

SAPS 518(a)



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	Α.	FOR OFFICIAL WHERE THE	USE BY T APPLICA	HE PO NON IS	LICE S CAPT		N	
		¹ Application	reference No						
			Щ Д						
		8.0	т. Т						33
	DATE RECEIVED								
	B. FOR OFFICIAL USE BY POL	ICE STATION	WHERE THE A	PLICATIO	ON IS R	ECEN	/ED		
1									
2	Province								
3	Police station								
4	Component code								
5	Firearm applications register reference number	SAPS 86	NO		YI	AR	_		
	C. TYPE OF LICENCE, PERM	AIT CERTIFIC	ATE OR AUTHO	RIZATION	l (Indicate	with an	X)		
	Licences	2.1	Licence to deal						
1	Licence to possess a firearm for self-defence	23	Licence to man				1000		
.2	Licence to possess a restricted finearm for self-defence	3	Licence to cond	uct busines	s as a go	быласо			
.3	Licence to possess a firearm for security officer purposes		Permits						
.4	Licence to possass a firearm for occasional hunting and sports-shooting	3.1	Permit to posse	ss ammunit	on in a p	rivate ci	ollection		
.5	Licence to possess a firearm for dedicated hunting and	3.2	Permit to posse			ublic co	llection		
	demonstration and the shorting		1 20000 0 2 2 2 2	ss ammunit	un sta b				
	dedicated sports-shooting	3.3	import permit	ss ammunit	ori interp				
.6	dedicated sports-shooting Licence to possess a firearm in a private collection Licence to possess a firearm in a public collection		_	iss ammunit					
.6 .7	dedicated sports-shooting Licence to possess a firearm in a private collection Licence to possess a firearm in a public collection (museums) Licence to possess a firearm for business purposes	3.3	import permit						
1.6 1.7 1.8 1.9	dedicated sports-shooting Licence to possess a firearm in a private collection Licence to possess a firearm in a public collection (museums)	3.3	import permit						

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	SAPS 518(a
4	Details of original licence, permit, certificate or authorization
5	Licence, permit, certificate or authorization number Date issued Expiry date
	Experience Experience
	D. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
2,1	SAID Passport Non-SA differentieth companyet institutioned
3	Identity number of natural person
4	Passport number of natural person
5	
7	Sumame Sumame
8	Residential address
10	Postal address
12	Business telephone number 124 Home () 122 Work ()
12.3	
14	Cellphone number 13 Fax () E-mell address
15	JURISTIC PERSON'S DETAILS
16	OTHER BODIES
17	Registered company name
18	Trading as name
19	FAR number
20	Postal address
	21 Postal Code
22	Business Eddress
24	23 Postal Code
25	Business telephone number 241 Work () 242 Fax ()
1000	E-mail address
26	RESPONSIBLE PERSON'S DETAILS
27	Responsible person (full names and surname)
28	Type of identification (indicate with an X) SA ID Passport number
29	Identity number of responsible person
30	Passport number of responsible person

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

	And the second second second			
Cellphone	number			
Physical a	ddress.		Attained at a state of the second sec	
				³³ Postal Code
Postal ad	dress			38
	2019-000 244			³⁵ Postal Code
OTHER I	NFORMAT	TION (Indicat	with an X)	
WAS YO	UR APPLI	CATION HA	IDED IN 90 DAYS BEFORE EXPIRY OF THE	EXISTING LICENCE? IF NO, SUBMIT THE REASON
(Indicate w	ih an X)			
YES		NO	Reason(s)	
WAS YO REASON	UR APPLI	CATION HA	NDED IN AFTER THE DUE DATE, BUT BEFO	DRE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT TH
	000000000000000000000000000000000000000			
YES	TT	NO	Reason(s)	-
YES		NO	Reason(s)	
YES		NO	Reason(s)	-
				ILICENCE, IF YES, SUBMIT THE REASON (Indicate with an)
WAS YO		ICATION H	NDED IN AFTER THE EXPIRY OF EXISTING	LICENCE. IF YES, SUBMIT THE REASON (Indicate with an)
				LICENCE, IF YES, SUBMIT THE REASON (Indicate with an)
WAS YO		ICATION H	NDED IN AFTER THE EXPIRY OF EXISTING	ELIGENCE. IF YES, SUBMIT THE REASON (Indicate with an)
WAS YO		ICATION H	NDED IN AFTER THE EXPIRY OF EXISTING	FLICENCE, IF YES, SUBMIT THE REASON (Indicate with an)

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.

