	SAPS	518
23	Responsible person (full name and sumame)	
24 25	Identity number of responsible the person	
26	Cellphone number	
	Physical address	
28	²² Posta: Code	
	Postal address 23 Postal Code	
30	DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM	
	I hereby declare that the above firearm is legally in my possession and that I propose to supply it to the applicant once the necessary authorization has been obtained and that the particulars of the firearm is correct and accurate.	
31	SIGNATURE OF PERSON CURRENTLY IN POSSESSION	
32	33 Date	_
	Name of person currently in possession in block letters	
34	35 Flace	
	F. PARTICULARS OF APPLICANT	
1	NATURAL PERSON'S DETAILS	
1.1	Type of identification (Indicate with an X)	
2	SA ID Passport	
3	Identity number of natural person	
4	Passport number of natural person	-
5	Sumame surtais	
7	Full names	\neg
8	Date of bith * Age ^{\$0} Gender Male Fema	le
11	Residential address	-
	12 Postal Code	-
13	Postal address	-
	14 Postal Code	-
15	Type of residence (eg shack, flat, caravan, cottage, house, hostal or homeless)	-
16	Trade or profession 17 If self-employed, specify	
18	Name of employer/company	-
19	Business address	\neg
	20 Postal Code	\neg
21	Telephone number 21.4 Home () 21.2 Work ()	\neg
21.3	Cellphone number 22 Hax ()	-
23	E-mail address	\neg

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SAPS 518

24	JURISTIC PERSON'S DETAILS			
25	Registered company name			
26	Trading as name:			
27	FAR number			
28	Postal address			
			28 p.0	stal Code
30	Business address			
			\$1 Po	stal Code
32	Business telephone number \$2.1 Wor	K ()	^{32,2} Fax ()	
33	E-mail address			
34	Responsible person (full name and suman	10)		
35	Type of identification (indicate with an X)	SA	ID R	ssport number
36	identity number of responsible person			
37	Passport number of responsible person			
38	Celiphone number			
39	Physical address			
			40 Pc	stat Code
41	Postal address			
			42 pg	stai Code
	G.	OTHER DE	TAILS	
1	Period for which authorization is required	FROM	Date	
		то	Date	
2	Motivation of purpose for which the firearn	i is required		
3			ISIDE OR OUTSIDE THE BORDERS	OF THE RSA2
		a materical committee	SIDE ON COTGIDE THE DORDERO	OF THE NOPE
	Indicate with an X			
	VES NO	If yes, submit the foll	owing details	and a second second second second
3.1	(Indicate with an X)	If yes, submit the foll	owing details	
3.1 3.3	Police station (1)	if yes, submit the fol		
3.3	(Indicate with an X) YES NO Police station ⁽¹⁾ Charge	# yes, submit the fol		
3.3 3.4	(Indicate with an X) YES NO Police station ⁽¹⁾ Charge Outcome	if yes, submit the fol	8.2 GAS/Case number	
3.3 3.4 3.5	(Indicate with an X) YES NO Police station ⁽¹⁾ Charge	# yes, submit the fol		
3.3 3.4	(Indicate with an X) YES NO Police station ⁽¹⁾ Charge Outcome	Ef yes, submit the fol	8.2 GAS/Case number	

					SAPS 518
4	ARE THERE ANY CASE	S PENDING AGAINST Y	OU? (Indicate with an X)		
	YES	NO	If yes, submit the following	g details	
4.1	Police station (1)			4.2 CAS/Case number	
4.3	Offence			4	
4.4	Police station (2)			43 CAS/Case number	· · · · · ·
4.6	Offence			L	
5	HAVE ANY OF YOUR FI	REARM(S) EVER BEEN	LOST/STOLEN7 (Indicate with	h an X)	
	YES	NO	if yes, submit the following	g details	
5.1	Police station (1)			53 CAS/Case number	
5.3	Circumstances				
5.7	Details of facerm				
5.5	Police station ⁽²⁾			** CAS/Case number	
5.7	Circumstances				
5.8	Details of firearm				
6			· · · ·		
			POSSESS & FIREARM? (Indi		
6.1	YES	NO	If yes, submit the following		
5.3	Police station (1)			6.2 CAS/Case number	
6.4	Charge				
6.6	Date from			65 Period	
6.8	Police station (2)			67 CAS/Case number	
6.9	Charge				
0.5	Date from			6.10 Period	
7	DO YOU HAVE THE PRE		te with an X)		
7.1	YES	NO			
	IF YES, SUBMIT FULL D		E CONTRACTOR OF THE OWNER OWNER OF THE OWNER OWNE		
	Type of safe Strongroom	Handgun	Rife		
	Device				
8	IS SAFE MOUNTED? (Ind	licate with an X)			
	YES	NO	1		
8.1	IF YES, SUBMIT FULL D	ETAILS (Indicate with en ?	<, with short description)		
	Watt	Flaar			
9			-		
	Provide proci of previous e	xperience in the handling	of firearms or previous training	un firearms	

DECLARATION BY APPLICANT

10

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.

	lote:		
٦	The requirements of the photo;		
-	The photograph must be in colour and may not exceed the bo The photo must be the size of a standard passport photograp The photo must be a full front view of the head and shoulders 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 writt on the back of the photograph before it is affixed on the applic 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 Impress	sh, s of the en sation	PHOTO
-			⁴ Fingerprint designation
2			
			3
	Signature		
lame	of applicant in block letters	6	Date
		7	Place
PAR	TICULARS OF POLICE OFFICIAL DEALING WITH APPLIC	ATION	
		B.2	
ame	of police official in block letters		Persal number of police official
		8.4	
ank	of police official in block latters		Signature of police official
ank	of police official in block letters		Signature of police official
	TICULARS OF WITNESS		Signature of police official
		9.2	Signature of police official
PAR		9.2	Signature of police official
PAR	TICULARS OF WITNESS	9.2 9.4	Signature of police official
PAR	TICULARS OF WITNESS		Signature of police official
PAR	of witness in block letters	9.4 RS OF INTE	Signature of police official Persal number of witness Signature of witness ERPRETER
PAR ame ank (TICULARS OF WITNESS	9.4 RS OF INTE	Signature of police official Persal number of witness Signature of witness ERPRETER

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		SAPS 51
3	Residential address	
	4 Postal Code	
5	Postal address	
	* Rastal Cade	
7	Telephone number 71 Home () 72 Work ()	
8	Celiphone number ()	
10	E-mail address	
11	Interpreted from (language) to	
	12 Data	
13	14 Place	
	Signature of interpreter	
15	16	
	Rank of police officer in block letters(if applicable) Persal number of police official(if applicable)	
	J. PARENTAL CONSENT IN CASE OF A MINOR	
1		
	Recommanded	
2	Name and sumame of parent/guardian	
3	Identity/Passport number of parent/guardian	
4	Comments of parent/guardian	
	1	
	⁵ Date	
6	7 Place	
	Signature of parent/guardian	
	K. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER	
1		
2	Recommended Not recommended	
2.1	Molivation	



	······	SAPS 5	18
2.2	Recommended conditions		
			_
			-
			-
3		4 Date	
	Name of Designated Firearms Officer/Station Commissioner in block letters		
5		6 Place	
	Rank of Designated Firearms Officer/Station Commissioner in block letters		
7		8	
	Signature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station Commissioner	

Page 8 of 8

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





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	A. FOR OFFICIA WHERE TH		C.C.C. 2011; 2022; 2	2002/02/26 01:05/02		N	
	¹ Application reference No						
DATE RECEIVED							
	J						
	J OLICE STATION WHERE THE /	APPLICATI		RECEIV	ED		
	J OLICE STATION WHERE THE /	APPLICATI	ON IS F	RECEIV	ED		
B. FOR OFFICIAL USE BY P	J OLICE STATION WHERE THE	APPLICATI	ON IS F	RECEIV	ED		
B. FOR OFFICIAL USE BY P Province	J OLICE STATION WHERE THE	APPLICATI	ON IS F	RECEIV	ED		
B. FOR OFFICIAL USE BY P Province Area	J	APPLICATI	ON IS F	RECEIV	ED		

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

Licences	2.1	Licence to deal in firearms and ammunition
Licence to possess a firearm for self-defence	2.2	Licence to manufacture firearms and ammunition
Licence to possess a restricted finaarm for self-defence	2.3	Licence to conduct business as a gunsmith
Licence to possess a firearm for security officer purposes	3	Permits
Licence to possess a firearm for occasional hunting and sports-shooting	3.1	Permit to possess ammunition in a private collection
Licence to possess a licearm for dedicated hunting and dedicated sports-shooting	3.2	Permit to possess ammunition in a public collection
Licence to possess a firearm in a private collection	3.3	Import permit
Licence to possese a firearm in a public collection (museums)	3.4	Export permit
Licence to possess a ficentin for business purposes. Business in hunting	3.5	in-transit permit
Licence to possess a filearm for business pullposes. Other business pullposes	3.6	Multiple import and export permit
Licence issued to particular categories of persons	3.7	Temporary import/export perinit



SAPS 518(a)

4	Details of original licence, permit, certificate or authorization
5	Licence, permit, certificate or authorization number Date issued Expiry date
	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 futuals
7	Full name
8	Residential address
10	⁹ Postal Code
10	Postal address
12	¹¹ Postal Code
	Business telephone number ^{12.1} Home () ^{12.2} Work ()
12.3	Cellphone number ^{f\$} Fax ()
14	E-mail address
15	JURISTIC PERSON'S DETAILS
16	OTHER BODIES
17	Registered company name
19	Trading as name
19	FAR number
20	Postal address
22	21 Postal Cade
£.E.	Business address 21 Postal Code
24	Business telephone number 24.1 Work () 34.2 Fax ()
25	E-mait.address
26	RESPONSIBLE PERSON'S DETAILS
27	Responsible person (full names and sumame).
28	Type of identification (indicate with an X) SA ID Passport number
29	Identity number of responsible person
30	Passport number of responsible person

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

SAPS 518(a)

31	Celiphane number
32	Physical address
	⁸³ Postał Code
34	Postal address
	³⁰ 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
	YES NO 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 NO Reason(s)
39	WAS YOUR APPLICATION HANDED IN AFTER THE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON (Indicate with at X)
	YES NO 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.

	E. SIGNATURE OF APPLICA	VT (s	lign only it a	ррвоаы	4)						
	Note:		3 stationer		alanga menya yang		aratus arabu				
	The requirements of the photo:								in an		
	 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. 				PH	οτο	D		and the second		
	2								3	⁴ Finge desi	erprint gnation
	Signature										
5		6	Date				-			-	
	Name of applicant in block letters										
		7	Place								
3	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION		7								
и			 		· · · ·					7	
.1	Name of police official in block letters	8.2	Persal nu	mbor	f police	official		-	1		
			Persarnu	inder t	n police	ornera:					
3	Rank of police official in block letters	8.4	Signature	of poli	ce offici	al				-	
,	PARTICULARS OF WITNESS										
.1		9.2						-]	
	Name of witness in block letters		Persal nu	mber o	f witnes	S					
3		9.4									
	Rank of witness in block letters		Signature	of witn	855						
	F. PARTICULARS OF (This section must be completed <u>only</u> if the applicant cannot read				derstar	id the c	ontent	soft	his Ior	m.)	
	Name and surname of interpreter Identity Passport number of interpreter	1	ТТ	Т				Т	1		
		1			I						
	Residential address					4	stał Cc				
						- PO	olas 40	ine.			
	Postal address					6 p.					
						Po	stal Ci	ade			

Page 4 of 5



SAPS	518	(a)
246.2	210	(a)

7	Telephone number 7.1 Home ()		7 ² Werk ()
8	Cellphone number		9 Fax ()
10	E-mail address		
11	Interpreted from (janguage)	-	to
		1	2
			Date
13			
10	Signature of interpreter		Place
15	Rank of police official in block letters(if applicable)	10	Persal number of police official (if applicable)
	Rank of police official in block retens(if applicable)		Persai number of police official (ir applicable)
	G. IN CASE OF NOMINEE/AU	T	HORIZED PERSON
1	Name and sumame of nominee/sufnorzed person	-	
2	Identity/Passport number of nominee/authorized person	Г	
		-	
		1	Date
4		4	5 Place
	Signature of nominee/authorized person		
	H. FOR OFFICIAL USE BY THE DESIGNATED FIRE	AE	MS OFFICED/STATION COMMISSIONED
•	H. FOR OFFICIAL USE BY THE DESIGNATED FIRE	AL.	INS OFFICERS FRICK COMMISSIONER
1	RECOMMENDATION REGARDING TH	15	APPI ICATION Indicate with 20
2	Recommended		Not recommended
2,1	Motivation regarding the application		
	-		
2.2	Report regarding the physical inspection of the applicant's safeguarding facility	ies	
1		2	Date
_	Name of Designated Firearms Officer/Station Commissioner in block letters		
3	Renk of Designated Sizesome Officer(St. Fig. Completions in black bitter	4	Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters		
5	Signature of Designated Firearms Officer/Station Commissioner	6	Persal number of Designated Firearms Officer/Station
	adiumate et presidiutere i treatille ottoret/orenoti contituissiollet		Commissioner

2,

UNIVERSITEIT VAN PRETORIA UNIVERSITY OF PRETORIA YUNIBESITHI YA PRETORIA

SAPS 518(b)



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A TEMPORARY AUTHORIZATION TO TRADE IN FIREARMS AND AMMUNITION, TO CONDUCT BUSINESS AS A GUNSMITH OR TO DISPLAY FIREARMS AND AMMUNITION ON PREMISES OTHER THAN THOSE SPECIFIED IN THE DEALERS', MANUFACTURERS' OR GUNSMITHS' LICENCE Section 36, 50, 64 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED ⁴ Application reference No DATE RECEIVED FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED B. Province Area Police station Component code Firearm applications register reference No SAPS 86 NO YEAR FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) G. Outstanding/Additional information required 2 Persal number ³ Date -⁴ Signature of police official ⁵ Name in block letters ⁶ Application for temporary authorization approved (indicate with an X) Persal number Date 10 Officer code ⁹ Signature of CFR officer 11 Name in block letters ¹² Application for temporary authorization refused (indicate with an X) -13 Reason(s) for relusal 14 Persal number Date ¹⁶ Signature of CFR officer 17 Officer code 18 Name in block letters



1

2

3

4

5

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SAPS 518(b)

D. PARTICULAR Specify the type of temporary authorizatio	S OF APPLICANT or which is being applied for (Indicate with an X)
To trade in freezms and ammunition	
To trade in ammunition	
To manufacture firearms	
To manufacture ammunition	
To conduct business as a gunsmith	
JURISTIC PERSON'S DETAILS	
Registered company name	
Trading as name	
FAR number	
Postal address	
	tf Postal Code
Business address	
	13 Postal Code
Business telephote number 13.1 Work ()	182 Fax ()
E-mail address	
Responsible person (full name and surname)	······
Type of identification (indicate with an X) SA citizen	Non-SA citizeh with permanent residence*
identity number of responsible person	
Celphone number	
Physical address	
	27 Postal Code
Postal address	
	23 Postal Code
STATE THE REASON(S) FOR THE APPLICATION FOR A TEMPORA	ARY AUTHORIZATION
Type of Existing licence To trade in firearms and	To trade in ammunition To manufacture
(indicate with en X) ammunition	firearms
To manufacture ammunition	To conduct business as a gunsmith
Licence:number	
Date issued	28 Expiry date
PHYSICAL ADDRESS OF THE PROPOSED PREMISES ON WHICH B	USINESS WILL BE CONDUCTED
and the first direction of the second sec	
Address	

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

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SAPS 518(b)

	SAPS 518(0)
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



DECLARATION BY APPLICANT

39

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.

Е.	SIGNATUR	E OF APPLICANT (Sign only if applicable)	
Note:				
The requirements of the phot	0 .			
 The photograph must be i The photo must be the siz The photo must be a full f applicant. The background of the ph The applicant may not be photograph. The applicant's name and on the back of the photogr form. The applicant must sign in The signature may not exc. 	n colour and may not excee te of a standard passport pi ront view of the head and s oto must be plain. wearing a hat or sunglasse identification number must aph before it is affixed on t n black ink.	hotograph. houlders of the is on the t be written he application t.	РНОТО	1
2		,,		⁴ Fingerprini designatio
	Signature			
		6	D 4	
Name of applicant in block letters	I		Date	
		_ 600		
		7	Place	
PARTICULARS OF POLICE OF	FICIAL DEALING WITH A	PPLICATION		
		8.2		
Name of police official in block lette	18	L	Persal number of police official	
			eroal number of police official	
Rank of police official in block letter		8.4	ignature of police official	
		2	anarare of hotine officiel	
PARTICULARS OF WITNESS				
		9.2		
Name of witness in block letters	J	P	ersal number of witness	
Rank of witness in block letters		9,4 S	Ignature of witness	
F. (This section must b		CULARS OF INTER	PRETER te or does not understand the conter	nt of this form (
Name and sumarna of interpreter	e			



		SAPS 518(b
3	Residential address	
5	Postal address	⁴ Postal Code
		⁶ Postal Cede
7 8	Telephone number 7.4 Home ()	^{7.2} Work ()
10	Cellphone number	⁹ Fax ()
11	E-mail address Interpreted from (language)	to
13		14 Place
	Signature of interpreter	
15	Rank of police official in block letters(if applicable)	Persai number of police official(if applicable)
	G. FOR OFFICIAL USE BY THE DESIGNATED FIREA	RMS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION REGARD	
	Recommended	Not recommended
1.1	Report of inspection on premises	
	l	
1.2	Additional conditions recommended	

			SAPS 518(b)
		•••••	
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		Persal number of Designated Firearms Officer/Station Commissioner

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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	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED
	¹ Application reference No
	Application reference No
DATE RECEIVED	

	B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APP	LICATION IS RECEIVED	
1	Province		
2	Airea		
3	Police station		
4	Component code		
5	Firearm applications register reference No. SAPS 85 NO	YEAR	

Ċ.						FOR	OFF	ICIAL	USE BY	THE C	ENTR	AL F	IREA	RMS	s RE	GIS	IER	(CFI	R)				
10	utst	andin	g/Ad	dition	al ink	ormat	ion re	quired	d														
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		•••••																					
		Τ	Т	Γ		Γ	-		² Persal n	umber					<u>_</u> -			-		Τ	* Dat		
			_		•																		
				4 Sig	natur	e of po	olice o	fficial								^s Nan	ne in l	lock	letter	s		_	
• A	pplic	ation	for a	ccred	itatio	n app	rove	d (Indic	ate with an X	0										-			
	Γ	Τ	Τ				-		7 Persal n	umber					-			-			4 Dat	a	
				⁹ Sign	ature	of dec	iding	officer		¹⁰ Offi	icer cod	e			1	¹ Nar	ne in	block	letter	rs			
4 ² P	ppli	catio	n tor	accree	ditatic	on refi	used	(Indical	le with an X)		13 R	easo	on(s) f	or rel	lusal								
		Τ					-		14 Persal (umber					-			-			¹⁵ Da		
				¹⁶ Sigr	nature	of de	ciding	officer	r	17 Offi	icer cod	е			1	^a Nar	ne in	block	letter	s		_	

Prepared by:

UNIVERSITEIT VAN PRETORIA UNIVERSITY OF PRETORIA YUNIBESITHI YA PRETORIA Page 1 of 6

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SAPS 519

	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 Non-SA citizen with permanent residence*
3	Identify number of natural person
4	Sumame ^s initiale
6	Full names
7	Date of birth Age Gender Male Female
10	Residential address
12	¹¹ Postal Code
	Postal address 18 Postal Code
14	Trade or profession 15 If saif-employed, specify
16	Name of employed company.
17	Businetis addiress
	18 Postal Code
19 19,3	Telephone number () 19.1 Home ()
21	Celiphone number ()
	E-mail address
22	Marital status (Indicate with an X)
23	Single Married Divorced Widow Widower
	Other (specify)
24	PARTICULARS OF SPOUSE/PARTNER (If applicable)
24.1	Type of identification (Indicate with an X)
24.1.1	SA ID Passport
24.2	Sdentily number of spouse/partner
24.3	Passport number of spouse/partner
24.4	Name and sumane In the case of a non-SA citizen proof of permanent residence must be submitted



SAPS 519

25	JURISTIC PERSON'S DETAILS
26	OTHER BODIES (eg body corporate, close corporation or company)
27	Registered company name
28	Trading as name
29 30	Company registration or CC number
	Postal address
32	³¹ Postal Code
	.38 Postal Code
34	Business telephone number 34.3 Work () 24.2 Fax ()
35	E-mail address
36	PARTICULARS OF MAIN ADDRESS (HEAD OFFICE)
37	Business address
	³⁸ Postal Code
39	Postal address
41	⁴⁰ Postal Code
42	Business telephone number 41.3 Work () 41.2 Fax ()
-	£-ma [®] address
43	RESPONSIBLE PERSON'S DETAILS
44	
45	Responsible person (full name and sumeme)
46	Type of identification (incidate with an X) SA ID Passport number
47	Celiphone number
48	Physical address
	** Postal Code
50	Postal address
	91 Postal Code
52	
	PROOF SIGNATURES OF RESPONSIBLE PERSON
53	54
	Signature of responsible person Signature of responsible person
55	PARTICULARS OF PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION
56	
	Identity number Pull names Surname Capacity





57	MOTIVATION AS TO THE MAIN PURPOSE FOR WHICH ACCREDITATION IS REQUIRED AND EXPERIENCE IN THE APPLICABLE FIELD
	· · · · · · · · · · · · · · · · · · ·
58	INFRASTRUCTURE OF THE ORGANIZATION
59	OUALIFICATIONS OF PERSONNEL
60	PERIOD FOR WHICH ORGANIZATION EXISTS AND FUNCTIONS
į	
	Page 4 of 6



Page 4 of 6

SAPS 519

61	REGION THAT IS COVERED BY THE ORGANIZATION
	[
62	PARTICULARS OF HOW REGISTERS WILL BE KEPT
	PARTICULARS OF DUI REGISTERS WILL DE REFT
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)
	The construct of Art Flower of any expression of
1	3 Date
	² Fingerprint designation
	Name of applicant in block letters
	6
	Place
	Right index fingerprint of applicant
	f tagik index inigerprikt of approxite
	Signature of applicant
7	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION
7.1	7.2
	Name of police official in block letters Persal number of police official
79	7.4
7.3	
	Rank of police official in block letters 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)
	A reason and the second second second reaction of the reaction of the second
1	
	Name and sumame of interpreter
2	Identity/Passport number of Interpreter
3	Residential address
	* Postal Code

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SAPS 519

5	Postal address	
		* Posta Code
7	Telephone number 7.1 Home ()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8		
10	Cellphone number	Fax ()
11	E-mailt address	
	Interpreted from (language)	to
	12	Date
13	14	Place
	Signature of interpreter	
15	16	
	Rank of police official (if applicable)	Persal number of police official (if applicable)
	I. FOR OFFICIAL USE BY THE DESIGNATED FIREARM	S DEFICER/STATION COMMISSIONER
		- completing and a completioners
1	RECOMMENDATION REGARDING	THE APPLICATION
	Recommended	Not recommenced
2	Motivation	
	•	
3	Recommended conditions	
		·····
4	5	
	Name of Designated Firearms Officer/Station Commissioner in block letters	Date
6	7	Pince
	Rank of Designated Firearms Officer/Station Commissioner in block letters	
8	9	
		ersal number of Designated Firearms Officer/Station

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SAPS 519(a)



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION FOR BUSINESS PURPOSES

Section 8 of the Firearms Control Act, 2000 (Act No 60 of 2000)

 OFFICIAL DATE STAMP
 A. FOR OFFICIAL USE BY THE POLICE STATION

 WHERE THE APPLICATION IS CAPTURED

 ¹ Application reference No

 DATE RECEIVED

Ì	B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED
	Province
į	Area
	Police station
	Component code
	Firearm applications register reference No SAPS 86 NO YEAR
	C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)
	* Outstanding/Additional information required



				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,																		
	Τ					-		² Pers	al num	ber		Т	Τ	T	1.	Τ	1	1 -	Τ	T	* Date	
				·				*********					••••		•							
																				-]
		4s	ignatu	re of p	police	offici	al									5 N	lame i	n blo	ck lett	ers		_
* Applic	ation	for an	cred	itation	n app	raver	l (Indic	ale with a	an X)		Т											
T	T					-		7 Pers	al num	ber		Т	Γ	Τ	-	Τ				Т	f Date	
	-																					
										Π	T											7
		° S	ignatu	re of o	decidi	ng off	icer	••••••	1	° Offic	cer co	de				11	Name	in blo	ck let	ters		_
¹² Applie	ation	for a	corec	litatio	a refi	ised	(Indicat	te with an	x)		63	Reas	on(s) for r	elusa	ı						
						-		¹⁴ Pers	al num	nber		Τ	Τ	Τ	-	Τ		•		Τ	¹⁵ Date	
]
		18 S	Signati	ure of	decid	ing of	ficer		1	⁷ Offic	er co	de	_			18 N	lame i	n bloc	k lett	ers		-

SAPS	51	9	(a)
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As a shooting r	nge																						-
To provide train	ng in th	e use o	f firearr	'ns																			
To provide tires	ms for	the use	in thea	drical	(#Im	orte	levisi	on pre	oductio	ns													
To conduct bus	ness in	buntin	9																				
To provide an in	house	securit	y servic	e																			
As a museum																							
As a public coll	ctor in	firearm	s and a	nmu	18 IOT	,																	
As a game rand	e.																						
For other busin	se purj	003e\$ (5	specify	the p	urpo	6e)]			
£.							PA	RTIC	ULA	RS C)F A	PPLI	CAN	т									COLOR MARK
NATURAL PER	SON'S	DETA	LS																				
Type of identif	cation	(Indicate	e with an	1 X)																			
SA cilizen		Nor	h-SA cil	lizeri	with	perm	aneni	resla	lence"			1											
Identity number														-		Ι	Γ	Τ	Γ.			-	1
Sumame																	5	Initial	s				
Full names																							
Date of birth							Т	Τ-	Τ		8	Age			1		9	Gend	er	м	ale	Fer	n
Residential add	55																						
																1	Pos	ital Co	da				j



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12	Postal address
	13° Postal Code
14	Trade or profession 15 If self-employed, specify
16	Name of employer/company
17	Bushess address
	34 Postal Code
19	Telephone number ^{19.1} Home () ^{18.2} Work ()
19.3	Cellprione humber 20 Fax ()
21	E-mail address
22	Marital status (Indicate with an X)
23	Single Manfed Divorced Wildow
	Dther (specify)
24	
	PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable)
24.1	Type of identification (Indicate with an X)
24.1.1	SA ID Passport
24.2	Restilly 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
	Page 2 of 6
	SAPS 519(a)
25	JURISTIC PERSON'S DETAILS
25	OTHER BODIES (eg body corporate, close corporation or company)
27	Registered company name
28	Trading as hame
29	Company registration or GC number
30	Postal address
	⁹¹ Postal Code
32	Busivess address
34	Business telephone number 34.1 Work () 34.2 Fax ()
35	Business telephone number 34.1 Work () 34.2 Fax () E-mail address
36	RESPONSIBLE PERSON'S DETAILS
37	Responsible person (full name and sumame)
38	Type of identification (Betroale with an X) SA ID Passport number
39	dentity number of responsible person
40	Passport number of responsible person
41 42	Cellphone number
-12	Physical ackiress
44	Postal address
	45 Postal Code
	⁴⁵ Postal Code



48

45 PROOF SIGNATURES OF RESPONSIBLE PERSON

47

50

Signature of responsible person

Signature of responsible person

49 PARTICULARS OF OTHER PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION

identity number	Full names		Sumame	Capacity
				-
	·	 		

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SAPS 519(a)

51	PARAGRAPH 52 - 55 MUST BE COMPLETED FOR ALL TYPES OF ACCREDITATION
52	MOTIVATION OF PURPOSE AND SCOPE FOR WHICH ACCREDITATION IS REQUIRED
53	DESCRIPTION OF THE MAIN PURPOSE OF THE BUSINESS
	DESCRIPTION OF THE MAIN PORPOSE OF THE DUSINESS
.54	DESCRIPTION OF SECURITY MEASURES PERTAINING TO THE STORAGE, TRANSPORT AND SAFEKEEPING OF FIREARMS TO BE USED
55	DESCRIPTION OF HOW REGISTERS WILL BE KEPT



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
	COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A MUSEUM
60	DESCRIPTION OF ACCESS CONTROL
60	
60	
60	
60	
	DESCRIPTION OF ACCESS CONTROL
	DESCRIPTION OF ACCESS CONTROL
	DESCRIPTION OF ACCESS CONTROL

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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 63.2	Name
00.2	Accreditation registration number
64	DECLARATION BY APPLICANT
	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 faise statement in this application.
	F. SIGNATURE OF APPLICANT (Sign only if applicable)
1	3 Data
	² Fingerprint designation
	Name of applicant in block letters
	Place
	Right index fingerprint of applicant 6
	Signature of applicant
7	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION
7.1	7.2
	Name of police official in block letters Persal number of police official
7.3	7.4
	Rank of police official in block letters 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 stamame of interpreter
2	Identity/Passport number of interpreter
3	Residential address
5	⁴ Postat Code
	Postal address
7	
8	Telephone number // Home () /** Work () Cellphone number ()
10	E-mail address
11	interpreted from (Tanguage) to
1	
	12 Date
13	14 Place
	Signature of interpreter
15	16
	Rank of police official in block letters (if applicable) Persal number of police official (if applicable)



H. FOR OFFICIAL USE BY THE DESIGNATED F	IREARMS OFFICER/STATION COMMISSIONER
	SARDING THE APPLICATION
Recommended	Not recommended
·······,····	
Recommended conditions	
Name of Designated Firearms Officer/Station Commissioner in block letters	5 Date
	7 Place
Rank of Designated Firearms Officer/Station Commissioner in block letters	9
Signature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station Commissioner



SAPS 519(b)



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION AS AN OFFICIAL INSTITUTION Section 8 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER WHEN THE APPLICATION IS CAPTURED 1 Application reference No
DATE RECEIVED	
B. FOR OFFICIAL USE BY THE DEC Outstanding/Additional information required	DING OFFICER AT THE CENTRAL FIREARMS REGISTER (CFR)
	rsal number
⁴ Signature of police official	⁵ Name in block letters
Application for accreditation approved (indicate with an X)	
	rsal number Date
^{\$} Signature of deciding officer	¹⁸ Officer code ¹¹ Name in block letters
¹² Application for accreditation refused (indicate with	an X) ** Reason(s) for refusal
м р.	arsal number CCYY ** Date
¹⁶ Signature of deciding officer	¹⁷ Officer code ¹⁸ Name in block letters





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SAPS 519(b)

	C. GOVERNMENT INSTITUTION'S DETAILS (Indicate with an 3)
1	Name of government institution
	Physical address Physical Code Physical Code
4	Postal address Postal Code
8	Contact telephone number ⁵¹ Work () ⁵³ Fax ()
7	E-mail address
'	RESPONSIBLE PERSON'S DETAILS
9 10	Responsible person (full name and subname) Type of identification (indicate with an X) SA ID Passport number
11	Identity/Passoon number of responsible person
12 13	Cellphone-number Physical address
15	14 Postal Code
	Postal address "* Postal Code
17	PROOF SIGNATURES OF RESPONSIBLE PERSON
18	19
	Signature of responsible person Signature of responsible person
20	OTHER DETAILS
21	MOTIVATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED
	-
22	MOTIVATION REGARDING THE NEED FOR THE OFFICIAL INSTITUTION TO POSSESS FIREARMS
i	

*****--;



	PARTICULARS OF A HOW REGISTER WILL BE KEPT REGARDING THE ISSUING OF FIREARMS AND THE PROCEDURE ON HOW
	FIREARMS WILL BE CONTROLLED
	PARTICULARS OF THE PLACE WHERE REGISTERS WILL BE KEPT FOR INSPECTION BY A POLICE OFFICIAL
	DESCRIPTION OF THE LINKED WORKSTATION THAT MUST BE MAINTAINED
İ	
	PURPOSE FOR WHICH FIREARMS ARE NEEDED
ŀ	
ļ	
	DETAILS OF THE TYPE OF FIREARMS AND THE NUMBER ROUNDS OF AMMUNITION THE OFFICIAL INSTITUTION INTENDS TO
	ACQUIRE
ŀ	
	DESCRIPTION OF SAFETY CONTROL PROCEDURES REGARDING THE SAFEGUARDING OF FIREARMS AND THE SAFEKEEPING
	FACILITIES
ſ	

29 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.



SAPS 519(b)

	D. SIGNATURE OF APPLICA	NT	(Sign only if applicable)
1	² Finderprint	3	Date
	² Fingerprint designation	4	
			Name of applicant in block letters
		5	Flace
	Right index fingerprint of applicant	6	
			Signature of applicant
7	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION		
7.1		7.2	
7.3	Name of police official in block letters	7.4	Persal number of police official
1.3	Rank of police official in block letters	<i></i>	Signature of police official
8	PARTICULARS OF WITNESS		
8.1		8.2	
	Name of witness in block letters		Persal number of witness
8.3	Rank of witness in block letters	8.4	Signature of witness
	E. PARTICULARS OF IN	TE	-
	(This section must <u>only</u> be completed if the applicant carenol read		
1	Name and surname of interpreter		
2	identity/Passport number of interpreter		
Ģ	Residential address		* Postal Code
5	Postal address		
			*Postal Code
7 9	Talephone number 7.1 Home ()		⁷² Work ()
10	Celiphone humber E-mail address		9 Fax ()
11	interpreted from (language)		to
		12	Date
13		14	
	Signature of Interpreter		Place
15		16	
	Rank of police official in block letters(if applicable)		Persal number of police official(if applicable)



SAPS 520



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 PERSONAL USE (Individuals and companies)

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

[]			
OFFICIAL DATE STAMP		RETHE APPLICATION	
	¹ Application reference	<u> </u>	
	Application reletence		
DATE RECEIVED			
B. FOR OFFICIAL USE BY F	OLICE STATION WHE	RE APPLICATION IS R	ECEIVED
Province			
Агва			
Police station			
Component code			
Finarm applications register reference number	SAPS 86 NO		YEAR
C. FOR OFF	CIAL USE BY THE DE		in the other states and the states of the states of the states of the states of the states of the states of the
¹ Outstanding/Additional information required			
			- Date
	safnumber		- Lidte
	Г	·· · · · · · · · · · · · · · · · · · ·	
⁴ Signature of police official	L	⁵ Name in bloc	k letters
* Application for a permit approved (indicate with an X)			
2 Per	sal number		- * Date
	[<u>-</u>] [
⁹ Signature of deciding officer	¹⁰ Officer code	¹¹ Name in bloc	
¹⁰ Application for a permit refused (indicate with an X)		(s) for refusal	6 DUDI D
- ** Pe	rsal number	-	- ¹⁸ Date
1			



	D. TYPE OF PERMIT (Indicate with an X)	
	Multiple import or export permit 2 import permit 3 Export permit 4 in-transit permit 5 Temporary import or export permit	
	E. PARTICULARS OF APPLICANT	
1	NATURAL PERSON'S DETAILS	
2	Type of identification (Indicate with an X)	
2.1	SA ID Passport	
3	Identity number of netural person	-
4 5	Passport number of natural person Summane	_
7	Summe * Initials	
8	Date of birts * Age 1th Gender Male	Female
11	Residential address	
13	Pestal address	
	14 Postal Code	
15 17	Trade or profession 14 If self-employed, specify	
18	Name of employer/company Business address	
	¹⁸ Posta/Code	
20	Telaphone number 20.1 Home () 20.2 Work ()	
20,3	Cellphone number ()	
22	E-mail address	
23	Marital status (Indicate with an X)	
24	Single Martied 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	SAID Passpot	
25.2	Identity number of spouse/partner	-
25.3 25.4	Paseport number of spouse/partner	
23.4	Full Name and Sumame	
26	JURISTIC PERSON'S DETAILS	
27	Registered company name	
28 29	Trading as name	
30	Postal address	



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							SAP	S 52
		3: 6	Postal C.c	de		Γ		
32	Business address							
		33 8	ostal Co	de				Τ
34	Business felephone number 34.1 Work () 34.2 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 cilizen Non	-SA citiz	en with p	ermane	nt res	idenci	r	
39	identify number of responsible person -			-			-	
40	Passport number of responsible person							
41	Celiphone number							
42	Physical address							
		đ	³ Postal	Code				
44	Postal address	-						
i		4	⁶ Postal	Code				
46	Type of competency pertificate (if applicable)	·····,-						
47	Date of Issue 48 Expiry date		-			-		
								iii (Se
	F. PARTICULARS OF THE CURRENT OWNER OF THE FIF	KEARM	(5)					
۱ ۱	NATURAL PERSON'S DETAILS							
2	Siamame		³ Initia	s				
4	Fullnames							
5	Identity number of natural person -	+		-		_	-	_
6 7	Passport number of natural person							
'	Residential address							_
9		^e Pos	stal Code					_
	Postal address	10	istal Cod					
11	Telephone number ^{11.1} Home () ^{11.2} Work (HC)	S(8): COG	8				-
11.3	Celiptione number 12 Fax (\neg
13	E-Mail address							-
14								
14	JURISTIC PERSON'S DETAILS							
15	Registered company name							
16	Trading as name							
17	FAR number							
18	Company registration or CC number							
19	Postal address	00000000000						
		20 Pc	stal Coo	e				

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

Prepared by:



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	SA	PS 520
21	Business address	
	22 Postal Code	
23	Business telephone number 23.3 Work 23.2 Fax	
24	E-mail address	
25	RESPONSIBLE PERSON'S DETAILS	
26	Responsible person (full name and surname)	
27	Type of identification (Indicate with an X) SA ID Passport number	
28	Identify number of responsible person	
29	Passport number of responsible person	
30 31	Cellphone number	
31	Physical address	-
33	³⁴ Postal Code	
	Postal address ³⁴ Postal Code	1
	G. IMPORT AND/OR EXPORT DETAILS	
1	Country of origin	
2	Country of destination	
3	Port of entry	
4	Porterexit	
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	
8	In case of a multiple import or export permit/temporary import or export permit/in-transit permit, submit the following	
9	Pariad for which many is a service of	
	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 pame and sumame	
3	Transporter's trading name	
4	Method of transport	
5	Transporter's responsible person (name and sumarne)	
6	Type of identification (indicate with an X) SA cilizen 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



							SAPS	S 520
9	Validity of the transporter's permit	FROM	Date	-		-		
		то	Date	- 1	Γ	-		
10	Transport route			 	 			

L DETAILS OF FIREARMS

1.1 Type	^{1.2} Action	^{1.3} Calibre	1.4 Model	^{1.5} Make	^{1.6} Frame or receiver settal number	1.7 Barrel serial number
						}
	1					
	1				•••••	t

2 DETAILS OF AMMUNITION

2.1

2.1.1	Туре	212 Quantity
		T
		1
		1
		1
		1
		1
		l
		1

2.2	2.2.3 Type	2.2.2 Quantity



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		SAP\$ 520
3	DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM(S)	
	I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to supply it to the applicant once the necessary permit(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate.	t
4	SIGNATURE OF PERSON CURRENTLY IN POSSESSION	
4.1	4.2 Date A Date -	
4.2		
4.3	Signature of person currently in possession	
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 statem application.	ent in this
	J. SIGNATURE OF APPLICANT (Sign only if applicable)	
1	2 Date	
3	4 Place	
	Signature of applicant	
	K. (This section must be completed only if the applicant cannot read or write)	
1	² Fingerprint designation	
	Name of applicant in block letters	
	Right index fingerprint of applicant	
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
6.1		
6.3	Name of police official in block letters Persal number of police official 6.4	
	Rank of police official in block letters Signature of police official	
7	PARTICULARS OF WITNESS	
7.1	.1 7.2 Name of witness in block letters Persal number of witness	
7.3		
	Rank of witness in block letters Signature of witness	
	L. PARTICULARS OF INTERPRETER (This section must be completed <u>only</u> if the applicant cannot read or write or does not understand the content of this form.)	
1	Name and sumame of Interpreter	
2	Identity/Passport number of interpreter	
3	Residential address	
	* Postal Code	



5		SAP	\$ 520
0	Postal address		
7	*Postel Code		
8	Telephone number 71 Home () 72 Work ()		
10	Cellphone number ()		
11	E-mail address		
	interpreted from (language) to		
	12 Date		
13	14 Flace		
	Signature of interpreter		
15	16		
	Rank of police official in block letters (if applicable) Persal number of police official (if applicable)		
	M. PARENTAL CONSENT IN CASE OF A MINOR		
1	Recommended Not recommended		
2	Name and sumame of parent/guardian		
3	Identily/Passport number of parent/guardian		
4	Comments of patent/guardian		L
		•••••	
	5 Date		
6	7		
	Signature of parent/guardian		



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		SAPS 520
	N. IN CASE OF NOMINEE/AUTHORIZED PERSON	
1	Name and sumame of nominee/authorized person	
2	Identity/Passport number of nominee/authorized person	
	a 111111111111	
	Date	
4	5 Place	
	Signature of nominee/authorized person	
	*** NOTIFICATION OF CHANGE OF ADDRESS ***	
	The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring	
	0. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER	
1	RECOMMENDATION REGARDING THE APPLICATION	
	Recommended Not recommended	
2	Motivation regarding the application	
		l
3	4 Date	
	Name of Designated Firearms Officer/Station Commissioner in block letters	
5	6 Flace	
_	Rank of Designated Firearms Officer/Station Commissioner in block letters	
7	Signature of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station	
	Signature of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station Commissioner	



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SAPS 520(a)



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)

OFFICIAL DATE STAMP		OFFICIAL									
	¹ Application referen	ce No									
DATE RECEIVED											
B. FOR OFFICIAL USE BY P				- ATI		8 ØF	CEI	VEO		_	
Province				un ti	<u>va</u>						
Area											
Police station											
Component code											
Firearm applications register reference number	SAPS 86 NO					YEA	R				
C. FOR O	FFICIAL USE BY THE D	ECIDING	OFFI	CER							
* Outstanding Additional information required											
				•••••					•••••		
	Persal number		-			-			^a Da	te	
							_				
⁴ Signature of police official			5 N	Jame	in blo	ck lett	ers				
* Application for a permit approved didicate with a	a X)										
	Persel number		-			-			* Da	te	
		L									

									L			- L							_			
		*	Signatu	re of d	ecidir	ng off	ficer		10	Officer	code			11	Nam	e in b	ock le	tters				
W A	pplicali	on for	e perm	nit refu	sed	Indic	ate wit	h ac X)			13 Rea	son	s) for	refus	u							
[•••••												•••••				
			T			-		14 Pers	al num	ber				T -			Τ-			18 E	Date	
								-	[Γ										
		15	Signate	ire of c	lecidi	na of	fficer		17	Officer	code			1	[*] Nan	ne in b	lock le	etters				



	D. TYPE OF PERMIT (indicate with an X)
	* Multiple import or axport permit * Import permit * Export permit * in-transit permit * Temporary import or export permit
	E. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
2.1	SA ID Passport
3	identity number of natural parson
4	Passport number of natural person
5	Sumare ⁶ Initials
7	Full names
8	Date of birth * Age ** Gender Male Female
11	Residential address
	12 Postal Code
13	Postal address
	14 Postal Code
15	Trade or profession 16 If self-employed, specify
17	Name of employer/company
18	Business addrass
	1ª Postal Code
20	Telephone number 20.1 Home () 21.2 Work ()



20.3	Celphone number		21 Pa	x ()		
22	E-mail address						
23	Marital status (Indicate with an X)]					
24	Single Marr Other (specify)	ed Di	vorced	Wide	W	Wide	WYER:
25	PARTICULARS OF APPLICANT'S SPO	USE/PARTNER (If applicabl	e)				
25.1	Type of identification (Indicate with an X)						
25.1.1	SA ID Passport						
25.2	Identity number of spouse/pattner			-		-	-
25.3	Passport number of spouse/partner						
25.4	Full Name and sumame						
26	JURISTIC PERSON'S DETAILS						
27	Registered company name						
28	Trading as name						
29	FAR number						
							Page 2 of 10
							SAPS 520(a
30	Postal address				1111110000		
	Duringer address				^{3*} Pos	al Code	

						Postal Code	
Business telephone number	a4 t Work ()	34.2 Fax	()		
E-mail address							

37	Responsible person (full name and sumame)
38	Type of identification (indicate with an X) SA citizen Pessport
39	Identity number of responsible person
40	Passport number of responsible person
41	Celiphone number
42	Physical ankiress.
	*3 Postal Code
44	Posial address
	45 Postal Code
46	
47	Type of competency certificate (it applicable)
4/	Date of issue 40 Expiry date
	F. PARTICULARS OF CURRENT OWNER OF THE FIREARM(S)
1	NATURAL PERSON'S DETAILS
Dueu	



2	Sumame													8	initi	als					Π
4	Full names																			•	
5	identity number of natural perso	in .										-					-			-	
6	Passport number of natural per	son																			Ц
7	Residential address																0000000				
														[®] Post	al Coc	je					Ц
9	Postal address										_										┍┥
11														¹⁰ Pos	itai Co	de					Ц
11.3	Telephone number	11.1 H	ome	()			1	2 W			()							
13	Cellphone number		-							F	X		()							
14	E-mail address											YE	•					NO			
	Are there any additional firearm	licence h	ciders to	orthis	s firea	7777 (I	Indicate	with an	X)			YE	\$					NO			
15	JURISTIC PERSON'S DETAIL	.s																			
16	Registered company name																				
17	Trading as name									_											
18	FAR number																				
																			Pa	ge 3 (of 10
																			SA	PS 52	20(a)
19	Postal address																		SA	PS 52	20(a)
	Postal address													20 F	eostal I	Cod	e		SA	PS 5	20(a)
19 21	Postal address Buseress address																		SA	ps 52	20(a)
	Business address	234 M	/ork	()				22	¹² Fa		()		'ostal 'ostal				SA	PS 52	20(a)
21	Postal address	73.1 M	/oriz	()				22	¹² Fa		()						SA	PS 52	20(a)
21 23	Business address Business telephone number E-mail address		/012	()				22	12 Fa	e	()						SA	PS 52	20(a)
21 23 24 25	Business address Business telephone number E-mail address RESPONSIBLE PERSON'S D	ETAILS]	()				22	¹² Fa	4	()							PS 5:	20(a)
21 23 24 25 26	Responsible person (tult name s	ETAILS]	()		-		2	*2 Fa	<	()	22,	'ostai	Cod	•			PS 52	20(a)
21 23 24 25	Responsible person (full name a Type of identification (indicate w	ETAILS ad suffiam]	()	Si	A citize		22	²² Fa	•	()	22,		Cod	•			PS 5:	20(a)
21 23 24 25 26 27	Business address Business telephone number E-mail address RESPONSIBLE PERSON'S D Responsible person (full name a Type of identification (indicate w Identify number of responsible	ETAILS ad suffiam]	()	S/	A citize		2	12 Fa	•	()	22,	'ostai	Cod	•			PS 5:	20(a)
21 23 24 25 26 27 28	Postar address Business address Business telephone number E-mail address RESPONSIBLE PERSON'S D Responsible person (tuli name a Type of identification (indicate w Identify number of responsible Cellphone number	ETAILS ad suffiam]	()	S.	Acitza	n	2	i ² Fa	•	()	22,	'ostai	Cod	•			PS 52	20(a)
21 23 24 25 26 27 28 29	Business address Business telephone number E-mail address RESPONSIBLE PERSON'S D Responsible person (full name a Type of identification (indicate w Identify number of responsible	ETAILS ad suffiam]	()	Si	A citza	n	2	Fa		()	22,	i lateo Ficazo Ficazo	Cod	•			PS 52	20(a)
21 23 24 25 26 27 28 29	Postar address Business address Business telephone number E-mail address RESPONSIBLE PERSON'S D Responsible person (tuli name a Type of identification (indicate w Identify number of responsible Cellphone number	ETAILS ad suffiam]	()	5/	A citize	n 1		Fa	•)	22 ; 	i lateo Ficase Ficase	Cod	•			PS 52	20(a)
21 23 24 25 26 27 28 29 30	Prostar address Business address Business telephone number E-mail address RESPONSIBLE PERSON'S D Responsible person (toll name a Type of identification (ndicate w Identify number of responsible Cellphone number Physical address	ETAILS ad suffiam])		A citize			12 Fa	•			22 ; 	iostal I Separt	Cod nut	•			-	20(a)
21 23 24 25 26 27 28 29 30	Postal address Business address Business telephone number E-mail address RESPONSIBLE PERSON'S D Responsible person (toti name a Type of identification (indicate w Identify number of responsible Cellphone number Physical address Postal address	ETAILS ad suffiam]											Pa Pa	iostal I Separt	Cod nut	•			PS 52	20(a)
21 23 24 25 26 27 28 29 30 32	Postal address Business telephone number E-mail address RESPONSIBLE PERSON'S D Responsible person (tuli nams a Type of identification (indicate w Identify number of responsible Cellphone number Physical address Postal address G.	ETAILS ad suffiam]					n L EXP)	Pa Pa	iostal I Separt	Cod nut	•			PS 5:	20(a)
21 23 24 25 26 27 28 29 30	Postal address Business telephone number E-mail address RESPONSIBLE PERSON'S D Responsible person (till name i Type of identification (indicate w Identify number of responsible Cellphone number Physical address Postal address G. Country of origin	ETAILS ad suffiam])	Pa Pa	iostal I Separt	Cod nut	•			PS 52	20(a)
21 23 24 25 26 27 28 29 30 32	Postal address Business telephone number E-mail address RESPONSIBLE PERSON'S D Responsible person (tuli nams a Type of identification (indicate w Identify number of responsible Cellphone number Physical address Postal address G.	ETAILS ad suffiam])	Pa Pa	iostal I Separt	Cod nut	•			PS 52	20(a)



Page 228 of 383

i	Reason for permit	
5	In case of a permanent import/export permit submit the date on which the import/export will take place	
	Date on which the import/export will take place;	
	In case of a multiple import or export permit/temporary import or export permit/in-transit permit submit the following	
	Period for which permit is required	
0	FROM Dete TO Date	Γ
	H. TRANSPORTER'S DETAILS (Complete only in the case of an in-transit permit)	
	FAR number	
	Transporter a name and surname	
	Transporter's trading name	
	Method of transport	
	Transporter's responsible person (name and sumane)	
	Type of Identification (indicate with an X) SA citizen Non-SA citizen with permanent residence*	
	Identity number of responsible person	Γ
	Celiphone number	

Page 4 of 10



						SA	PS 520(a)
9	Validity of the transporter's permit	FROM	Date		-	-	
		то	Date		-	-	
10	Transport route						
	}						
		DETAILS OF FI	DEADINO				
	1.4 Type 1.2 Action 1.3 Ca	libre ^{1.4} Model	^{1.5} Make	1.6 Frame or serial num		1.7 Barrel s number	erial .
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2 DETAILS OF AMMUNITION

	Z4.1 Type	2.1.2 Quantity	2.2	2.2.1 Type	2.2.2 Quantity
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DECLARATION BY PERSON WHO IS IN LAWFUL POSSESSION OF THE FIREARM(S)

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

3



			SAPS 520(
4	SIGNATURE OF PERSON CURRENTLY IN POSSESSION		
4.1		4.2	Date
	Name of person currently in possession in block letters		
4.3		4.4	Place
	Signature of person currently in possession		
5	DECLARATION OF APPLICANT		
	I am aware that it is an offence in terms of section 120 (9)(f) of the Firearr application.	ns Contro	ol Act, 2000 (Act No 60 of 2000), to make a false statement in this
	J. SIGNATURE OF APPLIC	CANT (S	ilgan çirdiy if epolicative)
1	Name of applicant in block letters	2	Date
3		4	Place
	Signature of applicant		
	K. (This section must only be complete	ed if the a	applicant cannot read or write)
1	2 Einentraint	3	Date
	 Fingerprint designation 		
		4	
		5	Name of applicant in block letters
			Place
	Right Index fingerprint of applicant		
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATIO	DN .	
6.1	F	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		Persal number of witness
7.3		7.4	
	Rank of witness in block letters		Signature of witness
	PARTICULARS ((This section must be completed only if the applicant cannot	OF INTE read or v	RPRETER write or does not uncerstants the content of this form.)
1	Name and sumame of interpreter		
2	Identity/Passport number of interpreter		
3	Residential address		
5			* Postal Code
	Postal address		⁴ Postal Code