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E.	SIGNATURE OF APPLICA	NT (Sign only	(if applicable)				
Note:	т.	3			·····		
 The photo must be the size of a 	our and may not exceed the border. a standard passport photograph.						
 The photo must be a full front vi applicant. The background of the photo m The applicant may not be weari photograph. The applicant's name and identi 	iew of the head and shoulders of the nust be plain. Ing a hat or sunglasses on the ification number must be written lefore it is affixed on the application k ink.			PHOT	го		×. * .
 The whole finger must be press 	he border. Hed down on the sheet. Illed and must be a flat impression.						
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8	<u>.</u>					3	
Signa	ature		£	*****			~
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ame of applicant in block letters		6 Date			-		-
PARTICULARS OF POLICE OFFICIAL	L DEALING WITH APPLICATION	7 Place			~		
me of police official in block letters		8.2					
The of police official in block letters			number of p	olice officia	al		
nk of police official in block letters		8.4	1				
	5)	Signati	ire of police	official			
ARTICULARS OF WITNESS							80°
		9.2	<u> </u>				
me of witness in block letters		Persal	number of w	itness	_	- 1	
10		9.4					
hk of witness in block letters		Signatu	re of witness	 3			
(This section must be comple	PARTICULARS OF II	NTERPRE or write or do	CER es not unde	rstand the	content :	of this	form.)
ame and surgame of interaction			<u> </u>		—		
			10 C C C C C C C C C C C C C C C C C C C				
entity/Passport number of interpreter							
ame and surname of interpreter entity/Passport number of interpreter asidential address					ostal Cod		

			SAPS 518(a)
7	Telephone number 11 Home ()		72 Work ()
8	Cellphone number		⁹ Fax ()
10	E-mail address		
11	Interpreted from (language)		to
		12	
			Date - - -
13		14	Place
	Signature of interpreter		
15	1990 P.1	16	
	Rank of police official in block letters(if applicable)		Persal number of police official (if applicable)
	G. IN CASE OF NOMINEE/AI	UTH	ORIZED PERSON
8			
1	Name and sumame of nominee/authorized person	Т	
2	Identity/Passport number of nominee/authorized person	L	
		3	Date
4	ж 	5	Place
	Signature of nominee/authorized person	2	
	H. FOR OFFICIAL USE BY THE DESIGNATED FIRE	AR	MS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION REGARDING T	IHE :	Nat recommended
2 2.1	Recommended		
2,1	Motivation regarding the application		
			2023
2.2	Report regarding the physical inspection of the applicant's safeguarding fac	illties	
1		2	Date
	Name of Designated Firearms Officer/Station Commissioner in block letters	0	
3	Organization Commissioner in block latters		Place
	Rank of Designated Firearms Officer/Station Commissioner in block letters	6	
5	Signature of Designated Firearms Officer/Station Commissioner		Persal number of Designated Firearms Officer/Station
	Signature of Designated Filearnis Onicerrotation Commissioner		Commissioner

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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	A. FOR OFFICIAL US WHERE THE AF	SE BY THE POLICE STATION PLICATION IS CAPTURED
	¹ Application reference No	
^р а	и е	
		64
DATE RECEIVED		•
B. FOR OFFICIAL USE BY POL		
Province	ICE STATION WHERE THE APPL	ICATION IS RECEIVED
Area		
Police station		
Component code		
Firearm applications register reference No	SAPS 86 NO	YEAR
⁴ Signature of police official	ei number	Source and the second sec
Application for temporary authorization approved (ndcale with an X)	
Pers.	al number -	- a Date
⁹ Signature of CFR officer ² Application for temporary authorization refused (m		¹ Name in block letters
	REAS	ni(s) for relusal
- ¹⁴ Pers	al humber -	- ¹⁶ D#e
¹⁶ Signature of CFR officer		

		SAPS 518(b)
	D. PARTICULARS OF APPLICANT Specify the type of temporary authorization which is being applied for (Indicate with an X)	
t	To trade in freerms and ammunition	
2	To trade in attainantion	
3	To manufacture firearms	
4	To manufacture ammunition	
5	To conduct trainess as a gunsmith	
6	JURISTIC PERSON'S DETAILS	
7	Registered company name	
8	Trading as name	
9	FAR number	
10	Postal address	
	¹¹ Postal Coce	
12	Business address	
	18 Postal Code	
14	Business telephone autober 13.1 Work () 13.2 Fax ()	
15	E-mail address	
16	Responsible person (full name and surname) T SA critizen Non-SA ofizien with permanent residen	ant
17	Type of identification reference and an end	
18	Identify number of responsible person	
19 20	Cellphone number	
20	Physical aridress 21 Postal Code	
22		
	Postal address 23 Postal Code:	
24	STATE THE REASON(S) FOR THE APPLICATION FOR A TEMPORARY AUTHORIZATION	
25	Type of Existing licence To trade in firearms and Indicate with an XO ammunition firearms	ure
	Understank ammunition understank To manufacture ammunition To conduct business as a gunsmith	
26		
27	Licence number 28 Expiry date	
29	Date issued PHYSICAL ADDRESS OF THE PROPOSED PREMISES ON WHICH BUSINESS WILL BE CONDUCTED	
30	Address	
	³¹ Postał Code	