		574 6 626(4)
7	Talephone number 71 Home ()	7.2 Work (-)
8		
•	Cellular chone	⁹ Fax ()
10	E-mail address	
11		•
	Interpreted from language	to
	12	
		Dafe
13	14	
		Flace
	Signature of interpreter	
15	16	
	Rank of police official in block letters (if applicable)	Persal number of police official (if applicable)
	Rank of police dificial in block letters (in applicable)	Persai number of police official (ir applicable)
	M. PARENTAL CONSENT IN CASE	OF A MINOR
	In CANCELLE CONVENTING CASE	OF A MARCA
1	-	
	Recommended	Not recommended
2		
-	Name and sumame of parent/guardian	
3	Identity/Passport number parent/guardian	
4	Comments of parent/guardian	
	Commanies of pareneguarcian	
	5	Date
; [~ 63	
	7	Piace

Signature of parent/guardian

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SAPS 520(a)

	N. IN CASE OF NOMINEE/AUTHORIZED PERSON
1	Name and sumame of norminec/authorized person
2	identity/Passport number of nominec/authorized person
4	3 Date
	Signature of nominee/authorized person **** NOTIFICATION OF CHANGE OF ADDRESS ***
	The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring
	0. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION REGARDING THE APPLICATION
	Recommended Not recommended
2	Molivation regarding the application



		•••••	
3		4	Date
	Name of Designated Firearms Officer/Station Commissioner in block letters		
5		6	Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters		
7		8	
	Signature of Designated Firearms Officer/Station Commissioner		Persal number of Designated Firearms Officer/Station Commissioner

Page 9 of 10



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SAPS 520(a)

P.		HE SCRUTINY COMMITTEE portpermitipermanent export permit	
9	RECOMMENDATION REG	ARDING THE APPLICATION Not recommended	
Recommendation from Scruti		Part Counting France	
Q		BE BY THE NCACC	
		ARDING THE APPLICATION	
Recommendation from NCAC	commendad	Not recommended	

Page 10 of 10





SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR PERMIT TO TRANSPORT FIREARMS AND AMMUNITION

OFFICIAL DATE STAMP	A. FOR OFFICIAL WHERE THE						
	¹ Application reference No	TT		Τ			
			 1		_	 i	
		-					
DATE RECEIVED							

	8. FOR OFFICIAL USE BY POLIC	E STATION WHERE THE	APPLICATION IS RECEIVED	
1	Provence			
2	Area			
3	Police station			
4	Component code			
5	Firearm applications register reference number SA	NO NO	YEAR	



Page 237 of 383

C.	1					FOR	OFFI	CIAL USE BY	THE CEN	TRAL	FIRE	RMS	REC	ISTER	CICF	R)			
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42 A	neti	cation						e with an X3		¹⁵ Reas	on(s) f	ot refi							
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							-	14 Persal n	umber				-		-			¹⁵ Date	
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			18 5	Signat	ure of	CFR	officer		17 Officer	code			*® Na	me in t	lock le	etters			_

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	SAPS	
	D. PARTICULARS OF APPLICANT	
1	NATURAL PERSON'S DETAILS	
2	Type of identification (Indicate with an X)	
2.1		
3	SAID Paseport	1-
4	Passport number of natural person	+
5	Sumame ^d Initials	
7	Full names	
8	Date of birth ⁸ Age ¹⁰ Gender Male Fe	male
11	Residential address	1
13	12 Poetal Code	
	Postal address	
15	Trade or profession 16 If self-employed specify	1
17	Name of amployer/company	
18	Business address	
20	¹⁹ Postal Code	
20.3	Telephone sumber 20.1 Home () 20.2 Work ()	
22	Celiphone number 2º Fax ()	
23 24	Marital status (Indicate with an X) Single Married Divorced Wildow Yvidower	
	Cither (specify)	
25	Cither (specify) PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)	
25 25.1		
	PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)	
25.1 25.1.1	PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable) Type of identification (Indicate with an X)	
25.1 25.1.1	PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable) Type of identification (Indicate with an X) SA ID Passport	
25.1 25.1.1 25.2	PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable) Type of identification (Indicate with an X) SA ID Passport Identity number of spouse/partner - -	
25.1 25.1.1 25.2 25.3	PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable) Type of identification (Indicate with an X) SA ID Passport Identify number of spouse/partner - - Passport number of spouse/partner - -	
25.1 25.1.1 25.2 25.3 25.4	PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable) Type of identification (Indicate with an X) SA ID Passport Identity number of spouse/partner - - Passport number of spouse/partner - - Full name and surrame - -	
25.1 25.1.1 25.2 25.3 25.4 26	PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable) Type of identification (Indicate with an X) SA 10 Passport Identify number of spouse/partner Passport number of spouse/partner Full name and surfame JURISTIC PERSON'S DETAILS	
25.1 25.1.1 25.2 25.3 25.4 26 27	PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable) Type of identification (Indicate with an X) SA (D) Passport Identify number of spouse/partner - - Identify number of spouse/partner - - Full name and surrame	
25.1 25.1.1 25.2 25.3 25.4 26 27 28	PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable) Type of identification (Indicate with an X) SA ID Passport Identify number of spouse/partner Passport number of spouse/partner Full name and summaria JURISTIC PERSON'S DETAILS OTHER BODIES (eg body corporate, close corporation or company)	
25.1 25.1.1 25.2 25.3 25.4 26 27 28 29	PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable) Type of identification (Indicate with an X) SA ID Passport Identify number of spouse/partner Passport number of spouse/partner Full name and suntame JURISTIC PERSON'S DETAILS OTHER BODIES (eg body corporate, close corporation or company) Registered company name Trading as name St Parenter	
25.1 25.1.1 25.2 25.3 25.4 26 27 28 29 30	PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable) Type of identification (Indicate with an X) SA ID Passport Identify number of spouse/partner Passport number of spouse/partner Full name and suntame JURISTIC PERSON'S DETAILS OTHER BODIES (eg body corporate, close corporation or company) Registered company name Tracking as name FAR number	

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		GHF3 020(5
34	Business address	
36		36 Postar Code
35	Business telephone num	ber ^{36,1} Work () ^{36,7} Fax ()
	E-mail address	
38	RESPONSIBLE PERSO	N'S DETAILS
39	Responsible person (full r	name and sumarre)
40	Type of identification (indi	
41	identity number of respon	isible person
42	Passport number of resp	onsible person
43	Celphone number	
44	Physical address	
46		⁴⁵ Postał Code
40	Postal address	
		7 Postal Code
	E.	OTHER DETAILS
1	HAVE YOU EVED DEEN	CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?
	(indicate with an X)	
1.1	YES	NO If yes, submit the following details
1.3	Police station (1)	12 CAS/Case number
1.4	Charge	
	Outcome	
1.5	Police station (2)	1.6 CAS/Case number
1.7	Charge	
1.8	Outcome	
2	ADE THEDE ANY CARE	S PENDING AGAINST YOU? (Induste with an X)
	YES	NO If yes, submit the following details
2,1	Police station ^[1]	22° CAS/Case number
2.3	Offence	
2.4	Police station ⁽²⁾	2.5 CASiCase number
2.6	Offence	
1	uniting	
3	HAVE ANY OF YOUR FIL	REARM(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} CA5/Case number
3.7	Circumstances	
3.8	Details of Frearm	

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



4	WAS A CASE OF NEGLI	GENCE OPENED AND IN	WESTIGATED REGARDING THE STOLEN/LOST FIREARM? (Indicate with an X)
	YES	NO	If yes, submit the following details
4.1	Police station (1)		4.2 CAS/Case number
4.3	Charge		4.4 Outcome
4.5	Police station ⁽²⁾		4.4. CAS/Case number
4.7	Charge		4.8 Duforme

5	HAVE YOU EVER BEEN	DECLARED UNFIT TO P	DSSESS A FIREARM? (Indicale with an X)
	YES	NO	If yes, submit the following details
5.1	Police station (0		*2 GAS/Case number
5.3	Charge		
5.4	Date from		4.5 Period
5,6	Police station ⁽²⁾		^{35.7} CAS/Case number
5.8	Charge		
5,9	Date from		510 Period

6	HAS A FIREARM IN YOU	IR POSSESSION BEEN CO	ONFISCATED? (Indicate with	an X)	
	YES	NO	If yes, submit the following	details	
6.1	Police station (1)			6.2 CAS/Case number	
6.3	Circumstances			^{6.4} Oulcame	
6.5	Police station (2)			6.6 CAS/Case number	
6.7	Circumstances			e a Outcome	

7	PARTICULARS OF TWO-WAY COMMUNICATION SYSTEM
8	DESCRIPTION OF SAFETY MEASURES FITTED TO VEHICLES



SAPS 520(b)

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D	ESCRIPTION	OF HOW THE PRI	SCRIBED REGIS	TERS WILL BE KE	PT		
D	ESCRIPTION	of how the Pri	ISCRIBED REGIS	TERS WILL BE KE	PT		
0	ESCRIPTION	OF HOW THE PRI	ISCRIBED REGIS	TERS WILL BE KE	PT		
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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.

SIGNATURE OF APPLICANT (Sign only if applicable)

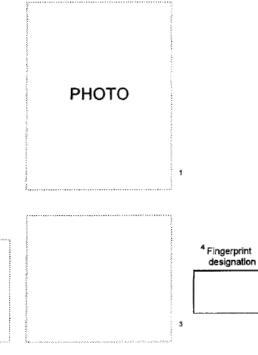
Note:

F.

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.

Signature



Page 5 of 7



Prepared by:

2

			SAPS 520(b)
5		6	Date
	Name of applicant in block letters		
		7	Place
8	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION		
8.1		8.2	
	Name of police official in block letters		Persal number of police official
8.3	[]	8.4	
	Rank of police official in block letters		Signature of police official
9			
•	PARTICULARS OF WITNESS		
9.1		9.2	
	Name of witness in block letters		Persal number of witness
9.3		9.4	
	Rank of witness in block letters		Signature of witness
	G. PARTICULARS OF	INCE	EDROFTED
	 PARTICULARS OF (This section must be completed <u>only</u> if the applicant cannot re 	ad or	where or does not understand the content of this form.)
1			
2	Name and sumarity of interpreter		
3	Identity/Passport number of interpreter		
	Residential address		
5			4 Postal Code
3	Postal address		
-			Postal Code
7	Telephone number 71 Home ()		7.2 Work ()
8	Celinbone sumber		3 Fav
8 10	Celiphone number		* Fax ()
	E-mail address		· · · · · · · · · · · · · · · · · · ·
10			* Fax ()
10	E-mail address	12	· · · · · · · · · · · · · · · · · · ·
10	E-mail address	12	to
10 11	E-mail address		to
10 11 13	E-mail address Interpreted from (language)	14	to
10 11	E-mail address Interpreted from (language) Signature of interpreter		to
10 11 13	E-mail address Interpreted from (language)	14	to
10 11 13	E-mail address Interpreted from (language) Signature of interpreter	14 16	to Persal number of police official (if applicable)
10 11 13	E-mail address Interpreted from (language) Signature of interpreter Rank of police official in block letters (if applicable) H. PARENTAL CONSENT IN C	14 16	to to Place Persal number of police official (if applicable) OF A MINOR
10 11 13 15	E-mail address Interpreted from (language) Signature of interpreter Rank of police official in block letters (if applicable)	14 16	to Persal number of police official (if applicable)
10 11 13 15	E-mail address Interpreted from (language) Signature of interpreter Rank of police official in block letters (if applicable) H. PARENTAL CONSENT IN C	14 16	to to Place Persal number of police official (if applicable) OF A MINOR
10 11 13 15	E-mail address Interpreted from (language) Signature of interpreter Rank of police official in block letters (if applicable) H. PARENTAL CONSENT IN C Recommended	14 16	to to Place Persal number of police official (if applicable) OF A MINOR
10 11 13 15 1	E-mail address Interpreted from (language) Signature of interpreter Rank of police official in block letters (if applicable) H. PARENTAL CONSENT IN C Recommended Name and sumame of parent/guardian	14 16	to to Place Persal number of police official (if applicable) OF A MINOR
10 11 13 15 1 2 3	E-mail address Interpreted from (language) Signature of interpreter Rank of police official in block letters (if applicable) H. PARENTAL CONSENT IN C Recommended Name and summer of parent/guardian Identify/Passport number of parent/guardian Identify/Passport number of parent/guardian	14 16	to to Place Persal number of police official (if applicable) OF A MINOR
10 11 13 15 1 2 3	E-mail address Interpreted from (language) Signature of interpreter Rank of police official in block letters (if applicable) H. PARENTAL CONSENT IN C Recommended Name and summer of parent/guardian Identify/Passport number of parent/guardian Identify/Passport number of parent/guardian	14 16	to to Place Persal number of police official (if applicable) OF A MINOR
10 11 13 15 1 2 3	E-mail address Interpreted from (language) Signature of interpreter Rank of police official in block letters (if applicable) H. PARENTAL CONSENT IN C Recommended Name and summer of parent/guardian Identify/Passport number of parent/guardian Identify/Passport number of parent/guardian	14 16	to to Place Persal number of police official (if applicable) OF A MINOR



		SAPS 520(
	· · · · · · · · · · · · · · · · · · ·	······
]	
		5 Date
6	Signature of parent/guardian	7 Place
	I. FOR OFFICIAL USE BY THE DESIGNATED FIREA	RMS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION REGAR	JING THE APPLICATION
	Recommended	Not recommended
2	Mothation	
3	Recommended conditions	
4		5 Date
	Name of Designated Firearms Officer/Station Commissioner in block letters	
6		7 Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters	
8	Signature of Designated Firearms Officer/Station Commissioner	Paral number of Designated Einsume Officer/Station
	Signature of Designated Firearms Office//Station Commissioner	Persal number of Designated Firearms Officer/Station Commissioner





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

A. FOR OFFICIAL WHERE THE	000000000000000000000000000000000000000	00000000000	 	2000 Sec. 20	 002259°.82	v	
¹ Application reference No							

DATE RECEIVED

8.				F	OR C	FFIC	IAL	USE	BY POLICI	E STATI	ON V	VHE	RE T	HE A	PPL	ICATI	ON	IS R	ECE	IVE	D		
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An	ea.		1.50.14																				
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Co	mpo	nent o	aboç								28						_						
Fir	earm	appl	icatio	ns reg	jister (eferen	ice nu	mber	SA	PS 86	NC)				-		YE	AR				
C.						FOF	l OF	FICIA	L USE BY	THE CE	NTR	al f	IRE	ARM	s RE	GISTI	R	(CFR	e)				
1 c	Jutst	andir	ng/A	lditio	nal in	torma						000000000							<u></u>			*********	
							•••••					••••••											
		I	1	T	1	T	T		2 Persal m				r	· · · · ·							8 p)ate	
		I	I	1	1		-		P ersa in	moer							_	-		<u> </u>		läre	
						police				9422					⁵ N	ame in	blo	ck lett	ers				
Ар	plica	tion	for a	perm	uit app	хоуе	d (indi	icate v	vith an X)														
Т			Γ	T -	T		-		7 Persal nu	mber					-		-	-			* p	ate	
						<u> </u>															Province of		
			9 .			CFR			•••••	10 0 00	<u> </u>				11								
2 A	oplik	atior		-					th an X)	¹⁰ Office			inis)	lor re		ime in	ploc	k lette	ers				
							<u></u>			<u> </u>										222302000			
							••••														••••••		
Т				1			-		¹⁴ Persai n	umber					- 1			-			45	Date	
<u> </u>			1			<u> </u>								1							Property		
			16							17 8/5					18								
			10	Signat	ture of	f CFR	office	ar -		17 Office	er code	Ð			** N	ame in	bloc	k letti	ers				



	D. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
2.1	SA ID Fase port Non-SA citizen with permanent residence*
3	Mentity number
4	Passport number
5	Sumarre finitiais
7	Full harries
8	Residential address
	*Postal Code
10	Postal address
	11 Poetral 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, ceravan, cottage, house, hostel)
16	Trade or profession. 17 If self-employed, specify
18	Name of employed company
19	Business address
	M Postal Code
21	Telephone number 21.1 Home () 21.2 Work ()
21.3	Cellphone number Pax ()
23	E-mail address
24	Marital status (Indicate with an X)
24.1	
	Single Married Divorced Widow Widow
	Single Married Divorced Widow Widower Other (specify)
25	
25 25.1	Qiher (specify)
	Other (specify) PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (if applicable) Type of identification (indicate with an X)
25.1	Other (specify) PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (if applicable) Type of identification (Indicate with an X) SA ID Paesport
25.1 25.1.1	Qther (specify) PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (if applicable) Type of identification (indicate with an X) SA ID Passport
25.1 25.1.1 25.2	Other (specify) PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (if applicable) Type of identification (indicate with an X) SA ID Passport Identity number of spouse/partner
25.1 25.1.1 25.2 25.3	Other (specify) PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (if applicable) Type of identification (indicate with an X) SA ID Passport Identify number of spouse/partner Passport number of spouse/partner
25.1 25.1.1 25.2 25.3 26	Other (specify) PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (if applicable) Type of identification (indicate with an X) SA ID Passport Identify number of spouse/partner Passport number of spouse/partner JURISTIC PERSON'S DETAILS

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



30	FAR number
31	Postal address
	³² Postal Code
33	Business address
	S# Postal Code
35 36	Business telephone number 35.1 Work () 35.2 Eax ()
30	E-mail address
37	RESPONSIBLE PERSON'S DETAILS
38	Responsible person (full names and sumame)
35	Type of identification (indicate with an X) SA ID Passport number
40	identity number of responsible person
41	Passport number of responsible person
42	Caliphone number
43	Physical address
45	44 Postal Code
45	Postal address
	46 Postal Code
47	OTHER DETAILS (Indicate with X)
48	Private collector
48 49	Private collector Public collector Reason(s) for applicant to collect ammunition
	Public collector
	Public collector
	Public collector
	Public collector
	Public collector
	Public collector
	Public collector
	Public collector
49	Public collector Freesch(s) for applicant to collect ammunition
	Public collector
49	Public collector Freesch(s) for applicant to collect ammunition
49	Public collector Freesch(s) for applicant to collect ammunition
49	Public collector Freesch(s) for applicant to collect ammunition
49	Public collector Freesch(s) for applicant to collect ammunition
49	Public collector Freesch(s) for applicant to collect ammunition
49	Public collector Freesch(s) for applicant to collect ammunition
49	Public collector Freesch(s) for applicant to collect ammunition



51	COMPLETE IN CASE OF A PRIVATE COLLECTOR (Indicate with an X)
52	Ate you a member of an accredited association? Indicate with an XI YES NO If yes, submit the following details
53 54	Name of accredited association FAR number of accredited association
55	Membership number
58	37 Expline date - - 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 61.2	Name of the accredited inuseum Accreditation number of the museum
61.4	Manner in which the ampunition will be displayed

Prepared by:



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SAPS	520	(C)	١

62	OTHER INFORMATION	(Indicate with an X)
63	HAVE YOU EVER BEEN (Indicate with an X)	CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?
	YES	NO If yes, submit the following details
63.1	Police station ⁽¹⁾	612 CAS/Case number
63.3	Charge	
63,4	Outcome	
63.5	Police station ^[2]	53.6 CAS/Case number
63.7	Charge	
63.8	Outcome	
64	ARE THERE ANY CASE	S PENDING AGAINST YOU? (Indicate with an X)
	YES	NO If yes, submit the following details
64.1	Police station (1)	\$42 CAS/Case surviver
64.3	Offende	
64.4	Police station (2)	^{54,5} CAB/Case number
64.6	Offence	
65	HAVE ANY OF YOUR FI	REARM(S) EVER BEEN LOST/STOLEN? (Indicate with an 2)
	YES	NO If yes, submit the following getails
65.1	Police stallion (1)	65.2 CAS/Case number
65.3	Circumstances	
65.4	Details of firearm	
65.5	Police station (2)	es.s CAS/Case number
65.7	Circumstances	
65.8	Defails of fitearm	
66	WAS & CASE OF NEGLI	IGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM? Indicate with an XI
	YES	NO If yee, submit the following details
85.1	Police station (1)	
66.3	Charge	
66.5	Police station (2)	^{66,9} CA3/Cese number
66.7	Charge	*s.# Outcome
6 7	HAVE YOU EVER REEN	DECLARED UNFIT TO POSSESS A FIREARM? (Indicate with an X)
	YES	NO If yes, submit the following defails
67.1	Police station ^[1]	
67.3	Charge	
67.4	Date from	575 Period
67.6	Police station (2)	\$7.7 CA3/Case number
67.8	Charge	
67.9	Date from	67.10 Peribd

UNIVERSITEIT VAN PRETORIA UNIVERSITY OF PRETORIA YUNIBESITHI YA PRETORIA Page 5 of 8

68	HAS A FIREARM THAT WAS IN YOUR POSSESSION BEEN CONFISCAT	ED?	(Indicate with an X)
	YES NO. If yes, submit the follow	wing	details
68.1	Police station "		RE2 CAS/Case number
68.3	Circumstances		^{68.4} Outcome
68.5	Police station**	·····	58 * CAS/Case number
68.7	Circumstances	00000	48.8 Gutcome
69	DECLARATION BY APPLICANT		
	I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Con application.	ntrol A	Act, 2000 (Act No 60 of 2000), to make a false statement in this
	E. SIGNATURE OF APPLICAN	¥T (s	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. 		ΡΗΟΤΟ
			⁴ Fingerprint designation
	2		3
	Signature		
5		6	Date
	Name of applicant in block letters		F. (1000)
		7	Place
8	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION		
8.1		8.2	
	Name of police official in block letters	1	Persal number of police official
8.3		8.4	
	Rank of police official in block letters		Signature of police official

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													SAF	P\$ 520(c)
9	PARTICULARS OF WITNESS													
9.1		1			9,:	2	ТТ			Τ	1.			
	Name of witness in block letters	J				Pera	sal numi	ber of w	itness			L		
9.3]			9.4	•								
	Rank of witness in block letters	-				Pers	sal numi	ber of w	itness					
	F. (This section must be completed or	PA ily if the	RTICU applica	JLARS	OF IN' t read of	rerpi write (RETER Indoes	t not unde	erstand D	e conte	nis of ti	nis form	0	
1	Name and surname of interpreter													
2	Identity/Passport number of interpreter													
3	Residential address								100200					
5									41	Postal C	ode			
	Postal address								6	Fostal (and a			
7	Telephone number 7.1 Home	()			7.2	Work	()	r vəlar v	/0401B			
8	Cellphone number		·			-	Fax	()					
10	E-mail address									_				
11	interpreted from (language)						to							
					12	Da	te	Т		Τ.	Τ	Т	- 1	
13					14	Pla	CP					··		
	Signature of interpreter													
15]			16		ΤT				٦.	\square		
	Rank of police official in block letters (if applicable	ē)				Pers	al numb	er of po	lice officia	il (if app	licable)			
	G. P/	ARENT	ALC	ONSEN	T IN C	ASE C)F A M	INOR						
1	Recommended							N	et recomm	herided				
2	Name and surname of parent/guardian													
3	Identity/Passport number of parent/guardian													
-	Comments of parent/guardian													
			••••••		•••••	•••••		•••••			•••••			
												•••••		
					5	Dat	e							
6					7	Plac	æ			_				
	Signature of parent/guardian					00000000								J





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*** NOTIFICATION OF CHANGE OF ADDRESS ***

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

	H. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION WITH REGARD TO THE APPLICATION
	Recommended Not recommended
2	Motivation
3	Additional conditions
4	⁵ Date
	Name of Designated Firearms Officer/Station Commissioner in block letters
6	Rank of Designated Firearms Officer/Station Commissioner in block letters
8	
	Signature of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station Commissioner





SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR COMPENSATION Section 137 of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP		FFICIAL USE				ł	
		¹ Application reference			Π			Τ
	DATE RECEIVED							
			<u></u>					
	B. FOR OFFICIAL USE BY PO	LICE STATION WHERE	I THE APPLI	CATION	IS RECE	IVED		
	Province							
	Area						····	
	Police station							
	Component code				1	<u>гт</u> -		
	General firearm transactions register ref No					-		
	c. FOR OFFICIAL USE	BY THE CENTRAL FI	REARMS RE	GISTER	(CFR)	be discussion		
	¹ Outstanding/Additional information required							
1								••••••
								•
		sal number			-	^a Date		
		-						-
	⁴ Signature of police official		5	Name in bl				
	Application for compensation approved Indicate with an X3	7 Amount	of compensatio		ock letters		1-1	
	(indicate with an X)	to be pair	4					
ł	Per	sal number	-		-	⁹ Date		
								1
	¹⁰ Signature of CFR officer	¹¹ Officer code	12	Name in bi	ock letters			
1000	¹⁸ Application for compensation refused (redicate with an X)		n(s) for refusal					
	(indicate with an A)							
				••••••				
ŀ								
$\left \right $		rsal number			.	16 Date		
						100000000000000000000000000000000000000	<u></u>	
ł								
	¹⁷ Signature of CFR officer	18 Officer code		Name in bi				

Prepared by:



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SAPS	520(d)

	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	Pessport number of natural person
5 7	Sumame ^s InEals
8	Full name Residential address
	S Postal Code
10	Postal address
	1ª Postal Code
12	Business telephone number 121 Hume () 122 Work ()
12.3 14	Celiphone number ()
	E-mait address
15	JURISTIC PERSON'S DETAILS
16	Registered company name
17	Trading as name
18	FAR number
19	Postal address
	at Postal Code
21	Business addrass
	72 Postał Code
23	Business talephone number 23.4 Work () 23.4 Pax ()
24	E-mail address
25	RESPONSIBLE PERSON'S DETAILS
26	Responsible person (full name and sumarrie)
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
	^{##} Postał Coce

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



35	REPRESENTATIVE'S DETAILS	520(d)
35	Name and surname	
37	Postal address	of all prophetics in
	38 Postal Code	
39	Telephone number () as 2 Work ()	
39.3	Celiprione.number. 40 Fax: ()	
41	E-mail address	
42	PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION	
43	Licence, permit, certificate or	
44	authorization type Licence, permit, certificate or authorization number	
45	DETAILS OF FIREARM	
46	Турв]
47	Calibre	
48	Make	
49	Model	
	Firearm component type:	
50	Barrel serial number	
51	Frame serial number S1.1 Make	
52	Receiver serial number 52.1 Make	
53	OTHER PARTICULARS	
54	Police station name	
55 56	SAPS 13 register reference number	
57	Case reference number	
	Motivation for compensation	
58		
-	Expected compensation amount R - ⁵⁹ Amount in words	
		10.00



60	BANK PARTICULARS	
61	Account holder name	
62	Account type	
63	Account number	
64	Name of bank	
65	Branch name	
66	Bank brench code	
67	DECLARATION BY APPLICANT	
	I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act No 6 form.	60 of 2000), to make a false statement in this application
	E. SIGNATURE OF APPLICANT (S	gn only if applicable)
1	SIGNATURE OF APPLICANT	
2	Name of applicant in block letters	Date
4	5	Flace
	Signature of applicant	
6	SIGNATURE OF REPRESENTATIVE	
,	8 Name of representative in block letters	Date
9	10	Place
	Signature of representative	
	F. (This section must only be completed if the applic	ant cannot read or write.)
1	² Fingerprint designation	Date
	4	
		Name of applicant in block letters
	5	Place
	Right index fingerprint of applicant	riace
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
6.1	6.2	
	Name of police official in block letters	Persal number of police official
6.3	6.4	
	Rank of police official in block letters	Signature of police official
7	PARTICULARS OF WITNESS	
7.1	7.2	
	Name of witness in block letters	Persal number of witness
7.3	7.4	
	Rank of witness in block letters	Signature of witness



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	G. (This section mus	t be completed on	PARTIC y if the applic	ULARS O ant cannot r	F INTI ead or v	RPRET	'ER es not	unders	land the	conter	nts of t	his for	m.)	
1	Name and surname of interpre	ter												
2	IdentityPassport number of int													
3	Residential address								Income					
-									⁴ Po	stal Coo	de			
5	Postal address											8		
7		7.1 Umma				7.2				stal Co	de			 L
8	Telephone number	7.1 Home	()			7.2 W		()					
10	Cellphone number					ra)		()					
11	Interpreted from (language)					to								
		3			12		L	1 1			1			
					12	Date				-	1		-	
13					14	Place								
	Signature of interpreter					Fiace								
15	[16		Т				Τ.			
	Rank of police official in block let	ters (if applicable)				Persal n	mber	of police	officiai	(if appl	licable)		
	H FOR OFFIC	AL USE BY TH		ATED FIR	EARN	IS OFFI	CER/	STATI	ON CC	ommis	sio			
1	H. FOR OFFIC								ON CC	MMIS	ssioi			
			IE DESIGN					TION	ON CC		sioi			
1		REC	IE DESIGN					TION			SIO			
	Rec	REC	IE DESIGN					TION			5101			
	Rec	REC	IE DESIGN					TION			SIO			
	Rec	REC	IE DESIGN					TION			SIO			
	Rec	REC	IE DESIGN					TION			SIO)			
	Rec	REC	IE DESIGN					TION			SIO			
	Rec	REC	IE DESIGN					TION			SIO			
	Rec	REC	IE DESIGN			THE AP		TION						
2	Rec	REC	E DESIGN	TION REGA	RDING			TION						
2	Rec Methation	REC	E DESIGN	TION REGA	RDING	THE AP		TION						
2	Rec Methation	REC ommended	IE DESIGN	block letters	RDING	THE AP		TION						
2	Methvation	REC ommended	IE DESIGN	block letters	RDING	THE AP		TION						



SAPS 521



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	A. FOR OFFICIA WHERE TH	00100020000000000000000000000000000000	C232400000000000000000000000000000000000		00022885-09988-00		
	¹ Notification reference No						
DATE RECEIVED							
	HE POLICE STATION WHERE TH	E NOTIFIC	ATION	IS RECEI	VED	ur ili	
Province							
Area							
Police station							
				. /			

Component code
 General Free/mitransactions register.nomber

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

Competency certificate	2.9	Licence issued to particular categories of persons
To trade in fireartts	3	Licence to deal in firearms and anymunition
To manufacture frearms	3.1	Licence to manufacture firearms and ammunition
To conduct business as a gunsmith	3.2	Lionnoe la conduct businese as a gunsmith
To possess a finarm	3.3	Permits
Licences	4	Permit to possess ammunition in a private collection
Licence to possess a firearm for self-detence	4.1	Permit to possess ammunition in a public collection
Licence to possess restricted firearm for self-defence	4.2	Import permit
Licence to possess a frearm for occasional hunting and sports-shooting	4.3	Export permit
Licence to possess a firearm for dedicated hunting and dedicated sports-shooting	4.4	Transporier's permit
Licence to possess a firearm in a private collection	4.5	In-transit permit
Licence to possees a firearm, in a public collection (museums)	4.6	Multiple import and export permit
Licence to possess a firearm for business purposes. Business in hunting	4.7	Temporary import-/export permit
Licence to possess a frearm for business purposes: Business other than hunting		

continue

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Authorizations	6.4	To conduct business in hunting
Temporary suthorization to possess a firearm	6.5	To provide security services for its own business
Temporary authorization to trade in firearits and ammunition	6.6	As a sports-shooting and hunting association
Temporary authorization to a manufacturer to display frearms and ammunition	6.7	As a collectors association
Temporary authorization to conduct business as a gunsmith	6.8	As a maiseum
Accreditation	6.9	As a public collector
As a shooting range	6.10	As a game rancher
To provide training	5,11	As an official institution
To provide firearms for the use in theatrical, firm or television productions		

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



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8	in case of	a licence or temporary author	TAILS OF FIREARM(S	i) n, submit the details of the fire	arm(s)
		(1)	(2)	(3)	(4)
8.1	Туре				
8.2	Calibre			1	
8.3	Маке			1	
8.4	Model				
	Firearm component type:				
8.5	Barrei serial number				
8.6	Frame serial number				
8.7	Receiver serial number				
9					
	Lost Stolen	(Indicate the circum	stances with an X)		
10	Describe Incident				
I					
11	Date on which loss or theft was d	Iscovered			
1					
12	Notification time		13 Notification data		T-1-1-1-1-1
	and the second strife		14 Notification date		
					Page 2 of 4

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	D. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION
1	NATURAL PERSON'S DETAILS
1.1	3A1D Passport
2	Identity number of natural person
3	Passport number of natural person
4	Sumame * Initials
6	Residential address
8	"Postal Code
	Postal address ³ Postal Code
10	Telephone number 19.3 Flome () 19.3 Work ()
11	Celiphone number 12 Fex ()
13	E-mail address
14	JURISTIC PERSON'S DETAILS
	JORIS INC PERSON'S DE TAILS
15	OTHER BODIES
16	Registered company name
17	Trading as name
18	FAR pumber
19	Postal address.
	20 Postal Code
21	Bueiness addrese
	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 sumarrie)
27	Type of identification (Indicate with an X) SA (D) Passport number
28	identify number of responsible person
29 30	Passport number of responsible person
31	Celiphone number
	Physical address at Postal Code
33	Postal address
	Postal douress 34 Postal Code

UNIVERSITEIT VAN PRETORIA UNIVERSITY OF PRETORIA UNIBESITHI VA PRETORIA



35	DECLARATION BY REPORTING PERSON													
	If a licence, permit or authorization is lost or stolen within 24 hours of the discovery of the loss or thef	n, the holder of the ft.	licence,	permit	or authoriz	ation m	ust info	orm the I	Registr	ar of s	such k	oss or	theft	
36					37									
	Signature of reporting person					Name	of rep	orting pe	erson in	block	letter	S		
38	Identity/Passport number of reporting person			Τ	Π	T			Τ	Τ	Γ			
39	If you are not the bolder of the licence, permit, co (eg neighbour, friend, spouse, etc)	erlificate or authori	zatiori, ir	what n	nanner an	e you rel	aled to	the hok	der?					
	E. FOR OFFICIAL USE BY	THE POLICE	OFFICI	AL W	HO CON	IPLET	ES T⊦	ie no	TIFIC,	ATIO	N			
1	Name of police official in block letters]		2	Date				-			-		
3	Rank of police official in block letters]		4	Place									
5				6						-				
	Signature of police official				Persal nu	mber of	police	official						
	F. FOR OFFICIAL USE BY	Y THE POLICE	OFFIC	IAL W	HO CAF	TURE	S TH	E NOT	FICA	TION				
1	Name of police official in block letters]		2	Date				-					
3				4	Place									
	Rank of police official in block letters													
5	Signature of police official			6	Persal nu	Imber 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	A.	FOR (WHI	ERE TH	L USE E NOTI	BY THI FICATI	POLIC	E STA APTUR	TION RED	Ī	1
	DATE RECEIVED										
1											
1	B. FOR OFFICIAL USE BY POI Province	LICE STATIC	N WHER	ETHEN	IO HER	CATION	IS REC	EIVED			_
2	Area			••••••	•••••						
3	Police station				•••••				•••••		
4	Component code										
5	SAPS 13 reference number										
6	General finarm transactions register number							<u> </u>			
	C. PARTICULARS OF THE HOLDER	OF THE LIC	ENCE, PEI	≹MIT, CI	ERTIFI	CATE	R AUTH	IORIZ/	TION	1	
1											
l	NATURAL PERSON'S DETAILS										
1.1	SAID Passport										
2	Identily number of natural parson						T				
3	Passport number of natural person		┝━┠╶┼				-+-	┼╌┼			
4	Sumame						* Initial				-
6 ·	Residential address.						H H H H				
	Pressue in a autors a					7.	estai Cod				
8	Particulation						-05(8) G00	e			
	Postal address					9	estal Cod		_	T	
10	Telephone number 10.1 Home (^{10,2} Work			Catal Coo				
10.3)	-	** Fax		}					
12	Cellphone number			rax	()					-
	E-mail address										
18	JURISTIC PERSON'S DETAILS										
14	Registered company name										
15	Trading as name		<u></u>								\neg
16											
	FAR:number	1 1		1							
17	FAR number Postal address										_



SAPS 521(a)

19	
	Business address
	27 Postal Code
21	Business telephone number 21.1 Work () 21.2 Fax ()
22	
	E-mail address
23	RESPONSIBLE PERSON'S DETAILS
	RESPONSIBLE FERSON S DETAILS
24	Responsible person (full name and suzname)
25	
	Type of identification (exacute with an X) SA ID Passport number
26	Identify number of responsible person
27	Passport number of responsible person
28	Celiptiona number
29	
	Physical address
	^{se} Postal Code
31	Postal address
	12 Pestal Code
	restatuoge
33	Reason for ceasing to carry on as a business
34	
	Date of ceasing to carry on as a business Date
35	
	Address where firearms will be stored until they are disposed of
	³⁶ Postal Code
37	
37	Particulars of the manner in which the firearm(s) will be disposed of
37	
37	
37	
37	
37	
37	
37	
37	
37	
37	
37	

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SAPS 521(a)

	D LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION DETAILS					
1	Details of licence, permit. certific.	ate 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						
1.10						
1.12						
1.13						
1.14						
1.15						
1.16						
1.17						
1.18						
1.19						
1.21						
1.22						
1.23						
1.24						
1.25						
1.26						
1.28						
1.29						
1.30						
1.31						
1.32						
1.33						
1.34						
1.35						
1.36						
1.37						
1.38						
1.39						



2	DECLARATION BY REPORTING PERSON			
	I am aware that it is an offence in terms of the Firearms Contro	N Act, 2000 (Act No	60 of 2000), to make a false statement in thi	is notification.
	E. SIGNATURE	OF REPORTING	PERSON (Sign only If applicable)	
1		2	Date -	-
	Name of reporting person			
3	Signature of reporting person	4	Place	
	F. (This section must be comp		orting person cannot read or write)	<u> </u>
1	² Fingerprint designation	3	Date -	
		4		
		5	Name of reporting person in block letters	
		5	Place	
_	Right index fingerprint of reporting person			
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH NO	OTIFICATION		
6.1		6.2		
	Name of police official in block letters		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		7.2		
	Name of witness in block letters		Persal number of witness	
7.3	Rank of witness in block letters	7.4	Signature of witness	
	G. PARTIC (This section must be completed <u>only</u> if the reporting	ULARS OF INTE person cannot read	ERPRETER or white or does not understand the contents	of this form.)
1	Name and surname of interpreter			
2	Identity/Passport number of Interpreter			
3	Residential address			-+III
	22002100000000000000000000000000000000		* Postal Code	
5	Postal address			
			[#] Postal Code	
7	Teleptrone number 71 Home ()		^{7,2} Work ()	
10	Cellphone number		⁹ Fax ()	
11	E-mail address: Interpreted from (language)		to	
]
		12	Date -	- D



			SAPS 521(a)
13		14	Place
	Signature of interpreter		
15		16	
	Rank of police official in block letters (if applicable)		Persal number of police official (if applicable)
	H. FOR OFFICIAL USE BY THE DESIGNATED I	FIRE	ARMS OFFICER/STATION COMMISSIONER
,	Results of inspection of firearins		
2	Address where fireartris are stored		
		•••••	
		•••••	
3	Cemments		

		•••••	
		•••••	
4		5	Date
	Name of Designated Firearms Officer/Station Commissioner in block letters		
		~	······
•		7	Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters		
		9	
	Signature of Designated Firearms Officer/Station Commissioner		Persal number of Designated Firearms Officer/Station
	alligner a peoplisher i lientus atuettarenti aantingaanei		Commissioner





NOTIFICATION OF CHANGE OF ADDRESS Section 25(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP		k. Notificati	W	IERE T			E POLICI ON 15 C/			
											h
	DATE RECEIVED										
1	B. FOR OFFICIAL USE BY POI Province	LICE :	TATIO	n whe	RE THE	NOTIFI	CATION	I IS REC	EIVED		
2 3	Area Police station					· .					
4	Component code		r		r	1	T		1		
5	General frearm transactions register number						<u> </u>				
	C. PARTICULARS OF THE HOLDER	OF TH	IE LICE	NCE, PI	RMIT,	CERTIF		OR AUTH	IORIZA	TION	
1	NATURAL PERSON'S DETAILS										
1.1	SA ID Passport										·····
2	Identity number of natural person					-			-		-
3	Passport number of natural person										
4	Sumame							* Initial	5		
	Details of new address										
6	Residential address										
								Postal Co	de		
8	Postal address										
								Postal Co	de		
10	Telephone number 19.1 Home () .			10.2 W	fork	()			_	
10.3	Geliphone number				¹¹ f		()				
12	E-mail address				<u>Iri</u>						
13	JURISTIC PERSON'S DETAILS										
14	OTHER BODIES										
15	Registered company name										
16	Trading as name										
17	FAR number										



SAPS 521(b)

1		·,
1	Details of new address	
18	Poslal address	
	19 Postal Code	-
20		_
	Business address	
	²¹ Postal Code	
22	Business telephone number 22.1 Work ()	
23	E-mail address	
		_
24	RESPONSIBLE PERSON'S DETAILS	
25		-
	Responsible person (full name and sumame)	
26	Type of identification (indicate with sn X) SA ID Passport humber	
27	identify number of responsible person	
28	Passoot number of responsible person	
29	Cellphone number	1
30	Physical address	┥
-		\neg
	³⁴ Postal Code	
32	Postal address	
	Sa Postal Code	
34		
~	Are there additional firearm licence holder(s) licenced to your name?	
	YES NO If yes, submit full details	
35	ADDITIONAL LICENCE HOLDER(S) PARTICULARS	
	ADDITIONAL LICENCE HOLDER(3) FARTICOLARS	
35.1	SAID Passport	
36	Identity number of natural person	٦
37	Passport number of natural person	1
38		1
	Surname ³⁹ Initiats	٦
40	(1) (2) (3) (4)	٦
41	Type of licance	
	Licence number	
42	Date issued	
43	Expiry date	
44		
"	DID THE ADDITIONAL LICENCE HOLDER ALSO MOVE TO THE NEW ADDRESS?	
	YES NO	885
45	DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)	
	YES NO	_
45.1	IF YES, SUBMIT FULL DETAILS	
		2
		_

46 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.



SAPS	521(b)
	021(0)

	D. SIGNATURE OF REPORTI (Sign only if applicable)	NG PERSON
1	Name of reporting person in block letters	2 Date
3	Signature of reporting person	Place
	E. (This section must be completed only if the rep	orling person cannot read or write]
1	² Fingerprint designation	Date
	4 	Name of reporting person in block letters
		Place
	Right index fingerprint of reporting person	
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	Name of witness in block letters	Persal number of witness
7.3		7.4
	Rank of witness in block letters	Signature of witness
	F. PARTICULARS OF IN (This section must be completed <u>only</u> if the reporting person cannot rea	
1	Name and surname of interpreter	
2	identity/Passport number of interpreter	
3	Residential address	Home stand a constant deducted and a constant
5		* Postar Code
•	Postal address	
7	Telephone number 2.1 Home ()	^{7,2} Work ()
8	Celiphone number	* Fax ()
10	E-mail address	Economication and a second s
11	Interpreted from (Benguage)	to

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			SAPS 521(b)
		12	Date
13	Signature of interpreter	14	Place
15	Rank of police official (if applicable)	16	Persal number of police official (if applicable)
	G. FOR OFFICIAL USE BY THE DESIGNATED FIR	EAR	MS 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	Piece
5	Signature of Designated Firearms Officer/Station Commissioner	6	Persal number of Designated Firearms Officer/Station Commissioner

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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	A.				CIAL US							
		¹ N	lotificati	on refere	ence No								
	DATE RECEIVED												
	B. FOR OFFICIAL USE BY PO		TATIO	N WHE	RE TH	E NOTIF	ICATI	ON IS	RECE	IVED			
1	Provence												
2	Atea											•••••	
3	Police station		•••••				••••					••••••	
4	Component code												
5	General firearm transactions register number												
1		00 +110	1.00	uar b		oreru		- 00		00/71			
1	C. PARTICULARS OF THE HOLDER	or the	LIGE	NGE, P	ERMIT	, CERM	HCAI	EOR	AUTH	URIZA	TION		
' [NATURAL PERSON'S DETAILS												
1.1													
2	SA ID Passport		ТТ				1	-T-					
3	Identity number of natural person Passport number of natural person				+-+				+	-	-+-	-	\vdash
4	Sumame							5	Initials			+	
6	Residential address											- <u> </u>	-
	T							7 Po	stal Coc	le			
8	Postal address							Recorded				·	-
								° Po	stal Co	de			
10	Telephone number ()			10.2	Work	()					
10.3	Cellphona number			_	*1. #	ax	()					
12	E-mail address												
13	JURISTIC PERSON'S DETAILS												
14													
	OTHER BODIES						_						
15	Registered company name												
16	Trading as name						_						
17	FAR number												
10	Postal address												



SAPS	521	(c)
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	¹⁹ Postal Code
20	Business address
	21 Postal Code
22	Business telephone number 22.7 Work () 22.2 Fax ()
23	E-mail address
24	
2.	RESPONSIBLE PERSON'S DETAILS
25	Responsible person (full name and sumame)
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	
30	Celiphone number
	Physical address 21 Postal Code
32	
	Postal address
I	²⁸ Postal Code
34	DETAILS OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION
1	
35	Licence, permit, certificate or Licence, permit, certificate or authorization number Date issued
I	
36	OTHER INFORMATION
37	Description of phange in circumstances
1	



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	stater	nent i	n this i	notifica	tion.			
	D. SIGNATURE OF F	EPOR		SON									
1	Name of reporting person in block letters	2	Date				-						
з	Signature of reporting person	4	Place										
	E. (This section must be completed only i	f the repo	rting persol	n cannot i	ead or	write)							
1	² Fingerprint designation	3	Date				-			-			
		4	[
		5	Name of reporting person in block letters										
			Place										
6	Right Index fingerprint of reporting person		7										
6.1	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION		 	.	-1			T					
	Name of police official in block letters	6.2	Persal nu	mber of p	olice of	ficial	1	-					
6.3		6.4											
	Rank of police official in block letters		Signature	of police	official								
7	PARTICULARS OF WITNESS												
7.1		7.2						-	7				
	Name of witness in block letters		Persal nur	mber of w	itness	L		L					
7.3	Rank of witness in block letters	7.4	Signature	of witness	s	•••••							
	F. PARTICULARS	OF INTE	RPRETE	R		-	S						
	(This section must be completed <u>only</u> if the reporting person car	not read	or write or c	loes not L	nderst	and the	e cont	ents o	l inis fi	irm.)			
1	Name and sumame of interpreter		TT	1 1		T-							
3	identify/Passport number of interpreter					1	L						
						⁴ Post	al Coc	ie					
5	Postal address												
7	Telephone number 7.4 Home ()		72 Work	1		⁶ Post	al Co	de	Į.				
8	Cellphone number		⁹ Fax	()								
10	E-mail address												
11	Interpreted from (janguage)		to										

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			SAPS 521(c)
		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 DESIGNATED FIR	REAR	MS OFFICER/STATION COMMISSIONER
1	Name of Designated Firearms Officer/Station Commissioner in block letters	2	Date
3	Rank of Designated Firearms Officer/Station Commissioner in block letters	4	Place
5	Signature of Designated Firearms Officer/Station Commissioner	6	Persal number of Designated Firearms Officer/Station Commissioner

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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						A	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED							100000												
												1	Notifica	tion re	ferer	nce No)	Τ	Γ		Γ	Γ	Τ	I	Γ	Π	
																		1	·								
					ł	DATE	REC	EIVED)																		
	6 80																										
1	8			<u></u>	<u></u>	FC	DR O	FFIC		USE	BY PO	LICE	STATIC	N W	HER	E TI	ie n	OTIF	ICAT	ION	IS F	ECE	IVEC)			1988
	P	avə	ice																								
2	A	rea							<u></u>																		,
3	P	olice	st	itior																							
4	C	omp	<u>on:</u>	ent d	ode									—													_
5	G	ener	al f	irea	im p	ansac	tions	registi	ar nur	nber																	
					_																						
00000	C.								111111111	00:30 11/2	AL USE	BYT	HE CE	NTR	AL F	IRE	ARM	S RE	GIS	rer	(CFI	र)			e.		1000
	' C	utst	an	ding	j/Ad	dition	nal int	orma	lion	requir	red			l													
-		•••••	••••				•••••												•••••	••••	•••••						•••
ŀ	••••	•••••		••••		••••				••••••											<i>i</i>	•••••					•••
··	••••																										
			Τ		Γ	T		Γ	1 -		² Per	sal nur	nber					-			-		Γ	4	Date		3803
				• • • • •													_										
	1000							f polic					1					5	Vame	in blo	ck le	ters					_
	A ()		cat te y	on ain i	tor i In X	new p	remis	es 4	prov	ed																	
L			_																				_				
L									<u> </u>		7 Per	sal nut	1ber					-			-			a ()ate		
															ı ı												
			••		9	Dianat		decid			••••••••		¹⁰ Office	er code ¹¹ Name in block letters													
	2	nnl	ica	tion									Unice		-	ants)	for r	efusa		eint	NUCK	letters	•				
	đ	ides	ite i	with	an >)		ses (ай. Л			Bolto:
ļ	••••																										
										••••••		,		•••••							•••••						-
							•••••	•••••		•••••		•••••															
F	-		Т			T	Γ	Τ	-	Τ	14 Pe	rsal nui	mber					- 1	-7		-			15	Date		
r							-	<u> </u>															L				2
L				_	16	Signa	ture o	f deci	ding (officer			17 Office	r code				19	Name	in bo	ck let	ters					





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SAPS 521(d)

	D. PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH
1	Specify type of licence (Indicate with an X)
1.1 1.2 1.3 1.4 1.5	To trade in firearms and ammunition To trade in ammunition To manufacture frearms To manufacture ammunition To manufacture ammunition To conduct business as a gunsmith
	E. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
1.1	
2	SA ID Passport Identity number of natural person
3	Passport number of natural person
4 6	Sumame ⁶ Initials
	Postal Code
8	Postal address
10	⁹ Postai Code Telephone number ^{10,1} Home () ^{39,2} Work ()
10.3	Cellphone number ()
12	E-mail address
13	JURISTIC PERSON'S DETAILS
14	OTHER BODIES
15	Registered company name
16	Tracing as name
17	FAR.number
18 19	Company registration or CC number
	Postal address 20 Postal Code
21	Business address
23	22 Postal Code Business tellephone number 23.2 Fax ()
24	Business telephone number 23.1 Work () 23.2 Fax ()
25	RESPONSIBLE PERSON'S DETAILS
26	
26	Responsible person (full name and sumame). Type of identification (indicate with an X) SA ID Passport number
28	Identity/Passport number of responsible person

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SAPS	521	(d)
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29 30	Cemptione number
	Physical address 31 Postal Code
32	Postal address
	³³ Postal Code
	F. DETAILS OF EXISTING LICENCE
1	Licence type Licence number Date issued Expline date
2	DETAILS OF PREMISES
3	FULL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED
	Additess
4	Postal Code
	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



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SAPS 521(d)

10	DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS AND MANU THE REGISTRAR MAY, ON GOOD CAUSE SHOWN, EXEMPT DEALER Submit a description of the vorkstation which will link your registers to the Cen in case of a dealer or a gunsmith, submit the reason(s) why the Register musi	FACTURERS DATABASE RS OR GUNSMITHS FROM THIS DUTY Int Database
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 N	to 60 of 2000), to make a false statement on this notification.
	G. SIGNATURE OF APPLICAN	VT (Sign enly If applicable)
1	Name of applicant in block letters	Date
3	4 Signature of applicant	Plece
	H. This section must be completed only if the	e applicant cannot read or write)
1	² Fingerprint designation	3 Dete
		Name of applicant in block letters 5
	Right index fingerprint of applicant	Flace
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 in block letters	7.2 Persal number of witness
7.3	Rank of witness in block letters	7.4 Signature of witness