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

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32	WHAT IS THE CLASSIFICATION OF THE PROPOSED PI COMMERCIAL, ETC)	REMISES (EG FA	RM, HOUSE, SM	ALLHOLDING	PRIVATE RE		SAPS 518(b
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33				-			
33	DESCRIBE THE PREMISES WITH REFERENCE TO THE	SITUATION AND	THE SURROUN	DING BUILDIN	GS		
			••••••		a 		
				••••••			
34	DESCRIBE THE ALARM SYSTEM						
	-						
				••••••••••••••••	••••••		
35							
35	LOCATION AND PARTICULARS OF THE SAFE OR STRC KEPT	NGROOM IN WI	IICH STOCKS OF	FIREARMS A	ND AMMUNIT	TION WILL	BE
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25							
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36	1997						
	DESCRIBE THE BURGLAR PROOFING						
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	4						
37	DESCRIBE OTHER SECURITY FEATURES						
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38					1 1 1		
1	Period for which the temporary authorization will be required	FROM	Date		<u> - </u>	-	
		то	Date		-	-	

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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.	sic	SNATURE OF	APPLICA	NT (Si	gn only if applicabl	d)			
Note:								1	
 The photo must be applicant. The background of The applicant may r photograph. The applicant's nan 	st be in colour and ma the size of a standard a full front view of the the photo must be plai not be wearing a hat or he and identification nu hotograph before it is	passport photogra head and shoulde in. r sunglasses on th umber must be wr	aph. rs of the ne itten			PHOT	0		
 The signature may in The whole finger may 	not exceed the border. List be pressed down of Lid not be rolled and m	on the sheet.	ession.		And the second se				
2								4F	Fingerprint designation
L	Signature								
Name of applicant in block le	atters		a 1	⁶	Date		<u> - </u>		
PARTICULARS OF POLI	CE OFFICIAL DEALI	NG WITH APPLIC	CATION]	0		1016		
Name of police official in blo]		8.2 [F	Persal number of	police officia	al		
Rank of police official in bloc	k letters]		8.4 S	Signature of police	e official			
PARTICULARS OF WITH]		9.2	Persal number of	witness			
Name of witness in block let Rank of witness in block let]		9.4	Signature of witne				
F. (This section	must be completed g	PARTICUL	ARS OF I	NTEF d or wi	RPRETER	nderstand (I	ie content o	f this form	1
Name and surname of inte	rpreter								
Identity/Passport number	of interpreter								

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	SAPS 518(I
3	Residential address
5	4 Postal Obde
8	* Posta: Code
7	Telephone number ^{7,1} Home ()
8	Geliphone number
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)
	G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION REGARDING THE APPLICATION
	Recommended Not tecommended
1.1	Report of inspection on premises
	L
1.2	Additional conditions recommended
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180 No. 26156

GOVERNMENT GAZETTE, 26 MARCH 2004

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Name of Designated Firearms Officer/Station Commissioner in block letters Rank of Designated Firearms Officer/Station Commissioner in block letters Signature of Designated Firearms Officer/Station Commissioner		Date				I T	-			•	

SAPS 519



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION AS AN ASSOCIATION

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rearm applicat	ons regist	er refi	erenci	e No			\$/	NP\$ 86		NO	- 20	0.250				_	YE	AR			-	
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	D. TYPE OF ACCREDITATION (Indicate with an X)
1	As a sports-shooting and hunting association
2	As a sports-ehooting association
4	As a hunting association
5	As a collectors association 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 officen Non-SA citizen with permanent residence*
3	Identify number of natural person
4	Suthame ⁵ Initials
6	Full names
7	Date of birth B Age B Gander Male Female
10	Residential address 71 Postal Code
12	Postal address
	¹³ Postal Code
14	Trade or profession ¹³ If self-employed, specify
16	Name of employer/company
17	Business address
	1e Postal Code
19	Telephone number *** Home () 15.2 Work () Celephone number 20 Fax ()
19.3 21	
	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	Identify number of spouse/partner
24.3	Passport number of spouse/partner
24.4	Name and sumarre *In the case of a non-SA citizen proof of permanent residence must be submitted

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25	JURISTIC PERSON'S DETAILS
26	OTHER BODIES (eg body corporate, close corporation or company)
27	Registered company name
28	Trading as name
29	Company registration or CC number
30	Postal address
32	33 Postal Code
	33 Postal Code
34	Business telephone number: 341 Work () 342 Fax ()
35	E-mail address
36	PARTICULARS OF MAIN ADDRESS (HEAD OFFICE)
37	Business address
	³⁴ Postal Code
39	Postal address
41	40 Postal Code
42	Business telephone number 41.1 Work () 41.2 Fax ()
43	
	RESPONSIBLE PERSON'S DETAILS
44	Responsible person (full name and sumame)
45 46	Type of identification (indicate with an X) SA ID Passport number
40	Identity/Passport number of responsible parson
48	Cellphone number Physical address
	44 Postal Code
50	Postal address
	St. Postal Coda
52	PROOF SIGNATURES OF RESPONSIBLE PERSON
53	
	54 Signature of responsible person Signature of responsible person
5	PARTICULARS OF PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION
56	
	Identity humber Foll names Sumame Capacity

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57	MOTIVATION AS TO THE MAIN PURPOSE FOR WHICH ACCREDITATION IS REQUIRED AND EXPERIENCE IN THE APPLICABLE FIELD
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1	
- 1	
1	
58	INFRASTRUCTURE OF THE ORGANIZATION
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10	
59	
	QUALIFICATIONS OF PERSONNEL
1	
3	
3	
13	
60 .	PERIOD FOR WHICH ORGANIZATION EXISTS AND FUNCTIONS

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Un	10	51	-

	9	
61	REGION THAT IS COVERED BY THE ORGANIZATION	
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62	PARTICULARS OF HOW REGISTERS WILL BE KEPT	
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		-
10	· · · · · · · · · · · · · · · · · · ·	·
63	NUMBER OF PAID-UP MEMBERS REGISTERED (provide proof)	
24		
64		
19	DECLARATION BY APPLICANT	20 20
	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.	
S.	F. SIGNATURE OF APPLI	CANT (Sign only if applicable)
а •	F. SIGNATURE OF APPLI	
- 1		CANT (Sign only if applicable) 3 Date
4		
a A		
1		
4		3 Date
1		3 Date 4 Name of applicant in block letters
•		3 Date 4 - Name of applicant in block letters 5 Flace
•	² Fingerprint designation	3 Date
•	² Fingerprint designation	3 Date 4 - Name of applicant in block letters 5 Flace
1	2 Fingerprint designation 2 Fingerprint designation 2 Fingerprint designation	3 Date 4
1	² Fingerprint designation	3 Date 4
1 7 7.1	2 Fingerprint designation 2 Fingerprint designation 2 Fingerprint designation	3 Date 4 - 4 - Name of applicant in block letters 5 9 6 Signature of applicant
	2 Fingerprint designation 2 Fingerprint designation 3 Right index fingerprint of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	3 Date 4 1 Name of applicant in block letters 5 Place 6 Signature of applicant
	2 Fingerprint designation 2 Fingerprint designation 2 Fingerprint designation	3 Date 4 - 4 - Name of applicant in block letters 5 Place 6 Signature of applicant
	2 Fingerprint designation 2 Fingerprint designation 3 Right index fingerprint of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	3 Date 4 4 Name of applicant in block letters 5 Place 6 Signature of applicant 7.2 Persal number of police official 7.4
7.1	2 Fingerprint designation 2 Fingerprint designation Right index fingerprint of applicant Right index fingerprint of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION Name of police official in block letters	3 Date 4 4 Name of applicant in block letters 5 Place 6 Signature of applicant 7.2 Persal number of police official
7.1	2 Fingerprint designation 2 Fingerprint designation 3 Right index fingerprint of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	3 Date 4 - 4 - 6 - 6 - 7.2 - Persal number of police official 7.4
7.1	2 Fingerprint designation 2 Fingerprint designation Right index fingerprint of applicant Right index fingerprint of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION Name of police official in block letters Rank of police official in block letters G. PARTICULARS OF	3 Date -
7.1	2 Fingerprint designation 2 Fingerprint designation Right index fingerprint of applicant Right index fingerprint of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION Name of police official in block letters Rank of police official in block letters G. PARTICULARS OF	3 Date -
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7.1	2 Fingerprint designation 2 Fingerprint designation Right index fingerprint of applicant Right index fingerprint of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION Name of police official in block letters Rank of police official in block letters G. PARTICULARS Of POLICE OFFICIAL DEALING WITH APPLICATION	3 Date -
7.1 7.3	2 Fingerprint designation 2 Fingerprint designation Right index fingerprint of applicant Right index fingerprint of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION Name of police official in block letters Rank of police official in block letters G. PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION Name of police official in block letters G. PARTICULARS OF Mame and sumame of interpreter Identity/Passport number of interpreter	3 Date -
7.1 7.3 1 2	2 Fingerprint designation 2 Fingerprint designation Right index fingerprint of applicant Right index fingerprint of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION Name of police official in block letters Rank of police official in block letters G. PARTICULARS OF Completed only if the applicant cannot in Name and surname of interpreter	3 JJate - - - 4
7.1 7.3 1 2	2 Fingerprint designation 2 Fingerprint designation Right index fingerprint of applicant Right index fingerprint of applicant PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION Name of police official in block letters Rank of police official in block letters G. PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION Name of police official in block letters G. PARTICULARS OF Mame and sumame of interpreter Identity/Passport number of interpreter	3 Date -