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	L PARTICULARS OF INTERPRETER (This section must be completed only if the applicant classical read or write or does not understand the contents	of this form	n.)	
1	Name and summine of interpreter			
2				Т
3			<u></u>	
	* Posta Codi	9		
5	5 Postal address			
,	⁶ Postel Cod	le		
7	7 Telephone number 74 Home () 72 Wark ()			
8	⁸ Celiphone number Pax ()			
10	E-mail accress			
11	11 Interpreted from (ianguage) to			
	12 Date -		-	Т
13	13 14	L		
10	Signature of Interpreter			
15				
	Rank of police official in block letters (if applicable) Persal number of police official (if applicable)	abie)		
				10000-000-0
	J FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISS	IONER		
1		IONER		
1		IONER		
1	1 RECOMMENDATION REGARDING THE APPLICATION Recommended Not recommended	IONER		
	RECOMMENDATION REGARDING THE APPLICATION Recommended Not recommended			
	RECOMMENDATION REGARDING THE APPLICATION Recommended Not recommended	IONER		
	RECOMMENDATION REGARDING THE APPLICATION Recommended Not recommended			
	RECOMMENDATION REGARDING THE APPLICATION Recommended Not recommended			
	RECOMMENDATION REGARDING THE APPLICATION Recommended Not recommended	IONER		
	RECOMMENDATION REGARDING THE APPLICATION Recommended Not recommended	IONER		
	Recommended Not recommended 2 Report of inspection on premises	IONER		
2	Recommended Not recommended 2 Report of hispedilon on premises			
2	Recommended Not recommended 2 Report of inspection on premises	IONER		
2	Recommended Not recommended 2 Report of inspection on premises			
2	Recommended Not recommended 2 Report of inspection on premises			
2	Recommended Not recommended 2 Report of inspection on premises			
2	Recommended Not recommended 2 Report of inspection on premises	IONER		



SAPS 521(d)

4	Recommendation regarding the application	
8	6	Date
	Name of Designated Firearms Officer/Station Commissioner in block letters	
7	8	Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters	
9	10	
	Signature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station Commissioner

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NOTIFICATION ON ASSIGNMENT OF NEW RESPONSIBLE PERSON FOR JURISTIC PERSON

Section 7(4) of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATIK WHERE THE NOTIFICATION IS CAPTURED								ION ID				
		1 No	tificatio	on refere	ence No									
	DATE RECEIVED													
	8. FOR OFFICIAL USE BY POLIC	E ST/	ATION	I WHE	RE TH	E NOI	IFIC.	ATIO	4 15 R	EGEI	VED			
1	Province													
2	Area		· · · · · · · · · · · · · · · · · · ·					••••••		••••••				
3	Police station													
4	Component code							_						
5	General firearm transactions register number													
	C. PARTICU	LARS	OF T	HE JU	RISTIC	PER	SON							
'	JURISTIC PERSON'S DETAILS													
2	OTHER BODIES													
3	Registered company name													
4	Trading as name													
5	FAR number						T							
6	Company registration of GC number									Τ		T	Τ	\square
7	Postal address					· · · · ·		•						
									a Pos	nai Co	de			
9	Business address													
									¹⁶ Po	stal C	ode			
11		}			11.2	Fax		())					
12	E-mail address													
13	PARTICULARS OF THE NEW RESPONSIBLE PERSO	N]										
14	Responsible person (full name and sumame)										_			
15	Type of identification didicate with an X)	\top		SAIC					Pa	sspor	t numb	ei	Τ	_
16	Identity number of responsible person						-	0000		Τ	-		1-	Π
17	Passport number of responsible person													\square

Page 1 of 3





	-		SAPS 521(e)
18	Celiphone number		
19	Physical address		
21			²⁶ Postal Socia
-	Postal address		
			⁷² Postal Code
23	Competency certificate number		
24	Date of issue	Exp	piry date
26	Reason for appointment of a new responsible person for the juristic person		
27	PROOF SIGNATURES OF THE NEW RESPONSIBLE PERSON		
28		28	9
	Signature of the new responsible person		Signature of the new responsible person
30	DECLARATION OF REPORTING PERSON		
	I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act	t No	60 of 2000) to make a false statement in this notification.
	D. SIGNATURE OF REP (Sign only if)		
1		2	
	Name of reporting person in block letters	-	Data
3		4	Place.
	Signature of reporting person		
	E. (This section must be completed only if the	repo	rting person cannot read or write.)
1	[]	3	Date
	² Fingerprint designation		
		4	
		5	Name of reporting person in block letters
		v	Place
	Right index fingerprint of reporting person		
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



	S	APS 521(e)
7	PARTICULARS OF WITNESS	
7.1	7.2	
	Name of witness in block letters Persal number of witness	
7.3	7.4	
	Rank of witness in block letters Signature of witness	
	F: PARTICULARS OF INTERPRETER (This section must be completed <u>only</u> if the reporting person cannot read or willie or does not understand the content of this form.)	
1	Haine and surname of Interpreter	
2	Identity/Rassport number of interpreter	
3	Residential address	
	⁴ Postal Code	
5	Postal address	
7	^e Postal Code	
8	Telephone number: 71 Home () 72 Work ()	
10		
11	E-mail address Interpreted from (language) to	
	A REPORT OF A REPORT OF A REPORT OF A REPORT OF A REPORT OF A REPORT OF A REPORT OF A REPORT OF A REPORT OF A R	
	12 Date	
13	14	
	Signature of interpreter	
15		
	Rank of police official in block letters (if applicable) Persal number of police official (if applicable)	
	G. PARTICULARS OF DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER	
1	² Data C C Y Y - M M -	DD
	Name of Designated Firearms Officer/Station Commissioner in block letters	
з	4 Place	
	Rank of Designated Firearms Officer/Station Commissioner in block letters	
5	. 6	
	Signature of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station Commissioner	

SAPS 521(f)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF LOST/STOLEN/FOUND FIREARMS Section 120(11) of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP	А,	FI	or o	FFICI		se by Cidei					NHEF	RETH	E			
		1 Prov	ince .			*****	*****										
		² Area	i l'														
		³ Polic	e statio	n													
		⁴ Con	iponent	code													
		⁶ Case No/ C	e ref No R No/Er	(CAS ng No)												
	DATE RECEIVED	⁶ SAP refer	S 13 re ence No	gister)													
	7 Description of case (robbery/theft ato)																
		J		•••••							••••••		••••••	•••••	••••••		
											•••••						
	B. PARTI	CULARS	OFICU	JRRE	INT (OWN	ERG	0F 11	HE F	REA	RM						
1	NATURAL PERSON'S DETAILS																
2	SA ID Passport]															
3	identity number							-					-			-	
4	Passport number																
5	Sumame										8	ntials					
7	Residential address			,	-							0.001100					
9										8	Posta	l Cod	e				
-	Postal address) Post						
11	Telephone.number ^{11.1} Home ()				11.	Work	()	Post		16				
11.3	Cellphone number	,				00000000	Fax										
13	E-mail address							·		<i>,</i>							
14	JURISTIC PERSON'S DETAILS																
15	OTHER BODIES																
16	Registered company name											_					
17	Trading as name			1	·		r								_		



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SAPS 521(f)

21	Business address
	22 Postal Code
23	Business telaphone number 23.5 Work () 23.2 Fax ()
24	E-mail address
25	RESPONSIBLE PERSON'S DETAILS
25	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 ((f applicable)
31	Physical address
	³² Postal Code
33	Poetal address
	³⁴ Postal Code
	C. DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORIZATION
	Permeran Angensing Permeran Content and Angensing Permeran
1	DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORIZATION
2	Type of licence, permit or eathorization Ucence, permit or Date issued Expiry date authorization number
3	DETAILS OF FIREARM
4	
5	Туре
6	Calibre
7	Make
	Firearm component type:
8	Barrel serial number 8.1 Make
9	Frame serial number
10	Receiver senal number
	D. CIRCUMSTANCES (indicate with an X)
1	Lost ² Stolen ³ Found (manner in which the firearm was found) ^{3,1} Selzed ^{3,2} Abandoned
4	Description of incident

Prepared by:

Page 2 of 4

5	Complete only in the case of found firearm(s)
5.1	Location where fliearm was lound
6	IS A CASE OF NEGLIGENCE OPENED FOR THE LOSS OR THEFT OF THE FIREARM? (Indicate with an X)
	YES NO If yes, submit the following details
6.1	Police station F3 CAS/Case number
7	Date git which loss/theft was discovered
8	Notification time
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/Pessport
	number of reporting person
14	
	Persal 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)



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SAPS 521(f)

	E. PARTICULARS OF POLICE OFFICIAL WHO	co	MPLETES THE NOTIFICATION
1	Name of police official in block letters	2	Date
3	Rank of police official in block letters	4	Place
5	Signature of police official	6	Persal number of police official
	F. PARTICULARS OF POLICE OFFICIA ON THE FIREARMS C		
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

Page 4 of 4



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NOTIFICATION OF INCORRECT INFORMATION

	OFFICIAL DATE STAMP		Α.		FOR WH	off Ere	ICIA THE	l US No	e By NFIC	THE ATIC	POL N IS	LICE CAI	STA	TIO	N		
			¹ Notific	ation re	eferen	ce No	1	1									
								<u>а</u>					L	L			
	DATE RECEIVED	ļ															
	B. FOR OFFICIAL USE BY T	HE	POLICE	STAT	ION	WHE	RE 1	HE I	IOTI	FICA	FICH	I IS	RECI	EIVE	D		
1	Province																
2	Area																
3	Police station																
4	Component code																
5	General firearm transactions register number																
	C. PARTICULARS OF THE HOLDE	RO	f the L	CEN	CE, P	ERN	NIT, C	ERT	IFIC	ATE	ORA	UTI	IORI	ZAT	ION		
1	NATURAL PERSON'S DETAILS																
2	Type of identification (Indicate with an X)																
2.1	SA ID Passport number				N	01 1- 5/	A citiz	en wit	i Defi	ianeri	resic	lence	•				
з	Identity number							-			Τ		-			÷	
4	Passport number																
5	Sumamé										⁶ In	itieis					
7	Full names																
•	Residential address																
										9	Posta	l Oo	le 🗌				
10	Postel address						_			88000							
12										19	Post	al Co	de				
	Business telephone number ^{12.1} Home ()					Work		()							
13 15	Cellphone number					19	Fax		[)			-				
	E-mail address																

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



SAPS	521	(a)

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 memory and sumame)
29	Type of identification (adicate with an X) SA (D Passport number
30	Identity number of responsible person
31	Passport number of responsible person
32	Cellphone number
33	Physical address
	** Postal Code
35	Postal address
	³⁶ Postal (Code
	D. DETAILS OF INCORRECT LIGENCE, 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
	Or authorization was insued.
2	OTHER INFORMATION
2.1	Description of incorrect information 2.2 Description of correct information
	Description of incorrect information 2.2 Description of correct information
3	
3.1	Incorrect firearm particulars
3.2	Type *1 Type
	Calibre 42 Calibre
3.3	Make 4.ª Make
3.4	Model 44 Model

SAPS 521(g)

	Firearm component type:	Firearm component type:
3.5	Barret senal number	A.5 Berrel serial number
3.6	Make	* ⁵ Make
3.7	Frame sertal number	4.7 Frame satial number
3.8	Маке	4.9 Make
3,9	Receiver serial number	4.9 Receiver serial number
3.10	Make	3.1* 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. SIG	ATURE OF REPORTING (Sign only if applicable)	PERSON
1	Name of reporting person in block letters	2 Da	te
	Signature of reporting person	4 Pla	ce
	F. This section must be	completed <u>only</u> if the reporting p	person cannol read or write
1	² Fingerprint designation	3 Dat	
			me of reporting person in block letters
	Right index fingerprint of reporting person	5 Pla	ce
6	PARTICULARS OF POLICE OFFICIAL DEALING W	ITH NOTIFICATION	
6.1	Name of police official in block letters	6.2 Pers	sal number of police official
6.3	Rank of police official in block letters	6.4	nature of police official
7	PARTICULARS OF WITNESS	ugn.	
7.1	Name of witness in block letters	7.2 Pers	al number of witness
7.3	Rank of witness in block letters	7.4 Sign	ature of witness
	G. P	ARTICULARS OF INTERPE	
1 2	Name and sumame of interpreter		
3	Residential address		*Postaj Code



SAPS	521(g)
------	--------

5	Postal address						
				⁶ Pos	stal 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			14 Place				
	Signature of interpreter						
15			16		-		
	Rank of police official in block lett	ers (if applicable)	Persal number	of police official (i	f applicable)		
	H. PARTICI	JLARS OF DESIGNATED FIREA	IS OFFICER/STAT		SIONER		
1			2 Date			1.1	
	Name of Designated Firearms Of	ficer/Station Commissioner in block lette	Economic and a second		II		
3		,	4 Place				
	Rank of Designated Firearms Off	cer/Station Commissioner in block letter					
5			6		-	7	
	Signature of Designated Firearms	Officer/Station Commissioner	Persal number Commissioner	of Designated Fire	earms Officer/St	tation	

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NOTIFICATION OF REQUIREMENT TO DEACTIVATE A FIREARM

Section 150 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	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
DATE RECEIVED	⁴ Component code
	5 General firearm transactions register number
······	
	E BY THE CENTRAL FIREARMS REGISTER (CFR)
¹ Outstanding/Additional information required	
	ersal number * Date
A	5
⁴ Signature of police official	⁵ Name in block letters
⁶ Was the firearm referred for ballistic testino?	YES NO (Indicate with an X)
• Was the firearm referred for ballistic testing?	YES NO (Indicate with an X)
	YES NO (Indicate with an X)
Result	
Result	YES NO (Indicate with an X) rsat number 3 Date
Result	
Result	
Result	rsat number
Result In Per In Per	rsat number ³ Date
Result	rsat number
	rsal number
	rsal number
Result In Signature of police official Signature of police official Per In Signature of CFR officer If Signature of CFR officer If Deactivation refused (Indicate with an X)	rsal number ³ Date ¹¹ Name in block letters ersel number C ¹⁴ Date ¹⁵ Officer code ¹⁷ Name in block letters ¹⁹ Reason(s) for refusal
Result In Signature of police official Signature of police official Per In Signature of CFR officer If Signature of CFR officer If Deactivation refused (Indicate with an X)	rsal number
Result I ⁰ Signature of police official ¹⁰ Signature of police official ¹⁰ Signature of CFR officer ¹⁶ Signature of CFR officer ¹⁸ Pe	rsal number ³ Date ¹¹ Name in block letters ersel number C ¹⁴ Date ¹⁵ Officer code ¹⁷ Name in block letters ¹⁹ Reason(s) for refusal



SAPS 521(h)

	3AF3 021(1
	0. PARTICULARS OF THE HOLDER OF THE LICENCE
1	NATURAL PERSON'S DETAILS
2	SA ID Paseport
3	identity number of natural person
4	Pessport number of natural person
5	Sumarre ⁶ Initials
7	Residential address
•	* Postal Code
9	Postal address
11	*** Postal Code Telephone number ************************************
11.3	
13	E-mail address
14	
	JURISTIC PERSON'S DETAILS
15	OTHER BODIES
16	Registered company hame
17	Trading as harree
19	PAR number
19	Postal address
	2º Postal Code
21	Business address
	2 ¹ Postal Code
23	Bitramess telephone number 23.1 Work ()
24	E-mail address
25	
	RESPONSIBLE PERSON'S DETAILS
26	Responsible person (full name and sumarile)
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	Celiphone number
31	Physical address
**	²² Postal Code
33	Postal address
	³⁴ Postai Code

SAPS	521	(h)

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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.

SA	PS	521	(h)
0.1	••	021	

20	PARTICULARS OF THE HOLDER OF THE LICENCE]	
21	Name of the holder of the licence in block letters	2	2 Date
24	Signature of the holder of the licence	2	⁵ Place
		pleted <u>only</u> if the sum	indering person calinot read of write.)
1	² Fingerprint designation	3	Date
		5	
	Right index fingerprint of surrendering person		Place
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH	NOTIFICATION	
6.1	Name of police official in block letters	6.1	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	7.3	Persal number of witness
7.3		7.4	
	Rank of witness in block letters		Signature of witness
	0.000	FICULARS OF IN	
		ering person cannol (ead or write or does not understand the contents of this form.)
1	(This section must be completed only if the surrands	aring person cannot (ead of write or does not understand the contents of this form.)
1 2		artig person cannol .	ead of write or does not understand the contents of this form.)
	(This section must be completed only if the surrands Name and surname of interpreter	aing person cannol:	ead of write or does not understand the contents of this form.)
2 3	(This section must be completed only if the surrand- Name and sumaria of integrater Identity/Passport number of integrater	aing person cannol:	ead of write or does not understand the contents of this form.)
2	(This section must be completed only if the surrand- Name and sumaria of integrater Identity/Passport number of integrater	aing person cannol:	* Postal Code
2 3	(This section must be completed <u>only</u> if the surrand- Name and surname of interpreter Identity/Passport number of interpreter Residential address Postal address		* Postel Code
2 3 5	(This section must be completed <u>only</u> if the surrand- Name and euroame of interpreter Identify/Passport number of interpreter Residential address Postal address Telephone number 12.1 Home ()		* Postal Code
2 3 5 7	(This section must be completed <u>only</u> if the surrand- Name and surname of interpreter Identity/Passport number of interpreter Residential address Postal address		* Postal Code
2 3 5 7 8	(This section must be completed only if the surrand- Name and sumaria of interpreter Identify/Passport number of interpreter Residential address Postal address Telephone number 231 Home () Celiphone number		* Postal Code
2 3 5 7 8 10	(This section must be completed only if the surrand- Name and surname of interpreter Identity/Passport number of interpreter Residential address Posial address Telephone number E-mail address		* Postel Code
2 3 5 7 8 10 11	(This section must be completed only if the surrand- Name and surname of interpreter Identity/Passport number of interpreter Residential address Posial address Telephone number E-mail address		* Postel Code * Postel Code * Postel Code * Postel Code * * Postel Code * Postel Cod
2 3 5 7 8 10 11	(This section must be completed only if the surrand- Name and sumaria of interpreter Identify/Passport number of interpreter Residential address Postal address Telephone number E-mail address interpreted from (language)		* Postel Code * Postel Code * Postel Code * Postel Code * * Postel Code * Postel Cod
2 3 5 7 8 10 11	(This section must be completed only if the surrand- Name and surname of interpreter Identity/Passport number of interpreter Residential address Posial address Telephone number E-mail address		Postal Code Postal Co





100 (10)	RECOMMENDATION	REGARDI	NG THE NOTIF	ICATION					
Motivation regarding the notification					 				
					 		•••••		•••••
					 			•••••	•••••
	••••••				 	•••••	•••••		
					 				•••••
					 •••••		•••••		
					 1				
Name of Designated Firearms Officer/Sta	tion Commissioner in block	lattore	4 Date		-			•	
		reuers	s		 				
Rank of Designated Firearms Officer/Stat	ion Commissioner in block k	etters	Place						
			s []		 1 1				

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

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

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

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



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	SAPS 522
	C. PARTICULARS OF THE APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (indicate with an X)
2.1	SA ID Passport
3	identity number
4	Passport rumber
5	Sumante fottals
7	Fullnames
8	Residential address
10	¹ Pestal Code
	Postal eddress 11 Postal Code
12	Business telephone number ^{12,1} Home () ^{12,2} Work ()
12.3	Cellphone number 13 Fax ()
14	E-mail address
15	JURISTIC PERSON'S DETAILS
16	OTHER BODIES
17	Registered company name
18	Trading as name
19 20	FAR number
20	Postal adtress 21 Postal Code
22	Business address
	23 Postal Code
24	Business telephone number 24.3 Work () 24.3 Fax ()
25	E-mail address
26	RESPONSIBLE PERSON'S DETAILS
27	Responsible person (fuil names and surname)
28	Type of Identification indicate with an X) 5A ID Passport number
29 30	Identify number of responsible person
30	Passport number of responsible person Celiphone number (if applicable)
32	Physical address
	³⁵ Postal Code
34	Business address
	³⁴ Postal Cocke

SAPS 522

	D. PARTICULARS OF APPLICATION TO BE CANCELL	ED	
1	Type of ticence, permit Licence, permit certificale of authorization authorization fur	ifidati nber	e or Application reference number
2	Reason why carcellation of application is requested		
3	Date on which cancellation is requested		Date
4	Police station that handled the original application	1	
5	Firearm applications register reference number SAPS 86		
6	DECLARATION OF REPORTING PERSON		
	I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act		
	E. SIGNATURE OF REPORTIN	NG F	PERSON (Sign: only if applicable)
1	Name of reporting person in block letters	2	Date
3	Signature of reporting person	4	Place
	F. (This section must be completed only if the	report	ing person cannot read or write)
1	² Fingerprint designation	3	Date
		4	
		5	Name of reporting person in block letters
			Flace
6	Right index fingerprint of reporting person		
	PARTICULARS OF POLICE OFFICIAL DEALING WITH THE CANCELLA	TION	
6.1	Name of police official in block letters	6.2	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	
7.0	Name of witness in block letters		Persal number of witness
7.3	Rank of witness in block letters	7.4	Signature of witness

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SAPS 522

		S OF INTERPRETER cannot read or write or does not understand the content of this form)
1	Name and sumaine of interpreter	
2	Identity/Passport number of interpreter	
3	Residential address	
		* Code
5	Postal address	
7		* Code
, 8	Telephone number 7.1 Home ()	72 Work ()
10	Cellphone number	* Fax ()
11	E-mill address	
	Interpreted from (language)	То
		12 Date
13		14 Place
	Signature of interpreter	
15		
	Rank of police official in block letters (If applicable)	Persal number of police official (if applicable)
	H. FOR OFFICIAL USE BY THE DESIGNAT	TED FIREARMS OFFICER/STATION COMMISSIONER
1		2 Date
	Name of Designated Firearms Officer/Station Commissioner in block let	
3		4 Place
	Rank of Designated Firearms Officer/Station Commissioner in block letter	ers
5		6
	Signature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station Commissioner
		Contraction (2)

SAPS 522(a)



SOUTH AFRICAN POLICE SERVICE

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

	OFFICIAL DATE STAMP		A.		FOR	OFF	CIAI	US	· BY	THE	POI	ICE	STA	TION	I		
			~		WHE												
		[¹ Tran	saction	refere	nce No)										
	DATE RECEIVED																
	B. FOR OFFICIAL USE BY PO PERMIT, CERTI		STAT		VHER	E TH	E FI	REAF	IM IT	EM(s) , L	ICEN	VCE.				
1	PERMIT, CERT	FIGA	EOR	AUT	ioraz	AIR	18 05	100	area	e)Ch	(ED		_				
2	Area		•••••				•••••		•••••	•••••		•••••		•••••			
3	Police station						••••••		•••••••	•••••		•••••				•••••	
4	Component code		•••••	•••••			•••••		•••							••••••	
5	SAPS 13 reference number																
6	General firearm transactions register number															-	
	c. PARTI	CULA	RS OI	SUR	RENI	DERIN	ig p	ERS	ON								
1									, set set s								
	NATURAL PERSON'S DETAILS																
2	SAID Passport	1															
3	Identity number of natural person			Τ	Τ			-					-			-	
4	Passport number of natural person																
5	Sumame										6	hillak					
7	Residentiai address									394							
9	Postal address										Post	al Coc	le				
	Postal address				_						° Pos	ta) Co	da				
11	Telephone number 11.1 Home ()				11.2	Wq	rk	()							
11.3	Celiphone number					12	Fax		()							
13	E-mail address																
14	JURISTIC PERSON'S DETAILS																
15	OTHER BODIES																
16	Registered company name																
17	Trading as name																\neg
18	FAR number				1												

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SAPS 522(a)

19		
	Postal adoress	
	22 Postal Code	٦
~		4
21	Business address	
	²² Postal Code	
23		-
2.0	Buciness telephone number 23.3 Work () 25.2 Fax ()	
24	E-mail address	
25	RESPONSIBLE PERSON'S DETAILS	
26	Responsible person (full name and sumame)	٦
		-
27	Type of identification (indicate with an X) SA ID Passport number	
28	Identity number of responsible person	٦
29		┥
	Passport number of responsible person	_
30	Cellphone number	
31	The start of the start	٦
	Physical address	4
	³² Postal Cøde	
33	Postal address	٦
		┥
	M Postal Code	
35		87
	If the firearm item is not being surrendered by the holder of the licence, pennit, certificate or authorization, describe the relationship of the surrendering person with the holder of the licence, permit, certificate or authorization.	ĝ
	surrendering person with the holder of the licence, permit, certaicate of authorization	ž
		1
I		
36	[]	
36	TYPE OF SURRENDER (Indicate with an X)	
		_
36 37	TYPE OF SURRENDER (Indicate with an X) Surrendering of a firearm licence, permit, certificate or authorization Surrendering of a firearm licence, permit, certificate or authorization]
]
37	Surrendering of a firearm licence, permit, certificate or authorization	
	Surrendering of a firearm licence, permit, certificate or authorization	
37		
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37	Surrendering of a firearm licence, permit, certificate or authorization	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	
37 38	Surrendering of a firearm licence, permit, certificate or authorization Surrendering of firearm item Date on which the firearm licence, permit, certificate, authorization or item(s) is/are handed over to the SAPS Date -	

	D. DETAILS OF LICE	NCE, PERMIT, CERTIFICA	TE OR AUTHORIZATI	ON THAT IS TO BE SU	RRENDERED
		(1)	(2)	(3)	(4)
1	Type of licence				
2	License number				
3	Date issued				
4	Expiry date				
	E.	DETAILS OF FIREARM	ITEM THAT IS TO BE	SURRENDERED	
		DE	TAILS OF FIREARM		
		(1)	(2)	(3)	(4)
1	Туре				
2	Calibre				
3	Make				
•	Model]
5	Firearm component type:	I	r	1	7
6	Barrel serial number				
7	Frame serial number				
	Receiver serial number				
8	DETAILS OF PARTS				
9	Description of part	(1)	(2)	(3)	
10	Associated firearm make				
11	Associated firearm model				
			······	I	
12	DETAILS OF AMMUNITION	1			
13		и г(1)г	(2)	(3)	(4)
14	Calibre				
	Quantity	L]
	F. SIGN	ATURE OF PERSON SUR	RENDERING THE ITE	M(S) (Sign only (fapplicable)	
1	[2 Date		
	Name of person surrendering in blo	ock letters			
3			4 Place		
	Signature of person surrendering				
5	DECLARATION OF PERSON S	URRENDERING 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.