186 No. 26156

GOVERNMENT GAZETTE, 26 MARCH 2004

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5	Postal address	
		⁵ Postal Code
7	Telephone number 7.1 Home ()	7.2 Work ()
8	Celiphone number	⁹ Fax ()
10	E-mail address	
11	Interpreted from (language)	to
		12 Date
13		
13	Signature of interpreter	14 Pisce
15		16
	Rank of police official (if applicable)	Persal number of police official (if applicable)
	I. FOR OFFICIAL USE BY THE DESIGNATED FIF	REARMS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION REGA	ARDING THE APPLICATION
	Recommended	Not recommended
2	Motivation	
	·	
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	Excercition00000001
8	2 	9
1	Signature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station Commissioner

SAPS 519(a)



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION FOR BUSINESS PURPOSES

	8 of the Firearms Control Act, 2				
OFFICIAL DATE STAMP	A. FOR W	OFFICIA	L USE BY TH	E POLICE S ON IS CAPTI	TATION JRED
	¹ Application refere	nce No			
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	12				
DATE RECEIVED				12	
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FOR OFFICIAL USE BY	POLICE STATION WHE	REIMEA	PPLICATION	IS RECEIVE	id.
DVINCE				••••••	••••••
ea silce station					
omponent code			•		
earm applications register reference No	SAPS 86 NO			YEAR	•
	USE BY THE CENTRAL	FIREARN	IS REGISTER	((CFK)	
Outstanding/Additional information required					
				••••••	
-					
				•••••	
	Persal number	ТТ		1-11	^a Date
<u></u>					
		L			
⁴ Signature of police official	<u> </u>		* Name	in block letters	
Application for accreditation approved (Indicate	swith an XI				
	Persai number	Π	T-	1-11	[#] Date
		-			
⁹ Signature of deciding officer Application for accreditation refused (Indicate)	¹⁰ Officer code	ion(s) for r		e in block letters	i
Application for accidulation retuined indicate	in any inter		elasti		
		••••••			·····
5				••••••	
					••••••
	⁴ Persal number		-	-	15 Date
	· · · · · · · · · · · · · · · · · · ·				1
		<u></u>	<i></i>		
16 Signature of deciding officer	17 Officer code		1º Name	in block letters	