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	G. (This section must be completed only if the person su	surrendering the item(s) cannot read or write)
1	[] a	3 Date
	2 Fingerprint designation	
		4
		Name of person surrendering block letters
		Place
	Right index fingerprint of person surrendering	
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH THE SURRENDERI	<u>सNG</u>
6.1	6. Name of police official in block letters	Persal number of police official
6.3		
	Rank of police official in block letters	Signature of police official
7	PARTICULARS OF WITNESS	
7.1	7.	7.2
	Name of witness in block letters	Persal number of witness
7.3	Rank of witness in block letters	7.4 Signature of witness
	H. PARTICULARS OF IN	
	(This section much be completed <u>only</u> if the person surrendering the content of this form.)	e item(s) cannot read or write or does not understand the
1		
2	Name and surname of interpreter Identity/Passport number of interpreter	
3	Residential address	
5		* Postał Code
5	Postal address	^e Postal Code
7	Telephone number 73 Home ()	7.2 Work ()
8	Celiprone number	* Fax ()
10 11	E-mail address	
	interpreted from (language)	
	t	12 Date
13		14 Place
	Signature of interpreter	
15	Rank of police official in block letters (if applicable)	Persal number of police official (if applicable)
	rum or police official if block letters (if applicable)	s erear number or pende uniolar (n'approdule)

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	PARTICULARS OF POLICE C	LUSE BY THE POLICE STATION FFICIAL WHO RECEIVED THE FIREARM LICENCE. FICATE, AUTHORIZATION OR ITEM(S)
1	Name of police official in block letters	2 Date
з	Rank of police official in block letters	4 Place
5	Signature of police official	6 Persal number of police official

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SOUTH AFRICAN POLICE SERVICE

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

	OFFICIAL DATE STAMP DATE RECEIVED	2 An 3 Po 4 Cor 6 Pro	ovince	WHER le 5 13) registr	ETHE				
	8. PARTICULARS OF TH	e Holder	OF LICE	NCE, PEI	RMIT O	RAUTHORIZA	TION		
1	NATURAL PERSON'S DETAILS								
2	SA ID Passport								
з	Identity number of natural person				1-		-	-	1
4	Passport number of natural person								
5	Sumame					\$	nitials		
7	Residential address					Récordos		 	
						* Posta	il Code	Τ	Τ
9	Postal address								
						¹⁰ Pos	al Code		
11	Telephone number 111 Home ()		11.2 V		()		 	
11.3 13	Cellphone number			¹² P	ex	()		 	
	E-mail address								
14	JURISTIC PERSON'S DETAILS								
15	OTHER BODIES								
16	Registered company name							 	1
17	Trading as name								1
18	FAR number							 	_
19	Postal address							 	
~						²⁰ Postal Co	de	 	
21	Business address					92		1	-
23	Business telephone number 23,1 Work (23.2	Fax	1	22 Postal Co	de		-
24	Business telephone number 44,1 Work (E-mail address)		Fax	()		 .,	-
	L-INGR GUGIEDD							 	





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SAPS 522(b)

25	RESPONSIBLE PERSON'S DE	ETAILS								
26	Responsible person (full name a	ind sumame)								
27	Type of identification (indicate wit		SA ID			Passp	ort numb	e:		
28	Identity number of responsible p	erson		-			T - T		-	
29	Passport number of responsible	person								
30	Celphone number									
31	Physical address									
						32 Postal (Code			
33	Postal address					****				
						³⁴ Postal	Code			
	C.	DETAILS OF T	HE FIREARM IT	EM(S) FORF	EITED					
1	DETAILS OF FIREARM	(1)	(2)		(3)			(4)		
2	Туре	[(2)		(3/		T	(4)		
3	Calibre						1			
4	Make						1			
5	Model									
	Firearm component type:									
6	Barrel serial number						1			
6.1	Mako									
7	Frame serial number									
7,1 8	Make									
8.1	Repeiver serial number									
	Мақе	L					1			
9	DETAILS OF PARTS		(2)		(3)			(4)		
10	Description of part		(2)	Γ	(3)			(4)		
11	Associated firearm make						1			
12	Associated firearm model									
13	DETAILS OF AMMUNITION]								
ا د د		J(1)	(2)		(3)			(4)		
14 15	Calibre									
	Quantity									
16	Reason(s) for forfeiture									
					••••••					
ļ										

17	Disposal Instruction	
18	Forfeiture date	Date
	D. FOR OFFICIAL USE BY TH	E POLICE STATION
1		2 Date
	Name of police official in block letters	
3	Rank of police official in block letters	4 Place
5		6
	Signature of police official	Persal number of police official

Page 3 of 3





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 () ³ Fax ()
4	Reference No
	B. TYPE OF ACKNOWLEDGEMENT OF RECEIPT OF FIREARM DOCUMENTATION
1	Type of firearm cocumentation received:
	C. PARTICULARS OF THE PERSON FROM WHOM THE FIREARM DOCUMENTATION IS RECEIVED (Fill mill applicable)
1	NATURAL PERSON'S DETAILS
2	Identify number
3	Passport number
4	Sumaine 5 Initiale
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 sumame)
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	JAFS	52.
19	Responsible person (full names and sumame)		
20	Type of identification (indicate with an X)	SAID Passpod number	
21	Identity number of responsible person		
22	Passport number of responsible person		
	D. PARTIC	2 5	
	Name of Designated Firearms Officer in block letters	Rank of Designated Firearms Officer in block letters OFFICIAL DATE STAMP	
		4	

Persal number of Designated Firearms Officer

Signature of Designated Firearms Officer



2/2



SOUTH AFRICAN POLICE SERVICE

REMITTANCE ADVICE FOR FIREARM APPLICATIONS

	A. PAR	TICULA	rs of	POLI	CE STA	TION							
1	Police station where application was captured												
2	Telephone number ()				э р	ax I	()				
4	Reference number of register												
	B. TYPE	OF AP	PLICA	TION	RECEN	/ED							
1	Type of application												
	C. PARTICULAR	S OF A	PPLIC	ANT (Complete i	l applic	able)					i.	
1	NATURAL PERSON'S DETAILS												
2	Identity number					-	T			-		-	
3	Passport nimber												
4	Sumane							5	initiak	,			
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 sumame)		_										
12	Type of identification docidate with an Xy		SA	D				Pa	noqaa	numb	er		
13	identity number of responsible persons					-				-		-	
14	Passport number of responsible person						T			T			

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			SAPS 523(a)
	D .	PAYMENT DETAILS	
1	FGS application reference No		
2	Amount to be paid R		
	E. PARTIC	ULARS OF DESIGNATED FIREARMS OF	FICER
1		2	5
	Name of Designated Firearms Officer in block letters	Rank of Designated Firearms Officer in block letters	
			OFFICIAL DATE STAMP
3		4	
	Persal number of Designated Firearms Officer	Signature of Designated Firearms Officer	

2/2





SOUTH AFRICAN POLICE SERVICE

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

DATE RECEIVED											
A. FOR OFFICIAL L	ISE BY	THE	APPE)	L BC	ARD						
Outstanding/Additional information required					•••••					••••	
							••••••				
				-			-			² Da	le
		Г									
³ Signature of the Secretary: Appeal Board		4	⁴ Nan	ne in bi	lock le	tters					
Appeal upheid (indicate with an X)	⁶ Co	onditio									
				111100-1-1-1	(1997) - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997	50.700 v.a.	1100000			CONTRACTORY AND INC.	
										000000000 0000000	000000000000000000000000000000000000000
	1 000000000	****									
	.										
				1 -				1		7 Dat	e
				<u> </u>			-	1	I	7 Dat	•
			3	<u> </u>	1			1		7 Dat	•
⁸ Signature of the Chairperson: Appeal Board			⁹ Nam	- ne in bl	ock let	ters		<u> </u>		/ Dat	•
* Signature of the Chairperson: Appeal Board				- ne in bl		ters	-	1		7 Dat	•
				l -	ock let	ters	-			7 Dat	•
				- ne in bl	ock let	ters	-				•
				- re in bl		ters	-				
				- ne in bl		ters	-			2 Dat	
				- ie in bl		ters	-				

Prepared by:

SAPS 530

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	SAPS 53
	B. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	
3	SAID Passport
4	
5	Passport number 5 Initials
7	Residential address
	^B Postal Code
9	Postal address
	¹⁰ Postal Code
11	Telephone number () 11.2 Work ()
11.3	Cellphone number ()
13	Evmalladdress
14	JURISTIC PERSON'S DETAILS
15	OTHER BODIES
16	Registered company name
17	Trading as name
18	FAR number
19	Postal address
	³⁰ 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
20	
26 27	Responsible person (full names and sumame)
28	Type of identification (indicate with an X) SA ID Passport number
29	Identity number of responsible person
30	Passport number of (asponsible person
31	Cellphone number
	Physical address 32 Postal Code
33	Postal address
	34 Postal Code
35	
	REPRESENTATIVE'S DETAILS
36	Full name and surname
37	Type of identification (indicate with an X) SA ID Passport number

0

Advantion moments of inspectationable Advantion moments of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable of inspectationable Advantionable Advantiationa devaluationable Advantiationable Advantiationable		SAPS 530
Paceport number Celphone number Physical address Celphone number Physical address Code Postal address Code Postal address Code	38	Identity number of representative
Celopore number Physical address Postal address Postal address Postal address C. TYPE OF APPEAL dedicate with sinX) Return of a licence, permit, certificate or authorization An administrative decision Decisration of a licence, permit, certificate or authorization Return of a licence, permit, certificate or authorization	39	Passport number of representative
Physical address	40	Celiphone number
Postal address Postal address Postal address Postal address C. TYPE OF APPEAL code Postal Code C. TYPE OF APPEAL code Postal code Postal address C. TYPE OF APPEAL code Postal code	41	Physical address
Postal accress M* Postal Code E-mail address C. TYPE OF APPEAL (indicate with en X) C. TYPE OF APPEAL (indicate with en X) Refusal of a locnce, permit, certificate or authorization An administrative decision Declaration of unificiass Cancellation of a licence, permit, certificate or authorization Petfaience number(s) Licence, permit, certificate or authorization number(s) Licence, permit, certificate or authorization number(s) Concellation for appeal Grounds: for appeal		42 Postal Coder
	43	Postal address
C. TYPE OF APPEAL (indicate with an X) Refusal of a licence, permit, certificate or authorization Refusal of a licence, permit, certificate or authorization Refurence number(a) Refurence number(a) Refurence permit, certificate or authorization number(s) Refurence permit, certificate or authorization number(s) Grounds for appeal Grounds for appeal		** Postal Code
1 Refusal of a locnoe, permit, certificate or authorization 2 An administrative decision 3 Declaration of unfitness 4 Cancellation of a licence, permit, certificate or authorization 5 Refarence number(a) 6 Licence, permit, certificate or authorization enumber(a) 7 Licence, permit, certificate or authorization number(a)	45	E-mail address
1 Refusal of a locnoe, permit, certificate or authorization 2 An administrative decision 3 Declaration of unfitness 4 Cancellation of a licence, permit, certificate or authorization 5 Refarence number(a) 6 Licence, permit, certificate or authorization enumber(a) 7 Licence, permit, certificate or authorization number(a)		
2 An administrative decision 3 Declaration of unfitness 4 Cancellation of a libence, permit, certificate or authorization 5 Refaience number(s) 6 Licence, permit, certificate or authorization application number(s) 7 Licence, permit, certificate or authorization number(s) 8 Grounds for appeal		C. TYPE OF APPEAL (indicate with an X)
2 An administrative decision 3 Declaration of unfitness 4 Canceliation of a licence, permit, certificate or authorization 5 Reference number(s) 6 Licence, permit, certificate or authorization application number(s) 7 Licence, permit, certificate or authorization number(s) 8 Grounds for appeal	1	Refusal of a licence, permit, certificate or authorization
Declaration of Linfitness Cancellation of a libence, permit, certificate or authorization Refarence number(s) Licence, permit, certificate or authorization number(s) Licence, permit, certificate or authorization number(s) Licence, permit, certificate or authorization number(s) Grounds for appeal Grounds for appeal	2	
Cancellation of a licence, permit, certificate or authorization Reference number(s) Licence, permit, certificate or authorization number(s) Licence, permit, certificate or authorization number(s) Grounds for appeal Grounds for appeal	3	
5 Refarence number(s) 6 Licence, permit, certificate or authorization number(s) 7 Licence, permit, certificate or authorization number(s) 8 Grounds for appeal	4	
Reforence number(s) Licence, permit, certificate or authorization number(s) Licence, permit, certificate or authorization number(s) Grounds for appeal		
Idence, permit certificate or authorization number(s) Grounds for appeal		
Crounds for appeal		Licence, permit, certificate or authorization application number(s)
	'	Licence, permit, certificate or authorization number(s)
	8	Grounds for appeal
		· · · · · · · · · · · · · · · · · · ·



					SAPS 530
	D.	(Complete	FIREARM DETAILS	n:)	Margaren Margare
		(1)	(2)	(3)	(4) .
1	Туре			<u>_</u>	
2	Calibre				
3	Маке				
4	Model				
	Firearm component type:				
5	Barrel serial number				
6	Frame serial number				
7	Receiver serial number				
	E.	DETAILS OF TH	E CURRENT OWNER OF	THE FIREARM	
1	SA ID Passpo	n			
2	Identity number			-	
3	Passport number				
4	Sumame	••••••••••••••••••••••••••••••		* Initials	
6	Residential address				
				⁷ Postal Co	de
8	Postal address				
				⁹ Postal Co	de
10	Telephone number	¹ Home ()	^{10,2} VVor	* ()	
10.3	Cellphone number		11 Fax	()	
12	E-mail address				
13	DECLARATION BY APPLICANT		EDDESENTATINE		
	I am aware that it is an offence in term			to make a false statement in	this notice.
	F.	SIGNATURE OF	APPLICANT (Sign only if app	Lcable)	
1			2		
	Name of applicant in block letters		2 Date	-	-
3	stante et appreart in sicon rettere		4		
3	Signature of applicant		Place		
	G.	SIGNATURE OF	AUTHORIZED PERSON/	REPRESENTATIVE	
1	Name and surname of authorized pe	rson/representative			
2	Designation		3 Date		
				L	
4			5 Place		
	Signature of authorized person/repres	entative	L		



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			SAPS 530
	H. (This section must only be completed if the a	pplic	ant Cannot read or write)
1	² Fingerprint designation	3 4	Date
		5	Name of applicant in block letters
		•	Place
	Right index fingerprint of applicant		
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTICE		
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		Persal number of witness
7.3		7.4	
	Rank of witness in block letters		Signature of witness
	I. PARTICULARS OF (This section must only be completed if the applicant cannot real	NTI i or v	ERPRETER ville, or does not understand the content of this form.)
1	Name and surname of interpreter		
2	Identity/Passport number of interpreter		
3	Residential address		
	Residential address		* Pastal Code
5	Postal address		
			* Postal Code
7	Telephone number 7.1 Home ()		7.8 Work ()
8	Cellphone number		⁹ Fax ()
10	E-mall address		
11	Interpreted from (language)		to
		12	Date
13		14	Flace
	Signature of interpreter		
15		16	
	Rank of police official in block letters (if applicable)		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	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE REQUEST IS CAPTURED							
	¹ Request reference	No						
	L		┙╧╌╌╸┠╾╸╴╸┠╸╸╸					
DATE RECEIVED								
B. FOR OFFICIAL USE BY PO	DLICE STATION WHE	RE THE REQ	UEST IS RECEIV	ED				
Province								
2 Atea								
3 Police station								
4 Component code								
5 General firearm transactions register No								
c. FOR OFFICIAL US	E BY THE CENTRAL	FIREARMS RE	GISTER (CFR)					
¹ Outstanding/Additional information required								
]								
	sal number	-		³ Date				
⁴ Signature of police official		5 N	ame in block letters					
* Alteration approved (indicate with an X)								
	sal number			* Gale				
	Set furniser			- Line				
⁹ Signature of CFR officer	¹⁰ Officer code		ame in block letters	······································				
12 Allocation reduced to down in as X								
	rsel number			15 Date				
				Usite				
¹⁶ Signature of CFR officer	¹⁷ Officer code	¹⁸ Na	me in block letters					



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	D,	TYPE OF REQU	EST TO ALTER FIREA	RM (indicate with an X)	
۱	Alteration to the mechanism of	f a freatm so that more than one	shot van be discharged wit/	r a single depression of the t	rigger
2	Alteration to the calibre of a fir				
3	Attention to the barrel length o	***************************************			
4	CC/2000 1/27/00/00 000/00/00/00/00/00	number or any other identifying i	nark of a firearm		
5	Other, specify				
6	Reason(s) for the request to h	ave a firearm altered by a gunsm	nith		
	1				
7	Date of request		Date	-	-
8	DETAILS OF FIREARM(S) TH	AT MUST BE ALTERED]		
		(1)	(2)	(3)	(4)
9	Type of licence		<u></u>	1	
10	Licence number			1	
11	Excity date				
12	Calibre	[]			
13	Calibre Make			•	
14	Model				
	Firearm component type:				
15	Barrel serial number		·····		
15.1	Make				
15	Frame serial number				
16.1	Make				
17	Receiver serial number				
17.1	Make				

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SAPS 531

	E. PARTICULARS OF THE REQUESTER
1	NATURAL PERSON'S DETAILS
2	SA ID Pasaport
3	Identity number
4	Passport number
5	Sumarree e Initials.
,	Residential address * Postal Cade
9	Postal address
	¹⁶ .Postai Code
11	Telephone number () ¹¹² Work ()
11.3 13	Cellphone number 12 Fax ()
	E-mail address
14	JURISTIC PERSON'S DETAILS
15	OTHER BODIES
16	Registered company name
17	Trading as name
18 19	FAR number
15	Postal address
	²⁰ Postal Code
21	Business address
23	22 Postal Code Business telephone number 23.2 Past ()
24	Business telephone number 23.1 Work () 23.2 Fax () E-mail address
25	
20	RESPONSIBLE PERSON'S DETAILS
26	Responsible person (full names and surname)
27	Type of identification (invisions with an X) SA ID Passport number
28	
30	Passport number of responsible person
31	Celiphone number Physical address
	⁹⁴ Föstar Code
33	Postal address
	³⁴ Postal Code
	F. PARTICULARS OF GUNSMITH
1	Gunsmith's name
2	Gunsmith's FAR number

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				SAPS	531
3	Postal address			* Postal Code	
5	Business address				
7 B	Business telephone number 7.1 Work (E-mail address	()		[#] Postal-Code	
9	DECLARATION BY REQUESTER				
	I am aware that it is an offence in terms of the Fire	earms Control Act, 2000 (Act No 6	60 of 2000), to make a false statement in this request form.	
	G, ŚIGA	ATURE OF REQUES	STER/G	GUNSMITH (Sign only # applicable)	
1	Name of requester in block letters]	2	Date	
3			•	Place	
5	Signature of requester DETAILS OF GUNSMITH	1			
6]	7	Date	
8	Name of gunsmith in block letters	_	e	Place	
	Signature of gunsmith			Plage	
	H. (This section mu	ist be completed <u>only</u> if th	e reques	ster carerol read or write.)	
1	Right index fingerprint of the requester		3 4 5	Date	
6	PARTICULARS OF POLICE OFFICIAL DEALI	ING WITH REQUEST]		
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. (This section must be completed or	PARTICULARS C	DF INTE tread or v	ERPRETER write or does not understand the content of this form.)	
1 2	Name and sumame of interpreter				

3	Residential address		
			* Postal Code
5	Pöstal address		
7	2		e Postal Code
8	Telephone number 7:1 Home () Celiphone number		^{7.2} Wolk ()
10	E-mail address		
11	anterpreted from (anguage)		to
		12	Date
13			
15	Signature of interpreter	14	Place
15		16	
	Rank of police official in block letters (if applicable)		Persal number of police official (if applicable)
	J. IN CASE OF NOMINEE/AU	тно	RISED PERSON
1	Name and sumarie of nominee/authorized person		
2	Identify/Passport number of noninservatifiorized person		
		3	
4	Signature of nominee/authorized person	5	Place
		CIDE	ARMS OFFICER/STATION COMMISSIONER
	K. FOR OFFICIAL USE BY THE DESIGNATED		ARMS OFFICERSTATION COMMISSIONER
1	RECOMMENDATION REGA	RDI	IG THE REQUEST
	Recommended		Notrecommonded
2	Motivation		
	I		
	L		
3		4	Date
	Name of Designated Firearms Officer/Station Commissioner in block letters		
5		6	Place
l	Rank of Designated Firearms Officer/Station Commissioner in block letters		
	Signature of Designated Firearms Officer/Station Commissioner		Persal number of Designated Firearms Officer/Station



SAPS 532



SOUTH AFRICAN POLICE SERVICE

INFRINGEMENT NOTICE

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

	OFFICIAL DATE STAMP	A.	FO	r ofi						STATIC CE IS I			THE	•	
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			mponen ringeme			_	1	Τ-	T						
	DATE RECEIVED	re	ference i	umber											
	8. P	ARTICU	ARS C	of inf	RINC	BER		ii.				÷			
1	NATURAL PERSON'S DETAILS														
2	SA 1D Paseport														
3	identity number of natural person						-				-			-	
4	Paseport number of natural person														
5	Sumame									⁶ Inilia	s				
7	Residential address														
									9 Po	stal Cot	Je 🛛				
9	Postal address														
									¹⁰ Po	stal Co	de				
11	Telephone number ^{11,1} Home ()			11.2	Work	()						
11.3	Cellphons 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												r		_
21									40	^o ostal C	ode				
	Business address								22 .	⁹ ostal C		- 1			
23	Business telephone number 231 Work ()			23.2	Fax	()		USIGI O	oue				

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	SAPS 532
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 31	Cellphons number
•	Physical address 32
33	92 Postal address
	34 Postal Code
35	
	PARTICULARS OF LICENCES, PERMITS, CERTIFICATES OR AUTHORIZATIONS
36 37	DETAILS OF LIGENCES, PERMITS, CERTIFICATES OR AUTHORIZATIONS
57	Type Number Date of issue Expiry date
38	Parliculars of alleged offence

39 Administrative line payable R -		
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		SAPS 532
40	Infringer's options	
	The infringer may not later than 30 days after the da	te of service of the infringement notice -
	 pay the administrative fine; make arrangements with the Registrar to pay the elect to be tried in court on a charge of having control of the second se	
41	Statement of failure to comply	
	certified by him or her as correct, setting forth the an	of a notice, the Registrar may file with the clerk or registrar of any competent court a statement nount of the administrative fine payable by the infringer and such statement thereupon has all 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	Rank of police official in block letters	4 Place issued
5		
	Signature of police official	Persal number of police official
	D. FOR OFFICIAL USE BY THE	POLICE OFFICIAL WHO SERVES THE INFRINGEMENT NOTICE
1	Name and surname of police official in block letters	2 Date served
3		4
	Rank of police official in block letters	Place served
5	Signature of police official	6 Persal number of police official
	E. ACKNOWLEDGMENT OF	RECEIPT OF INFRINGEMENT NOTICE BY THE INFRINGER
1	Name and sumaries of infringer	
2	Identify number of initinger	
3	Date served	Date
4	Place served	Place
5	Time served	Time
6		
	Signature of infringer	

SAPS 532(a)



SOUTH AFRICAN POLICE SERVICE

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

	OFFICIAL DATE STAMP DATE RECEIVED	² A ³ P ⁴ C ⁵ A ⁶ T ⁶ ⁷ F ¹⁰ ¹⁰	rovince rea olice sta onporier odress o slephone sc numbe fringame ference	Wi toon toode police mumbe ri number	stallor P	тие ,					ED		
	B. PA	RTICU	LARS	OF INF	RINC	BER							
1	NATURAL PERSON'S DETAILS												
2	SA ID Passport												
3	identity number of natural person						-			-		-	
4	Passport number of natural person												
5	Sumame							 8	Initial	s			
7	Residential address										 		
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9	Postal address							 in the second			 		
								 ^{te} Pc	ostał Co	ode			
11 11.3)				Work	()					
13	Cellphone number E-mail address				12	Fax	()			 		
14	JURISTIC PERSON'S DETAILS												
15	OTHER BODIES												
16 ,	Registered company name				_								
17	Trading as name							 			 		
18	FAR number										 		
13	Postal address							 20	istal Co		 		
								 PO	ISTER CC	408			

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SAPS 532(a)

		-
21	Business address	
	72 Postal Code	
		_
23	Business telephone number 23.1 Work () 23.2 Fex ()	
24		-
	E-mail address	
25	RESPONSIBLE PERSON'S DETAILS	
26		٦
	Responsible person (full names and surname)	_
27	Type of identification (Indicate with an X) SA ID Passport number	
28		\neg
	identity number of responsible person	
29	Passport number of responsible person	
30		┥
	Celiphone number	
31	Physical address	
		\neg
	³² Postał Code	
33	Postal address	1
		\neg
	³⁴ Postal Code	
		-
35		٦
	Particulars of alleged offence	
	· · ·	
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	L	
		-
36		
	Administrative fine payable R -	
37	Infringer's option (Indicale with an X)	
	Pay the administrative fine	
	Pay the administrative fine in instalments	
	Trail in court	
38	39	7
	Date	
	Name of infringer in block letters	_
40		
40	41 Place	
	Signature of infringer	

Page 2 of 3

SAPS 532(a)

	C. FOR OFFICIAL USE BY THE	POLICE OFFICIAL WI	THO RECEIVES THE RESPONSE TO THE NOTICE
1	Name and surname of police official in block letters	z	Date
3	Rank of police official in block letters	4	Place
5	Signature of police official	6	Persal number of police official

Page 3 of 3





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)