B. TYPE OF ACCREDITATION inspective error with Image: state of the state of the state in the state of t			SAPS 519(a)
Ak # stacking campe Ak # stacking campe Ak # stacking campe To provide travers for threads in the cargo To provide travers for threads To provide travers for threads To provide travers To provide t			
A construction of the loss of frequency of the loss of frequency of the loss of the		As a shooting range	
	3 4		
As a student As a public collector in Prevents and arrangelize As a game reacher For other tool for each and arrangelize For other tool in the students and arrangelize For other tool in the students with an X2 So other tool in the students So other tool in the in X2 So other tool in th	5		
As a public collector thream, and argumented As a game function * As a game function * For other tusiness purposes (specify the puppose) • PARTICULARS OF APPLICANT * NATURAL PERSON'S DETAILS * Type of identification (indicate with an X) ** Schartises ** Postal instress ** Schartises *** Schartises *** Schartises **** Schartises ***** </th <th>6</th> <th></th> <th></th>	6		
* For other business purposes (specify the purpose) E. PARTICULARS OF APPLICANT * NATURAL PERSON'S DETAILS * Type of identification (encicate with an X) ** Skiname ** Gently curber ** Skiname ** ** ** Skiname ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** ** *** ** *** ** *** ** *** ** *** ** *** ** *** ** *** ** *** ** *** ** *** ** *** ** <th>7</th> <th>As a public collector in finarms and ammunition</th> <th></th>	7	As a public collector in finarms and ammunition	
E PARTICULARS OF APPLICANT 1 NATURAL PERSON'S DETAILS 2 Type of identification (indicate with an X) 21 S& citizen 23 Type of identification (indicate with an X) 24 Schwarnet 3 Indirities 4 Schwarnet 5 Schwarnet 6 Schwarnet 7 Date of birth 7 Batter of exployer/company 1 Trade or profession 1 Teleptone number	8	As a game rancher	
1 NATURAL PERSON'S DETAILS 2 Type of identification (indicate with an X) 21 S& citizes 3 Scholzes 4 Scholzes 5 Cantig number 4 Scholzes 7 Jacob path 6 Train censes 7 Jacob path 7 Postal status 7 <td< th=""><th>9</th><th>For other business purposes (specify the purpose)</th><th></th></td<>	9	For other business purposes (specify the purpose)	
1 Type of identification (indicate with an X) 2 Type of identification (indicate with an X) 21 SA citizes Non-SA citizer, with permanent residence* 3 Identify mainbér - - 4 Sarname - - 4 Sarname - - 6 Full names - - 7 Date of bufft - - 4 Ag8 2 Gender. 10 Resultantial address - - - - 12 Postal address - - - - 14 Track or profession - - - - 14 Track or profession - - - - 17 Residence tuminer - - - - 18 Batter ergadrysol, spant// - - - - 18 Batter ergadrysol, spant// - - - - 19 Teleptione number <td< th=""><th></th><th>E. PARTICULARS OF APPLICANT</th><th></th></td<>		E. PARTICULARS OF APPLICANT	
2 Type of identification (Indicate with an X) 21 Sk ofilizan Non-BA ditizan with permanent resistance* 3 identify number - - 4 Sumarie 9 - - 7 Date of birth - - - - 7 Date of birth - - - - - 7 Date of birth - - - - - - 12 Postal Riddress - - - - - - - 12 Postal Riddress -	1	NATURAL PERSON'S DETAILS	
1 Type or identification (incluster with permanent residence* 1 Sk citizan Non-SA citizan with permanent residence* 4 Stratter 4 3 Identify number 4 4 Stratter 4 5 Identify number 4 4 Stratteres 4 7 Date of binh - - 11 Postal actress - - 12 Postal actress - - 13 Postal actress - - 14 Tack or profession 19 If declemptoyed, specify 14 Tack or profession 19 If declemptoyed, specify 17 Roseness actress - - 18 Tacks or profession 19 14 19 Tack or profession 19 14 10 Identification comparent with an X0 - - 19 Single Married Diversed Wrindow 24 Married status			25
3 Identity number -	z	And the second se	25
4 Sumarre 9 Initials 7 Dis or bith - - 9 10 Residential address - - 9 11 Postal address - - 11 12 Postal address - - 11 13 Residential address - - - 14 Trade or profession 15 if self-employed, specify - 14 Trade or profession 15 if self-employed, specify - 14 Trade or profession 15 if self-employed, specify - 14 Trade or profession 15 if self-employed, specify - 17 Rusiness address - - - - 17 Rusiness address - - - - 18 Coliptione number 19 14 - - - 18 Oddress - - - - - 19 Telephone number 19 Horne 19 19 Feast - </th <th>2.1</th> <th>SA citizen Non-SA citizen with permanent residence*</th> <th></th>	2.1	SA citizen Non-SA citizen with permanent residence*	
e Full names in incess in incess in incess 7 Date of bith - - 2 Age 9 Gender: Male Female 10 Residential address 11 Postel Code in incess in incess 12 Postal eddress 11 Postel Code in incess in incess 14 Trade or profession 15 If self employed, specify in incess in incess 14 Trade or profession 15 If self employed, specify in incess in incess 14 Trade or profession 15 If self employed, specify in incess in incess 14 Trade or profession 15 If self employed, specify in incess in incess 15 If self employed company in incess in incess in incess 17 Business address in incess in incess in incess 16 Telephone number 10 if self employed in incess in incess 18 Component number 10 if self employed in incess in incess 21 Ermal address in incess in incess in in incess 22	3		
7 Date of birth - - * Age # Gende Male Female 10 Residential address 11 Postal Code	6		
10 Residential address 11 Postal Code 12 Postal address 13 Postal Code 14 Trace or profession 13 If Self-employed, specify 14 Trace or profession 13 If Self-employed, specify 14 Trace or profession 14 Esciences, address 14 Trace or profession 15 If Self-employed, specify 16 Name of employed, company	7		ale Female
12 Postal address 14 Postal Code 14 Trade or profession, 15 If self-employed, specify, 16 Name of employer/company 1 1 17 Business address 15 Postal Code 19 Telephone number 15 Postal Code 19 Telephone number 15 Postal Code 19 Telephone number 16 17 20 E-mail address 15 Postal Code 21 E-mail address 1 16 22 Marital status (indicate with an X) 2 2 23 Single Married Dhorosd Widower 24 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (if applicable) 2 24.1 Type of identification (indicate with an X) 2 24.1 Pessport - - 24.2 Hernity humber of spouse/paitner - - 24.3 Passport fumber of spouse/paitner - - 24.4 Name and summare - - - 24.4 Name and summare	10		
14 Trade or profession 17 If self-employed, specify 14 Trade or profession 17 If self-employed, specify 16 Name of employer.company		¹¹ Postat Code	
14 Trade or profession 17 If suffermalityed, specify 16 Name of employer/company	12		
14 Partic of provession 14 Server provession 14 Name of employee company 1 1 17 Business address 14 Postal Code 19 Telephone number 19*1 Home 18.2 Work 1 19. Cappone humber 19*3 Home 18.2 Work 1 19. Cappone humber 19*3 Home 20 Fax 1 21 E-mail actives 20 Fax 1 2 22 Marital status (Indicate with an X) 2 2 Yindow Windower 23 Single Alarried Divorced Window Windower 24 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable) 2 4 24.11 SA (D Passport 4 24.12 Passport - - - 24.13 Sappert number of spouse/pattier - - - 24.14 Variber of spouse/pattier - - - 24.3 Passport number of spouse/pattier - - - 24.4 <t< th=""><th>14</th><th></th><th></th></t<>	14		
17 Business address 18 Poetal Code 19 Telephone number 19 Poetal Code 19 Telephone number 10 Pas 19.3 Celiptione number 20 Fax 21 E-mail address 20 Fax 22 Marital status (Indicate with an X) 23 Single Marited Other (specify)			
19 Telephone number 19.1 11.2 Work () 19.3 Celiphone number 20 Fax () 21 E-mail address 20 Fax () 22 Marital status (indicate with an X) 23 Single Married Divorced Wirkow Wildower 24 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (if applicable) 24.1 Type of Identification (indicate with an X) 24.1 SA ID Passport - - - 24.2 Hentity number of spouse/partner - - - - 24.1 SA ID Passport - - - - 24.1 SA ID Passport - - - - 24.2 Hentity number of spouse/partner - - - - - 24.3 Passport number of spouse/partner -	17		
19.3 Catiphone humber 20 Fax () 21 E-mail address ()			
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22 Marital status (Indicate with an X) 23 Single Afarried 24 Other (specify) 24 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable) 24.1 Type of identification (Indicate with an X) 24.1 SA ID Passport 24.1 Fassport 24.1 Fassport 24.1 Passport 24.1 Name and surname			
23 Single Married Divorced Wirdow 24 Other (specify)			
Other (specify) Other (specify) 24 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (if applicable) 24.1 Type of Identification (Indicate with an X) 24.1 SA ID 24.1 SA ID 24.2 Identify number of spouse/partner 24.3 Passport 24.4 Name and sumarie	22	Marital status (Indicate with an X)	
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 Identify number of spouse/partner - 24.3 Passpoit number of spouse/partner - 24.4 Name and suffname -	23	Single Married Divorced Window Wildow	wer
24.1 Type of identification (Indicate with an X) 24.1 SA ID 24.1 SA ID 24.2 Identify number of spouse/partner 24.3 Passpoit number of spouse/partner 24.4 Name and sumame		Other (specify)	
24.1.1 SA ID Passport 24.2 Identity number of spouse/partner - - 24.3 Passport number of spouse/partner - - 24.4 Name and sumarie - -	24	PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable)	
24.2 Identity:number of spouse/partner 24.3 Passpoil number of spouse/partner 24.4 Name and sumame	24.1	Type of identification (Indicate with an X)	а
24.3 Passpoit number of spouse/partner 24.4 Name and sumame	24.1.1	SA ID Passport	
24.4 Name and sumame	24.2	Identity number of spouse/partner	-
right parte period in		Passport number of spouse/partner	
*In the case of a non-SA citizen proof of permanent residence must be submitted	24.4	Name and surname In the case of a non-SA cilizen proof of permanent residence must be submitted	