		OFFIC	IAL D	ATE	STAN	ΛP		_]	А.		FG		50620033333	00000000000	200.0000	200000000	11000000000	000033555234	\$1000000000		0000000000	NC		
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ice s	tation																								
npor	nent c	ode																							
am	appli	alions	s regis	ter re	feranc	ie nui	mber		S	APS 8	6	NO							Y	EAR					
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anc	ellatio	n of f n app 9 S 9 n of f	iream iroved ignatu	n lice I (Indi re of n lice	nce, p cute w CFR c	oermi th an - officer	it.ce X)	[7 ₽	'emai : ate or	numbe	Office	_]	ui{\$}	for re	- 11	Nan	1	[-	T		*	Date]	
anc	ellatio	n of f n app 9 S 9 n of f	iream iroved ignatu	n lice I (Indi re of n lice	nce, p cute w CFR c	oermi th an - officer	it.ce X)	[7 ₽	'emai : ate or	10 ,	Office	_		m(s)	for re	- 11	Nan	1	[-	T]	
	ia ICe s mpor	wince a loe station inponent c am applic	vince a loe station inponent code arm applications	DATE R wince a loce station imponent code arm applications regis	DATE RECEI FOR wince a loe station imponent code arm applications register re FOR OI	DATE RECEIVED FOR OFF wince a los station imponent code arm applications register referance FOR OFFICI	FOR OFFICIA wince is loe station imponent code arm applications register reference nu FOR OFFICIAL 1	DATE RECEIVED FOR OFFICIAL L vince a los station imponent code arm applications register referance number FOR OFFICIAL USE	DATE RECEIVED FOR OFFICIAL USE E wince a loe station imponent code arm applications register reference number FOR OFFICIAL USE BY T utstanding/Additional information required	DATE RECEIVED FOR OFFICIAL USE BY Province a IDE station Inponent code airm applications register reference number S FOR OFFICIAL USE BY THE C Utstanding/Additional information required	DATE RECEIVED FOR OFFICIAL USE BY POLICI wince a ice station mponent code aarm applications register reference number SAPS B FOR OFFICIAL USE BY THE CENTR utstanding/Additional information required	DATE RECEIVED FOR OFFICIAL USE BY POLICE STA vince a ice station mponent code sam applications register reference number SAPS 86 FOR OFFICIAL USE BY THE CENTRAL	DATE RECEIVED FOR OFFICIAL USE BY POLICE STATION wince a to station required FOR OFFICIAL USE BY THE CENTRAL FIRE Utstanding/Additional information required	DATE RECEIVED FOR OFFICIAL USE BY POLICE STATION V volince a ite station riponent code arm applications register reference number SAPS 88 NO FOR OFFICIAL USE BY THE CENTRAL FIREARI utstanding/Additional information required	WHE * Request Reference No • Request Reference No • Request Reference No • FOR OFFICIAL USE BY POLICE STATION WHE • whice • a • to be station • inponent code • arm applications register reference number • SAPS 86 • NO • FOR OFFICIAL USE BY THE CENTRAL FIREARMS Furstanding/Additional information required	WHERE T MHERE T I Request Reference No FOR OFFICIAL USE BY POLICE STATION WHERE T Mince a IDE station MINCE a IDE station MINCE SAPS 86 NO FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGI UXstanding/Additional information required	WHERE THE I WHERE THE I I Request Reference No DATE RECEIVED FOR OFFICIAL USE BY POLICE STATION WHERE THE I wince a Ide station information register reference number SAPS 86 NO FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTE utstanding/Additional information required	WHERE THE REQ 1 Request Reference No 1 Request Reference No 1 Request Reference No POR OFFICIAL USE BY POLICE STATION WHERE THE REQ wince a ide station inponent code saminapplications register reference humber SAPS 86 NO FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (Constant) utstanding/Additional information required	WHERE THE REQUES I Request Reference No I Request Reference No DATE RECEIVED FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUES WHERE	WHERE THE REQUEST IS IN TREP Interest in the second of the second o	WHERE THE REQUEST IS CAP * Request Reference No DATE RECEIVED FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECT VINCE Generation of the station of the station Imponent code arm applications register reference number SAPS 86 NO YEAR FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) utstanding/Additional information required	WHERE THE REQUEST IS CAPTUR * Request Reference No DATE RECEIVED FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVE WHERE THE REQUEST IS RECEIVE WHERE THE REQUEST IS RECEIVE OPTICE STATION WHERE THE REQUEST IS RECEIVE WHERE THE REQUEST IS RECE	WHERE THE REQUEST IS CAPTURED 1 Request Reference No 1 DATE RECEIVED FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED ovince a IDE station MILE BY POLICE STATION WHERE THE REQUEST IS RECEIVED ovince a IDE station min applications register reference number SAPS #6 YEAR FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) Utstanding/Additional information required	WHERE THE REQUEST IS CAPTURED 1 Request Reference No 1 DATE RECEIVED FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED OWNER A (De station MILE SAPS 86 NO YEAR FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) Utstanding/Additional information required	WHERE THE REQUEST IS CAPTURED 'Request Reference No DATE RECEIVED FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED ovince a IDE STATION WHERE THE REQUEST IS RECEIVED ovince a IDE station mponent code a IDE station TOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) IDE OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) Utstanding/Additional information required

Page 1 of 4



Prepared by:

	D.		P/	ARTICUL	ARS OF	THE R	EQUE	STEF	ŧ –						
1	SAID	_													
2	for an and the second second second second second second second second second second second second second second	Fassport		Fersal n	umber							—	T-1		
	Identity number of the requester		т-т		_			· ·					$\left - \right $	-	
3	Passport number of the request	er 👘	++				1								
4	Persal number				-	⁶ Rank				£			·		
6	Surhame									7	Initials				
8	Residential address														
										9 Pos	tai Code				
10	Postal address														
										11 Po	stal Code				
12	Telephone number	12.1 Home	()		12	² Wor	K ()				4		
12.3	Cellphone number					13	Fax	()						-
14	E-mail address					87938		200079							-
15	Trade or profession				18	l self-emj	vioyed,	specif	y						-
17	Name of employer/company														_
19	Business address														
										¹⁸ Po	stal Code				
20	Telephone number	20.1 Home	()				20:2	Work	()				
20.3	Cellphone number							24	Faix	()				
22	E-mail address														
	E. DETAILS OF FIRE	ARM LICEN	ICE, PI	RMIT, C	ERTIFIC	ATE OF	R AUT	HOR	IZATIO	N TO	BE CAN	CELL	ED		
1									8						
	Ucence, permit, certificate or euthorization number	r [~ [licence,	permit, cer	uncate or (uthorizat	an type				Date issue	a			
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			•••••												

F. PARTICULARS OF THE HOLDER OF THE FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHOR	ZATION
NATURAL PERSON'S DETAILS	

1.1	SA ID Passport		
1.2	Identify number of natural person	-	
2	Passport number of natural person		
3	Sumame		
5	Residential address		
	* Postal Code		



1

SAPS 533

7	Postal address
9	* Postal Gode
9.3	Teleptione number #1 Home () #2 Work () Cellphone number 10 Fax ()
11	Cellphone number () E-mail address
12	JURISTIC PERSON'S DETAILS
13	OTHER BODIES
14	Registered company hame
15	Trading as name
16	FAB number
17	Postal address
40	18 Postal Code
19	Business address
21	20 Postel Code Business teleptione number 21.9 Work () 21.2 Fax
22	Business telephone number ⁴¹ Work () ⁴¹ Fax () E-mail address
23	
29	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	Celiphane number
29	Physical address
31	³⁰ Postal Code
51	Postal address
l	³² Postal Code
33	Reason(s) why cancellation of licence, permit, certificate or authorization is requested
ا ۲	
34	Date on which cancellation is requested
35	DECLARATION BY THE REQUESTOR

I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement on this request form.



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		SAPS 533
	G. SIGNATURE OF F	REQUESTER
1	Name of requester in block letters	2 Date
3	Rank of requester in block letters	4 Place
5	Signature of requester	Persal number of requester
	H. FOR OFFICIAL USE BY THE DESIGNATED FIR	EARMS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION REGARDING THE CANCELLATION OF THE F	IREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION
1.1	Motivation	
2	[3
-	Name of Designated Firearms Officer/Station Commissioner in block letters	
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/
	-Gunner of performed theatthe ethodi official outilingential	Station Commissioner



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SAPS 533(a)



SOUTH AFRICAN POLICE SERVICE

REQUEST TO SUSPEND A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION Section 41, 55, 69 and 80 of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP		OFFICIAL USE BY THE POLICE STATION HERE THE REQUEST IS CAPTURED	1
		¹ Request reference N	lo la la la la la la la la la la la la la	
	DATE RECEIVED			
	B. FOR OFFICIAL USE BY PO	LICE STATION WHEN	RE THE REQUEST IS RECEIVED	
۱	Province			
2	Area			
3	Police station			
4	Component code			
5	General firearm transactions register No			
1		DV THE CENTRAL E	REARMS REGISTER (CFR)	
	Outstanding/Additional information required	BT THE CENTRALT	ALARMS ALDISTER (CTR)	
	2 Per	sal number	 _*p	ate
	· · · · ·	Г		
	⁴ Signature of police official		⁵ Name in block letters	
	⁶ Suspension of firearm licence, permit, certificate o authorization approved (indicate with an X)	Reason	(s) for suspension	
			Pe	lod of pension
		sal number		
	¹¹ Signature of CFR officer ¹⁴ Suspension of firmerm licence, period, certificate	¹² Officer code	13 Name in block letters h(s) why suspension is unnecessary	
	¹⁴ Suspension of firearm licence, permit, certificate authorization refused (indicate with an X)	(All and a line and a	the second second second second second second second second second second second second second second second s	
ł		sal number		iste
	¹⁸ Signature of CFR officer	19 Officer code	20 Name in block letters	

Page 1 of 4



	SAPS 533(a
	D. PARTICULARS OF THE REQUESTER
1	NATURAL PERSON'S DETAILS
1	SAID Pessport Persal number
2	Mently number of the requester
3	Passport number of the requester
, e	Persai number
8	Surnaine 7 initiais
•	Residential address
10	⁹ Postal Qpde
	Postal address
12	³¹ Postal Code
12.3	Telephone number 12.1 Hame () 12.2 Work ()
14	California Horiotati
	E-mail editiess
15	JURISTIC PERSON'S DETAILS
16	OTHER BODIES
17	Registered company name
18	Trading as name
19	FAR number
20	Postal address
22	21 Postal Code Business address
	²³ Postal Code
24	Business telephone number 24.1 Work () 24.2 Fax ()
25	E-mail address
25	RESPONSIBLE PERSON'S DETAILS
27	Responsible person (names and sumarne)
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	Caliphone number
32	Physical address
	³³ Postal Code
34	Postal address
	³⁶ Postal Code



)

	E. PARTICULARS OF FIREAR	M LICENCE, PERMIT, CERTIF	CATE OR AUTHOR	ZATION TO BE	SUSPENDED
1	Licence, permit, certificate or authorization type	2 Licence permit certifica authorization number	te or ^s Date	issued 4	Expiry date
		[
5	Reason (Indicate with an X)	eged offence Fireari	n lost/stalen	idicate case details b	elow
5.1					
5.1.1	Alleged offence: Police station			r tog for to	
5.1.2	Reference number				
5.1,3	Description of case				
5.2	Firearm lost/stolen				
5.2.1 5.2.2	Police station				
5.2.3	Reference humber Description of case				
6	L				
7	Date on which suspension is requested		Date		
	DECLARATION BY REQUESTER				
	I am aware that it is an offence in terms of th			alse statement in thi	s request form.
	F.	SIGNATURE OF REQU	JESTER	i i guite a	
1	Name of requester in block letters	2	Date	-	
3			-		
	Rank of requester in block letters	l	Place		
5					
	Signature of requester		Persal number of requ	lester	



SAPS 533(a)

	IDATION REGARDING	THE GEOLEMOIOLE	e the fires	JRIM L	ICENCE,	PERMI	T, CE	RTIPU	CATE	OR /	UTH	SRIZ;	
	Recommende	d a si				6	tot rec	omme	ndeđ				
Motivation regard	ing the request for supp	ension											
				4	Date			Τ	-		Ι		ŀ
ame of Designate	d Firearms Officer/Static	on Commissioner in blo	ck letters										
anie er Deeignate				6	Place								
		1				_							
	Firearms Officer/Statio	n Commissioner in bloc	k letters	10000									

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SOUTH AFRICAN POLICE SERVICE

TRANSFER OF FIREARM OWNERSHIP

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

	OFFICIAL DATE STAMP	A		F	OR (WH	offi Ere									¥.		
		1	Transfer	r refer	ence l	No		Γ									
		-											-				
ł	DATE RECEIVED																
	E. FOR OFFICIAL USE BY P	OLICES	STATIC	N V	WHEE	E TH	IE A	PPI	CAT	ION	IS RI	ECE	VED				
1	Province																
2	Area						•••••	••••		•••••	•••••		•••••				
3	Police station					•••••	•••••		•••••				•••••	••••			,
4	Component code													•••••			
5	SAPS 13 register reference number																
6	General firearm transactions register rel no	NO							Y	EAR			_				
1														_			
	C. P/	ARTICUL	ARS ()F C	URR	ENT	OWA	IER									
1	[··· /															
	NATURAL PERSON'S DETAILS																
2	SA ID Passport]															
3	Edentity number of natural person							-					-			-	
4	Pasaport number of natural person			1				Ĺ							Ĺ		
5	Sumame										۴ (I	nitials					
7	Residential address																
9											Pos	tal Co	de				
	Postal address														<u> </u>		
11	Telephone number ^{11,1} Home (Wor				⁰ Pos	tal Co	de				
11.3	Cellphone number ""Home ()				100000		-		<u> </u>							
13	E-mail address						C.C.A)							
14																	
14	JURISTIC PERSON'S DETAILS																
15	OTHER BODIES																
16	Registered company name																
17	Trading name																



18	FAR humber										
19	Postal address										
								20 Postal C	ode		
21	Business address								300.000 T		
								22 Postal Co	ode		
23		Work ()			^{23,2} Fax	()			
24	E-mail address										
25	RESPONSIBLE PERSON'S DETA	ILS									
26											
27	Responsible person (full names and				SAID			Pa	rt number		
28	Type of identification (indicate with a identity number of responsible pers			<u> </u>	SAID			Passp.			
29	Passport number of responsible per					-+-+					
30	Celiptione number						ll-				
31	Physical address										
								³² Postal Co	de		1
33	Postal address									L	
							Ň	³⁴ Postal Co	ode		
35	Reason(s) for transfer of findarin										
	Reasonite) for manager of mount										
			•••••								
	D.	DETA	AILS OF F	IREARM(S) TO BI	TRANSF	ERRED				
1	DETAILS OF FIREARM(S)										
		(1)			(2)		(3)		(4)	
2	Туре										
4	Calibre				••••••						
5	Make				•••••						
	Model										
6	Firearm component type:										
6.1	Make				•••••						
7	Frame serial number										
7.1	Make										
8	Receiver scrial number										
8.1	Make										

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SAF	s	534

	E. PARTICULARS OF DEALER/GUNSMITH TO	WH	OM 1	HE FIREARM IS TRANSFERRED
1	Registered company name			
2	Trading as name	_		
3	FAR number			l
•	Postal address		,	⁸ Postal Code
5	Business address			
				7 Postal Code
8	Business telephone number ** Work ()		8.2	Fax ()
9	E-mail addrese			
10	DECLARATION BY PERSON WHO IS THE LAWFUL OWNER OF THE F	IRE/	ARM(5)
	I hereby declare that the above firearm(s) is/are legally in my possession and i has/have been obtained and that the details of the firearm(s) are correct and a	that 1	intenc ate	to sell or supply it once the necessary authorization(s)
	I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Ac			2000), to make a false statement in this transfer of firearm
	ownership form.			
	F. SIGNATURE OF CURRENT (own	IER	Sign only if applicable)
1	SIGNATURE OF CURRENT OWNER			
2		3	Da	
	Name of current owner in block letters		1000000	
4		5	Pla	ce -
	Signature of current owner			•
6	SIGNATURE OF DEALER/GUNSMITH			
7		8	Da	e
	Name of dealer/gunsmith in block letters		224292	
9		10	Ría	Ge
	Signature of dealer/gunsmith			
	G. (This section must only be completed if the :	urrei	n own	er cannol read or white.)
1	2 Fingerprint	3	Da	e
	² Fingerprint designation		r—–	······································
		4	Na	me of current owner in block letters
		5		
	Right index fingerprint of current owner		Pla	Ce.
6		-		
	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION]		
6.1	Name of police official in block letters	6,2	Berry	
6.3		6.4	rers	al number of police official
	Rank of police official in block letters	0.4		ature of police official

		S	APS 534
7	PARTICULARS OF WITNESS		
7.1	7.2		
	Name of witness in block letters Persal number of witness	i.	
7.3	.3 7.4		
	Rank of witness in block letters Signature of witness		
	H. PARTICULARS OF INTERPRETER (This section must be completed <u>only</u> if the current owner cannot need or write or does not understand the content of this for	imi)	
1	Name and surname of interpreter		
2	Identity/Passport number of interpreter		
3	Residential address	<u> </u>	
	* Postal Code		
5	Postal address		
	* Postal Code		
7	Telephone number 74 Home () 7.2 Work ()		
8	Celiptions number * Fax ()		
10 11	E-mail address		
	Interpreted from (benguage) to		
	12 Clate -	-	
13	Place		
	Signature of interpreter	_	
15			
	Rank of police official in block letters (if applicable) Persal number of police official (if applicable)		
	L PARTICULARS OF POLICE OFFICIAL		
1	2 Date	-	T
	Name of police official in block letters		-
3	4		
	Rank of police official in block letters		
5			
-	Signature of police official Persal number of police official		
	- Guarda - France Allinear		

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		SAPS 535
	SOUTH AFRICAN POLICE SERVICE	
	FORWARDING SCHEDULE	
¹ Forwarding police station name	² Name of destination police station	
³ Component code of forwarding police station	⁴ Forwarding date	
Forwarding police station		Recipient police station
*No *Name ¹ Identity/FAR.number	* Document type * Reference number 19 Number of page of document	11 Page numbers not received
³ PARTICULARS OF FORWARDING DESIGNATED FIREARMS OFFIC	CER	
15	16 17	
Name of Designated Firearms Officer In Rank of Designate	ted Firearms Officer Persal number of Designated Firearms Officer Signature	of Designated Firearms Officer

Page 1 of 2



	SAPS 535
A. ACKNOWLEDGEMENT OF RECEIPT	
* Remarks	
8. RECIPIENT	A DARK .
1 2	
Name of police official in block lettors Rank of police official in block letters	
OFFICIAL DATE STAMP	
Persal number of police official Signature of police official	
	Page 2 of 2





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)

		OFFIC	IAL DA	ATE ST/	AMP			A.		or of Wher										
								¹ Applic	ation ref	erence	No									
		DA	TE RE	CEIVED)															
₿.			KOP	OFFIC		105 0	Y POLIC	E STAT		UCDE	THE /	DDI	CAT	- Chi	(e D	505	VED			
Provin	ce		TOR	OFTI	- ()-41, 1		in Folia	C. CIME	scole of	DERK	ant y	AFF1.	CAL	ION			4LD			
Area							•••••													
Police	station																			
Compo	oneni o	ode						- <u>r</u>												
Genera	al firea	rme tra	risactic	in regist	er hum	ber .														
	<u> </u>				-		² Persal	oumber				-			-			^a Da	te	
e Antolio				of polic			proved (im	1				⁵ N	ame ir	bloc	k lette	ers				
Abbur	anon	fen ar	RIUHIA		posse	35:4PJ	NOAGO (188	licere with	an sj			•••••				••••				
					-		7 Persal (wriber				-			-			^e Da	e	
12				of deci					cer code		1 313		Name			etters				
¹² Appl	icatio						fused (ind				15	11 Reaso				etters				
¹² Appi	icatio						fused (ind				15					etters				
¹² Аррі	icatio						fused (ind				15					etters				
¹² Аррі																etters		¹⁵ Da		
¹² Appi								cute with a			13					etters				



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	SAPS 536
	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	Sumieme * initiale
7	Residential address
9	*Postal Code
•	Postal address
11	¹⁰ Postal Code ¹¹ Postal Code Telephone number ^{11,1} Home () ^{31,2} Work ()
11.3	
13	Celphone number () E-mail address
14	JURISTIC PERSON'S DETAILS
15	OTHER BODIES
16	Registered company name
17	Trading as neme
18	FAR number
19	Company registration of CC number
20	Postal address
	2 ¹ Pestal Code
22	Business address
	²² Postal Code
24	Business telephone number 24.1 Work () 24.2 Fex ()
25	E-mail address
26	RESPONSIBLE PERSON'S DETAILS
27	Responsible person (full name and sumame)
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	Celipitone number
32	Physical address.
	33 Postał Code
34	Postal address
	3º Postal Code

.

SAPS 536

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

		(1)	(2)	(3)	(4)
ſ	Туре				
2	Calibre				
3	Make				
4	Model				
	Firearm component type:				
5	Barrel serial number				
6	Frame serial number				
7	Receiver serial number				
8	Provide reason(s) for the need to Filearm 1	possess more than 2 400 pri	mers for each firearm		
		·····		1	
	Firearm 2	·····			
		· · · · · · · · · · · · · · · · · · ·			
	Firearm 3				
	Firearm 4				
L					



E.

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												s	APS	536
	F. SIGN	ATURE OF	APPLIC	ANT (S	ign only if appl	icubie)								
1	Name of applicant in block letters			2	Date				-			-		
3	Cimaking of configurat			4	Place									
	Signature of applicant G. (This section						4							
1		rannar de Asi		<u>2</u> .11.11.42.43 3	[i i cai	4.01.94	ine.j	<u> </u>				-	
	² Fingerprint designation			Ŭ	Date				-	I		-		
]		4										
		J		5	Name of a	pplicar	nt in bl	ock lette	rs					
	Right Index fingerprint of applicant				Place									
6	PARTICULARS OF POLICE OFFICIAL DEALIN	G WITH APP	LICATION											
6.1				6.2					1-1	_ [_			
	Name of police official in block letters				Persal numi	ber of p	olice	official	11					
6.3				6.4										
_	Rank of police official in block letters				Signature of	f police	officia	al						
7	PARTICULARS OF WITNESS													
7.1				7.2						-				
7.3	Name of witness in block letters			7.4	Persal numi	ber of v	vitnes	\$						
1.5	Rank of witness in block letters			14	Signature of	witnes	s							
	H. (This section must be completed or				ERPRETE write or does		nderst		conten	t of thi	s form	ı)		
1	Name and sumame of interpreter													
2	Identity/Passport number of interpreter													
3	Residential address													
_								4 Po	istal Ca	ode		-		
5	Postal address											r		
7	Telephone number 7.1 Home				7.2 10/00				stal Co	de				
8	Telephone number 7.1 Home	()			7.2 Work 9 Fax	<u>د</u>	()						_
10	E-mail address				• 64		(,						-
11	interpreted from (language)				to									_
				12	Date									_
					(that a	I			<u> </u>					
13				14	Place									-
	Signature of interpreter													
15				16				- 40 - k-1 - 0		-				
	Rank of police official in block letters (if applicable)				Persal numb	per or p	ouce	omiciai (i	 аррію 	able)				

Prepared by:

3

UNIVERSITEIT VAN PRETORIA UNIVERSITY OF PRETORIA YUNIBESITHI YA PRETORIA

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REARMS OFFICER/STATION COMMISSIONER
when we can also we we want the second second second second second second second second second second second se
3 Date
5 Flace
· · · · · · · · · · · · · · · · · · ·



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)

² DEPARTMENT/INSTITUTION

⁸ IN POSSESSION ON 1 JULY 2003 OR OBTAINED THEREAFTER

To be completed by the SA Police Service

⁴ Dalu	⁵ • Typa	5 Action	7 Guibre	⁸ Calibre code	⁹ Manufacturer's serial number	10 Mater
			+			
				1 1 1 1		
			+			
				++-		
11		12			13 24	
	person who completed the SAPS		e of person who completed the	e SAPS 349	Loane	
Type (Indicate - pist Action (Indicate - bo	tol, revolvor, rille, rifle and / or sholgun bl, automatic, semi-automatic, cylinder	combination, sho(gun) , lever, pump action, etc)				
For Central Firearn	ns Register use only					,
¹⁴ Checked and ca	plured by	15		16	1 . 17	Office date stamp
	Signature	Name in blo	ock letters	Persal number	······································	

SAPS 349

¹ CODE OF BODY

To be completed by the SA Police Page 349 of 383

SAPS 350(a)	SA	PS	350(a)	>
-------------	----	----	--------	---

			DEAL	ER'S RETUR	POLICE SERVICE RN: STOCK RECEIVE Control Act, 2000 (Act No 60 of 2000)	D		3APS 330(a
¹ Period from	Date C	с ү ү - м	M - D D	io	Date		3	
A				DEALER'S PA	RTICULARS	TRANS AND	States a	
¹ Trading as name of dea	aier				² Licence number of dealer			
B. DETAILS OF FIREA	RM(S) RECEIVED				C. FROM WHOM RECEIVED			
Firearm(s) type	² Modei	Gettere	4 Seriel number	5 Main	¹ Namo	2 Identification Passport/FAR No	8 Licence No	* Date received

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									SAPS 350(a)
	-								
5 I am aware that it is an	offence in forms o	f the Eireanne Cor	ntrol Act, 2000(Act 60 of 200						
	onence in terms o	ane raeanna co	7	to provide faise inform	tation on this form,				
elenator	re of responsible p		' L_				Dale		
Signatur	re of responsible p	serson		Name of responsible					
0.	1. 1. 1. A. A.	Ph Inter	ACKNOWLEDGEN	MENT OF RECEIPT (FOR OFFICIAL USE BY THE	SOUTH AFRICAN P	OLICE SERVICE)		
			PARTICULA	ARS OF FIREARM(S	THAT COULD NOT BE	REGISTERED	elle dite	The Ast	
² Firearm type	^a Model	⁴ Calibre	⁹ Serial number	⁶ Make			^y Remarks	Stephen Ste	
								·····	
								<u>{</u>	
							-		
E.		PAH	TICULARS OF OFFICE	AL RESPONSIBLE	FOR THE REGISTRATION	OF THE FIREAL	RM DETAILS		
1			2		7				
Name of official in blo	ck letters		Rank of official in block lett	ers					
							OFFICIAL I	DATE STAMP	
						l			
3		-	4						
Persal number of offic	cial		Signature of official						

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				July 1				SAPS 350(b)
	•							
					POLICE SERVICE	D		
			Sectio	n 39(8) of the Firearms	Control Act, 2000 (Act No 60 of 2000			
¹ Period from	Date		-	to	Otte			
A	4 5 24			DEALER'S PART	ICULARS			
¹ Trading as name of de	saler				² Licence number of dealer			
B. DETAILS OF FIRE	and a second second second second second second second second second second second second second second second				C. TO WHOM SUPPLIED			
¹ Firearm(s) type	² Model	³ Callbre	⁴ Service number.	⁴ Make	¹ Name	² Identification/PassporSFAR	No. ³ License No.	⁴ Data received

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SAPS 350(b) ⁵ 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. 7 . Dete Signature of responsible person Name of responsible person in block letters D. ACKNOWLEDGEMENT OF RECEIPT (FOR OFFICIAL USE BY THE SOUTH AFRICAN POLICE SERVICE) PARTICULARS OF FIREARM(S) THAT COULD NOT BE REGISTERED ² Firearm type ² Model ⁵ Serial number ⁶ Maion " Calbre 7 Remarks PARTICULARS OF OFFICIAL RESPONSIBLE FOR THE REGISTRATION OF THE FIREARM DETAILS F.S. 2 Name of official in block letters Rank of official in block letters OFFICIAL DATE STAMP 4 Persal number of official Signature of official

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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	SPARTICULARS	
¹ Trading as norms of manufacturer			² Licence number of reanufacturer	
B. DETAILS OF FIREARM(S) MAN	UFACTURED	· · · · · · · · · · · · · · · · · · ·		
* Finante(s) type	² Model	³ Oalbre	* Serial sumbor	a Mote Cale manufactured

SAPS 350(c)

Prepared by:

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aware that it is an	offence in terms of	f the Firearms Cont	rol Act, 2000 (Act 60 of 200	0) to provide false inform	nation on this form.					
Signatu	re of responsible p	erson	9	Name of responsible	person in block letters		10 Date		-	Ŀ
			ACKNOWLEDGEM	ENT OF RECEIPT (FOR OFFICIAL USE BY	THE BOUTH AFRIC	AN POLICE SERVICE	3		115
N 1822		Second State			THAT COULD NOT	BE REGISTERE				
Firearm type	¹ Model	⁴ Calbre	⁵ Serial number	Marke			⁷ Remarks		1	

		PART	ICULARS OF OFFICIA	L RESPONSIBLE	OR THE REGISTRA	TION OF THE FU	REARM DETAILS	·	6	
		[2		7					
ne of official in bio	ck letters		Rank of official in block lette	rs						
							OFFIC	CIAL DATE STAMP	,	

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SOUTH AFRICAN POLICE SERVICE

MANUFACTURER'S RETURN: STOCK SUPPLIED Section 53(7) of the Firearms Control Act, 2000 (Act No 60 of 2000)

¹ Period from	Date		-	to	Date]	
	er set			MANUFACTURE	R'S PARTICULARS		108.00 Au	
¹ Trading as name of ma	undachan i				² Licence number of munufactor			
B. DETAILS OF FIRE	ARM(S) SUPPLIED				C. TO WHOM SUPPLIED			
¹ Finam(s) type	² Model	³ Calibre	4 Serial number	S Make	¹ Name	2 FAR No	³ Livence No	⁴ Date racelead
								1
2								
		j.			- - -		-	
		ý.						
	-							
í								

SAPS 350(d)

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					_					SAPS 350(4
⁵ [am aware that it is an o	offence in terms o	of the Eirearms Contr	n Act 2000 (Act 50 of 200	00) to provide false informat						
6	onenee in yenna o	of the Preasing Cone	7	obj to provide lasse internal	ion on this form		8 Date			
	re of responsible ;	person	····· L	Name of responsible pe	rson in block letters		Lune			
0.	19.645.2		ACKNOWLEDGE	MENT OF RECEIPT (FO	R OFFICIAL USE BY THE	SOUTH AFRICAN	POLICE SERVICE)		la in	
		12 mm 2 mm		ARS OF FIREARM(S) 1						
² Firearm type	* Modei	4 Caibre	9 Gérial number	⁶ Make			7 Remarks	and the second		
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	+									
e		DAP	ICHI ARE OF OFFICE							
		PAR	ICULARS OF OFFICE	AL RESPONSIBLE FO	R THE REGISTRATIC	IN OF THE FIREA	IRM DETAILS	Para di K		
1]			i		
Name of official in bloc	ick letters	-	Rank of official in block lett	ers						
							OFFICIAL	DATE STAMP		
3										
Persal number of offic	rial	L'L	Signature of official							
			-			L				

Page 2 of 2

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			GUNS	MITH'S RETU	POLICE SERVICE	ΈD		SAPS 350(e)
¹ Period from	Date	111.1		to	Date]	
A.	A-GREAT TRANS	38. 8 3 1 1		GUNSMITH'S PA	ARTICULARS		a the second second	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
¹ Trading as name of g	unsmith				² Licence number of gunarnith			
9. DETAILS OF FIRE					C. FROM WHOM RECEIVED			
⁴ Fream(s) type	² Model	² Calbre	* Seriel number	⁶ Make	¹ Name	² Identification/Passport/FAR No	³ Licence No	4 Date receivest
							t	
							1	
	1							

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	Т							1		SAPS 350)(e)
⁵ I am aware that it is an	offence in terms of	f the Firearms Co	ntrol Act, 2000 (Act 60 of 200	00) to provide false informal	tion on this form.						
6			7			-, -,	Date				
	re of responsible p		L_	Name of responsible pe	rson in block letters						_
0.					OR OFFICIAL USE BY THE SO		ICE SERVICE)	2			
2 Firearm type	³ Model	⁴ Calibre	PARTICULA ⁵ Senal number	RS OF FIREARM(S) 1	THAT COULD NOT BE REA	GISTERED	² Remarks		14 A		
				Here			PORTING R.D.				
		PAL	TICH ARS OF OFFICE		DR THE REGISTRATION O		DETAILS				
				AL RESPONSIBLE FE	A THE REGISTRATION O	T INC FIREARI	IDETAILS		30.27		
Name of official in bio	ck letters		2 Rank of official in block left	ers]						
							OFFICIAL	DATE STAMP			
·			4								
Persai number of offic	cial		Signature of official		· [
										Page 2 o	ıf 2

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SOUTH AFRICAN POLICE SERVICE

GUNSMITH'S RETURN: STOCK SUPPLIED Section 67(7) of the Firearms Control Act, 2000 (Act No 60 of 2000)

Period from	Date	·		to	Date]						
A			GUNSM	ITH'S PARTICUL	ARS	A. Harrist	n ser ser ser ser ser ser ser ser ser ser	- 14 - 19 - 19 - 19 - 19 - 19 - 19 - 19					
¹ Trading as name of gun	smith				² License number of gunsmith								
B. DETAILS OF FIREAR	M(S) SUPPLIED	- California			C. TO WHOM SUPPLIED	A second second							
¹ Presemint type	² Model	⁸ Callbre	⁴ Setial number	4 Maio	¹ Name	2 Identification/Passport/FAR No	* Licence No	* Oale received					

Page 1 of 2

SAPS 350(f)

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⁵ I am aware that it is an offence in terms of the Firearms Co	anizel Act 2000 (Act 60 of 2000) is enough failer inform	Han an Hale from		
E		ation on this form.		
Signature of responsible person	Name of responsible p	erson in block letters	* Date	
D.		OR OFFICIAL USE BY THE SOUTH AFRICAN	POLICE REPVICE)	
		THAT COULD NOT BE REGISTERED		
² Firearm type ³ Model ⁴ Calibre	* Senal number * Make		Remarks	
E PA	RTICULARS OF OFFICIAL RESPONSIBLE F	OR THE REGISTRATION OF THE FIREA	RM DETAILS	the state of the state of the
1	2] [
Name of official in block letters	Rank of official in block letters			
			OFFICIAL DATE STAP	Np
3	4			
Persal number of official	Signature of official			
				Page 2 of 2



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)

OFFICIAL DATE STAMP	A. FOR OFFICI WHERE T	AL USE BY THE IE APPLICATIO	POLICE ST	ATION RED
	¹ Application reference No			
DATE RECEIVED				
B. FOR OFFICIAL USE BY	POLICE STATION WHERE THE	APPLICATION I	SRECEIVED	
1 Province				
2 Police station			••••••	
3 Component code				
4 Firearm applications register reference number	SAPS 86 NO		YEAR	
the second statement of the second second second second second second second second second second second second	OFFICIAL USE BY THE DECIDIN	G OFFICER		行为中国有限国际
¹ Outstanding/Additional information require	d			
			•••••	
	Persal inumber			³ Date
				Date
⁴ Signature of police official ⁶ Application for competency approved (Indica		⁵ Name in bloc	ck letters	
Application for competency approved mate				
	Persal number	-	-	⁸ Date
		-	-	
⁹ Signature of deciding officer	¹⁰ Officer code	¹¹ Name in t	block letters]
¹² Application for competency refused (Indica		r refusal	guilters (right	
	4 Persal number	-	•	15 Date
¹⁶ Signature of deciding officer	¹⁷ Officer code	¹⁸ Name in blo	ock letters	

Page 1 of 7



Prepared by:

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,	D: Competency certificate renewal type(India	ate with an X)	nisti in Arrestation Din Satur Mag				
1	CERTIFICATES				en article	No. C	
1.1	Competency Certificate to Possess a Firearm	新聞記録時代では、Contra 「「「「「」」、「」、「」、「」、「」、「」、「」、「」、「」、「」、「」、「」			当节分子 人名格朗纳尔	201 -	
1.2	Competency Certificate to Trade in Firearms						
1.3	Competency Certificate to Manufacture Firearms					-	
1.4	Competency Certificate to Conduct Business as a C	Gunsmith				1	
1.5	Competency Certificate to Possess a firearm as a p		for a specific catego	у			
1.6	Competency Certificate to Possess a muzzle loadin	g firearm					
4	De	國際國際深於1945年1	al competency certif	and the second second	da i si i si	agistication (P. 1) Serie lagar Perio	
	Types of . firearm/s indicated on current Competency . Certificate	Mark applicable type with a X	Indicate category of collector if applicable (A, B, C	Compet Certific	cate	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.*	PARTICULA	RS OF APPLICAN	T See C	Statistica Alternational		
1	NATURAL PERSON'S DETAILS						
2	Type of identification (Indicate with an X)						
2.1	SAID Passport	新的外	Non-SA citiz	en with perma	nent resi	dence"	
3	Identity number of natural person			•		-	·
4	Passport number of natural person			-size All All and a training and	- 14		
5	Sumame			⁶ Initials	89,000		
7	Full name:	_		Title	ierti Gili		
8							
0	Formal Street Address (residential)						
					⁹ Posta	al Code	
10	Postal address						
					¹¹ Pos	tal Code	

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Telephone nu	ATTA SHE NOW STREET, A CLEAR S	Home)	^{12.4} Work	() () ())	
Cellphone nu	A STATE CARE AND A STATE AND AND AND AND AND AND AND AND AND AND			Fax	進()	
E-mail addres	S . 31						
THER INFO	RMATION (Indica	ate with an					
K)							
					• • • • • • • • • • • •	Winter Street	
THE LCL DRUG THE	Steel IS STORE AND THE STORE	sectors at any the advertised					
VAS YOUR	APPLICATION H	ANDED IN 90 DAYS I	BEFORE EXPI	TY OF THE EXISTING	COMPET	ENCY CERTI	FICATE?
		ANDED IN 90 DAYS I	BEFORE EXPI	RY OF THE EXISTING	COMPET	ENCY CERTI	FICATE?
				RY OF THE EXISTING	COMPET	ENCY CERTI	FICATE?
		If no, provide reason(s)		TY OF THE EXISTING	COMPET	ENCY CERTI	FICATE?
WAS YOUR / Indicate with YES		If no, provide		RY OF THE EXISTING	COMPET	ENCY CERTI	FICATE?
		If no, provide		AY OF THE EXISTING	COMPE	ENCY CERTI	FICATE?
		If no, provide		AY OF THE EXISTING	COMPE	ENCY CERTI	FICATE?

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.

	Note:		
 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 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. 	The requirements of the photo:		
Signature	 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 should be function of the border in the should be the pressed down on the sheet. 	ne PHOTO	
Signature			⁴ Fingerprin designat
e 10285			
6 Date		3	
	Signature	3	

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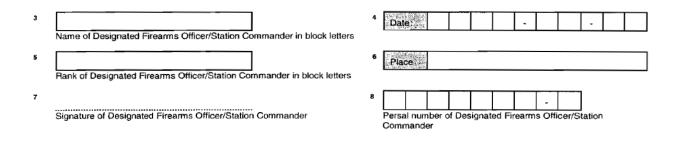
			SAPS 517 (g)
8	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION		
8.1		8.2	
	Name of police official in block letters		Persal number of police official
8.3	Dank of police official in block lattern	8.4	Signature of police official
9	Rank of police official in block letters		Signature of police official
5	PARTICULARS OF WITNESS		
9.1		9.2	Persal number of witness
9.3	Name of witness in block letters	9.4	Persai number of waness
510	Rank of witness in block letters		Signature of witness
	G. PARTICULARS OF		ERPRETER
	(This section must be completed only if the applicant cannot read		
1	Name and sumame of interpreter		
2	Identity/Passport number of Interpreter		
3	Residential address		
5	Postal address		⁴ Postal Code
			Postal Code
7	Telephone:number 71 Home ()		²⁷² Work. ()
8	Cellphone number		⁹ Fax ()
10 11	E-mail address		
	Interpreted from (language)		
		12	Date
13		14	
	Signature of interpreter		Place
15		16	
	Rank of police official in block letters(if applicable)		Persal number of police official (if applicable)
	H. IN CASE OF NOMINEE/AU	тно	ORIZED PERSON
1	Name and sumame of nominee/authorized person		
2	Identity/Passport number of nominee/authorized person		
		3	Date
			a served a selection of the served of the se
4		5	Place

Signature of nominee/authorized person

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SAPS 517 (g)



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;

Page 5 of 7



- (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;
- 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;
- (I) 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;

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- (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

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		A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED ON COMPUTER									
	¹ Application reference No										

	B. FOR	DITICIAL ODE DI	OLIOL.	014110		AFFLIG	Alloni	O RECE	IVED	 1.17.1
1	Province									
2	Area									
3	Police station									
4	Component code	-								
5	General firearms transaction	n register number								

C.				FOR	OFFICIAL USE B	Y TH	E D	CID	ING	OFF	ICER	2					
¹ Outstanding/Ad	ditional In	forma	tion r	equire	bd]											
															_		
			-		² Persal number					-	}					³ Date	
																	_
								L									
4	Signature	of poli	ce offi	cial							^s Nar	ne in t	Nock I	ietten	\$		
Application for a	authorizati	ion to	posse	ess ap	proved (Indicate with	an X)											
			-		⁷ Persal number					-						⁸ Date	•
							_										
9	Signature	of deci	ding o	officer	¹⁰ Offic	er co	de				¹¹ N	ame i	n bloc	k lett	ers		_
² Application for	authoriza	tion to	poss	ess r	efused (Indicate with a	an X)			13	Reas	on(s)	for n	efusa	1			
TTT	TT		-		14 Persal number											15 Dat	6 •
											J						
						T	7										7
16	⁸ Signature	of dec	iding	officer	¹⁷ Offic	er co	de		_	18	Nan	ne in t	olock i	etter	s		



	D. PARTICULARS OF APPLICANT																		
1	NATURAL PERSON'S DETAILS																		
2	SA ID Passport																		
3	Identity number of natural person								-					-	1		-		
4	Passport number of natural person																		
5	Sumame											6	Initial	5					
7	Residential address																		
											⁸ Postal Code								
9	Postal address																		
	¹⁰ Postal Code																		
11	Telephone number 11.1 Home () 11.2 Work ()												L						
11.3	Cellphone number						12												
13								гах)								
	E-mail address																		
14	JURISTIC PERSON'S DETAILS																		
15	15 OTHER BODIES																		
16	Registered company name																		
17	Trading as													_					
18	FAR number	Τ																	
19	Company registration or CC number																		
20	Postal address													_		_		_	
											2	Pos	stal C	ode					
22	Business address																		
											2	³ Pos	tal Co	ode					
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)	SAID							Passport number										
29	Identity number of responsible person							-					-			-			
30	Passport number of responsible person																		
31	Cellphone number																		
32	Physical address																		
											3	³ Pos	tal Co	de					
34	Postal address																		
	³⁵ Postal Code																		

SAPS 540

E. PAF	TICULARS OF FIREARN	(S) FOR WHICH PERN OUNDS OF AMMUNIT	ISSION IS REQUI	RED TO POSSESS	
	(1)		(2)	(3)	
Туре					
Calibre					
Make					
Model					
Firearm component typ	e:				
Barrel serial number					
Frame serial number				1	
Receiver serial number					
Provide reason(s) for the	ne need to possess more than	200 rounds of ammunition	for each firearm.		······································
Firearm 1					
••••••••••					
					•••••
	و مسالح من المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع ا				
Firearm 2					
Firearm 3					
Firearm 4					



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	SIG	NATURE	OF AF	PPLICA	NT (Sig	yn only i	applicat	ole)							
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ame of applicant in block	letters					Date		_			<u> </u>	L	I	-	L
Venature of englished					4	Plac	e								
Signature of applicant															
G.	(This section	on must be	comple	eted only	f the a	pplicar	t canno	t read o	or write	e.)					
[1				3	Date					Τ.	1	—	Γ.	<u> </u>
	² Fingerprint designatio	t n				Date		_			L	I	<u> </u>	1	
					4										
		1				Nam	e of app	licant i	n bloc	k lett	ers				
		_			5										
]					Place	3								
Right index fingerprint of	applicant														
PARTICULARS OF POLI	CE OFFICIAL DEA	LING WIT													
					6.2	<u> </u>					1			1	
ame of police official in blo	al lattara				6. 2		Inumbe		in of	licial		-]	
arrie of police official in bio	ock letters	_				Persa	numbe	n or por	ice on	Cidi					
					6.4										
ank of police official in blo	ck letters					Signa	ture of p	olice a	fficial						
PARTICULARS OF WITN	IESS	7													
		_													
		7			7.2		1							1	
ame of witness in block let	tters	_				Persa	numbe	r of with	ness						
		٦			7.4										
ank of witness in block lett	ters					Signal	ure of w	vitness						J	
		PAR	TICUI	ARS OF	INTE	RPRF	TER								_
H.												in			
H. (This section mu	ust be completed or	nly if the ap	phoant	carmotre	ad or		does n	ot unde	rstand	the the	conte	ent of	this f	orm.)	
(This section mu		nly if the ap	T	Carmot re	ad or		does n	ot unde	erstand	i the	conte	ent of	this f	orm.)	
(This section mu Name and surname of inte	erpreter	nly if the ap			ad or		does n	ot unde	rstand	i the	conte		this f	orm.)	_
(This section mu Name and surname of inte Identity/Passport number of	erpreter	nly if the ap			ad or		does n	ot unde	rstand	i the			this f	orm.)	
(This section mu Name and surname of inte	erpreter	nly if the ap			ad or		does n	ot unde				1	this f		
(This section mu Name and surname of inte Identity/Passport number of Residential address	erpreter	<u>nly</u> if the ap			ador		does n	ot unde			tal Co	1	this f		
(This section mu Name and surname of inte Identity/Passport number of Residential address	erpreter	nly if the ap			ad or		does n	ot unde	4	Pos	tal Co	ode			
(This section mu Name and surname of inte Identity/Passport number of Residential address Postal address	erpreter of interpreter	1			ador				4	Pos		ode			
(This section mu Name and surname of inte Identity/Passport number of Residential address Postal address Telephone number	erpreter	<u>niv</u> if the ap				7.2 v	Vork	ot unde	4	Pos	tal Co	ode	this f		
(This section mu Name and surname of inte Identity/Passport number Residential address Postal address Telephone number Cellphone number	erpreter of interpreter	1				7.2 v			4	Pos	tal Co	ode			
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(This section mu Name and surname of inte Identity/Passport number of Residential address Postal address Telephone number Cellphone number E-mail address	of interpreter 7.1 Home	1				7.2 v	Work Fax	(4	Pos	tal Co	ode			
(This section mu Name and surname of inte Identity/Passport number of Residential address Postal address Telephone number Cellphone number E-mail address Interpreted from (language	of interpreter 7.1 Home				12	7.2 9 to	Work Fax	(4	Pos	tal Co	ode			

1		RECOMMENDA				ON			
	Recommended	RECOMMENDA	TION REGAR	JING THE	APPLICAT		anded		-
	Recommended					Not recomn	lended		
Motivation	J								
					•••••				
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		_		3					
ame of Designated	Firearms Officer/Statio		in block letters	Date			<u> </u>		-
unic of peoignated			in block lotters	_					_
				5 Plac	e				
ank of Designated	Firearms Officer/Station	Commissioner	in block letters						
				7				-]
gnature of Designation	ated Firearms Officer/St	ation Commissio	ner	P	ersal numbe	r of Designation	ated Firea	rms Offic	er/Statio
				Com	nissioner				

(Form 50 – SAPS 540 - inserted by regulation 6(a) of GNR 696 of 2005)





SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACQUISITION OF FIREARMS BY OFFICIAL INSTITUTIONS Section 97 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		LUSE BY THE POLICE STATION CATION IS CAPTURED ON COMPUTER
	¹ Application reference No	
	² Number of application	of
DATE RECEIVED		

в.	· .		FO	ROF	FICI	AL U	SE E	Y POLICE STATI	N NO	/HER	ETH	E APP		TION	IS RI	ECEI	VED)		
Provin	ce																			
Area																				
Police	statio	n																		
Comp	onent	code																		
Fiream	n appl	ication	ns reg	ister r	eferer	nce N	0	SAPS 86	NC					Y	EAR		_			
C.					FOR	OFF		L USE BY THE CE	INTR		IREA	RMS F	EGIS	TER	(CFF	2)				
¹ Outs	tandi	ng/Ad	dition	al inf	_		_													
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SAPS 349(a)

⁶ Make

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 		RMS FOR ACQUISITION ription of firearm	-
		To be completed by the SA Police Service	
² Action	³ Calibre	⁴ Calibre code	⁵ Manufacturer's serial number

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

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Physical address Postal address	the firearm												²⁰ Po	stal C						

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SAPS	349)(a)
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(Indicate with an X)	BEEN CONVICTED	OF AN OFFENCE COMMIT	TED INSIDE OR OUTSIDE THE BORD	ERO OF THE ROAT
YES	NO	If yes, submit	the following details	÷
Police station (1)			22.2 CAS/Case number	
Charge				
Sentence				
Police station (2)			22.6 CAS/Case number	
Charge				
Sentece				
ARE THERE ANY	CRIMINAL CASES P	ENDING AGAINST YOU?	(Indicate with an X)	
YES	NO	If yes, submit t	the following details	
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			^{23.2} CAS/Case number	
Police station (1)				
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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.

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G.	SIG	INATU	JRE OF	APP	LICANT	Sign only	if app	licable	e)					_			_
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*** NOTIFICATION OF CHANGE OF ADDRESS ***

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

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ſ	REPORT OF DESIGNATED	FIREARMS OFFIC	ER IN	THE CAS	SE O	AREST	RICTE	D FI	REARM FOR	SEL	F-DE	EFENC	E		j.
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ι	Place where the applicant resides (no	cate with all A)	othe			rutar are			lann			smallr	loiding	1	-
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	If the applicant resides in a rural area/	on a farm or smailh	olding	, state the	folio	ving									2
ļ	Distance to nearest neighbours	_										metre	/kilom	etre	_
l	Distance to nearest police station	_										metre.	kilom	etre	_
Does the applicant reside near/not near a high-risk/crime-rated area? If the applicant resides near a crime-rated area submit motivation															
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t	How many firearms does the applican	t possess?	-											-	
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	Motivation regarding the application														
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					3	Date				-			- [T	
Ì	Name of Designated Firearms Officer/S	Station Commission	er in b	lock letters	;										
					5	Place									_
f	Rank of Designated Firearms Officer/S	tation Commissione	r in ble	ock letters		·									
	Sensture of Decisested Simoma Offic	er/Station Commission	inner		7	Bornel					-				
	Signature of Designated Firearms Offic	erratation Commiss	ioner			More of Dil				arme			ALC: NO.		
i							nissior		signated Fire	anna	Oni	cer/Sta	non		

Page B of 8

(Form 51 – SAPS 349(a) - inserted by regulation 6(b) of GNR 696 of 2005)

Prepared by:

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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	cash or bank				
	authorization	guaranteed cheque				
		only				
		Payment of fees shall				
	Application for	be made at a police	R140			
Applicant	temporary	station by means of		R 147	R 154	R 161
Аррісан	authorization to	cash or bank				
	possess a firearm	guaranteed cheque				
		only				
	Application for renewal of a	Payment of fees shall		R734		
		be made at a police				
Applicant		station by means of	D700		DZCO	R805
Applicant	dealer's,	cash or bank	R700		R769	ROUD
	manufacturer's or	guaranteed cheque				
	gunsmith's licence	only				
	Application for a					
	temporary					
	authorization to trade					
	in firearms and					
	ammunition, to	Payment of fees shall				
	conduct business as	be made at a police	R550	R576	R604	R632
Applicant	a gunsmith and to	station by means of				
Applicant	display firearms and	cash or bank	R000			
	ammunition on	guaranteed cheque				
	premises other than	only				
	those specified in					
	dealer's,					
	manufacturer's or					
	gunsmith's licence					
		Payment of fees shall				
		be made at a police	R280	R293	R308	R322
Applicant	Application for	station by means of				
Applicant	accreditation	cash or bank	R20U	R293	K300	RJZZ
		guaranteed cheque				
		only				
		Payment of fees shall				
	Application for a permanent import or	be made at a police		R 147	R 154	
Applicant		station by means of	R140			R 161
	export permit	cash or bank	11140			R 101
		guaranteed cheque				
		only				
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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)