No. 26156 189

	SAPS 519(a)
25	JURISTIC PERSON'S DETAILS
26	OTHER BODIES (eg body corporate, close corporation or company)
27	Registered company hame
28	Trading as name
29	Company registration or CC number
30	Postal address
	Postal Code
32	Business address
~	38 Postal Code
34 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 (indicate with an X) SA ID Passport number
39	Identity number of responsible person
40	Pessport number of responsible person
41 42	Cellphone number
	Physical address
44	Postal address
	45 Postal Code
46	
40	PROOF SIGNATURES OF RESPONSIBLE PERSON
47	48
	Signature of responsible person Signature of responsible person
49	PARTICULARS OF OTHER PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION
50	Identity number Full names Sumame Capacity

1

	SAPS 519(a)
PARAGRAPH 52 - 55 MUST BE COMPLETED FOR ALL TYPES OF ACCREDITATION	
MOTIVATION OF PURPOSE AND SCOPE FOR WHICH ACCREDITATION IS REQUIRED	
DESCRIPTION OF THE MAIN PURPOSE OF THE BUSINESS	
DESCRIPTION OF SECURITY MEASURES PERTAINING TO THE STORAGE, TRANSPORT AND SAFEKEEPING OF FIREARMS USED	TO BE
· · · · · · · · · · · · · · · · · · ·	
DESCRIPTION OF HOW REGISTERS WILL BE KEPT	
]
COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION TO PROVIDE IN-HOUSE SECURITY SERVICES	
SCOPE OF WHAT IS TO BE PROTECTED	
NUMBER OF PERSONS WITH WILL BE ISSUED WITH FIREARMS	
COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A MUSEUM	
DESCRIPTION OF ACCESS CONTROL	
DESCRIPTION OF DISPLAY MECHANISMS	
	-
	MOTIVATION OF PURPOSE AND SCOPE FOR WHICH ACCREDITATION IS REQUIRED MOTIVATION OF PURPOSE AND SCOPE FOR WHICH ACCREDITATION IS REQUIRED DESCRIPTION OF THE MAIN PURPOSE OF THE BUSINESS DESCRIPTION OF SECURITY MEASURES PERTAINING TO THE STORAGE, TRANSPORT AND SAFEKEEPING OF FIRE ARMS USED DESCRIPTION OF SECURITY MEASURES PERTAINING TO THE STORAGE, TRANSPORT AND SAFEKEEPING OF FIRE ARMS DESCRIPTION OF ACCHEGISTERS WILL BE KEPT COMPLETE ONLY IN THE CASE OF AM APPLICATION FOR ACCREDITATION TO PROVIDE IN-HOUSE SECURITY SERVICES SCOPE OF WHAT IS TO BE PROTECTED NUMBER OF PERSONS WHO WILL BE ISSUED WITH FIREARMS COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A MUSEUM DESCRIPTION OF ACCESS CONTROL

		SAPS 519(a)
62	COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A PUBLIC COLLECTOR	
		19 A.
63	PARTICULARS OF AN ACCREDITED MUSEUM WHERE THE FIREARM COLLECTION WILL BE DISPLAYED	
63.1 63.2	Name	
63.Z	Accreditation registration number	
64	DECLARATION BY APPLICANT	
	I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statem	ent in this
	application.	
	F. SIGNATURE OF APPLICANT (Sign only if applicable)	
1	3 Date	
	² Fingerprint designation	
	4	
	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	n	
	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 sumame of interpreter	
2 3	Identity/Passport number of interpreter	
•	Residential address	, , , ,
5	Postal address	
	⁶ Postal Code	
7	Telephone number 7.4 Hame () 7.2 Work ()	
8	Cellphone number Fax ()	
10	E-mail address	5
11	interpreted from (language) to	
	12 Date	
13	14 Place	
10	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 DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION REGARDING THE APPLICATION
	Recommended Not recommended
2	Methyation
	1
	· · · · · · · · · · · · · · · · · · ·
3	
	Resommended conditions
9	
3	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

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No. 26156 193

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							
FOR OFFICIAL USE BY THE D	CIDING OFFICER AT THE CENTRAL FIREARMS REGISTER (CFR)						
Outstanding/Additional information required							

· · · · · · · · · · · · · · · · · ·
32 27
⁵ Name in block letters
24
Cate
J [
de ¹¹ Name in block letters
Reason(s) for refusal
C Y Y 1 14 Date
CYY ¹⁴ Date
C Y Y 1 * Date

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2	с.	GOVERNMENT	NSTITU	tion's de	TAILS (in	licate with an	x				
1	Name of government institution										
2	Physical address										_
4			*				^a Postal (Code		1	
	Postal address						^a Postai (de l		1	-
6	Contact telephone number	^{\$†} Work ()					()	<u></u>		<u></u>	
7	E-mail address								Katilite ikin	19210	
8	RESPONSIBLE PERSON'S DE	TAILS									
9	Responsible person (full name a	nd sumama)	ы		90 - 20 -						
10	Type of identification (indicate will	n an X)		SA ID			Pa	sport numb	¥		
11 12	Identity/Passport number of resp	onsible person								1	Щ
13	Celiphone number						X	<u>.</u>		d.	_
	Physical address			li - turki - te	- 1		14 Pos	al Code			
15	Postal address			3 A/M - 1			-				
		ा राज्य (राज्य	98 				¹⁶ Pos	al Code			
17	PROOF SIGNATURES OF RES	PONSIBLE PERSON]	37							
18				19							
10	Signature of responsible person				Signature of	responsible	person				
20	OTHER DETAILS			540.00 OK		11. 28			×		
21	MOTIVATION OF PURPOSE FO	OR WHICH ACCREDITAT	ION IS RE	QUIRED							
										•••••	
						••••••	••••••	••••••	••••••		
	· · · · · · · · · · · · · · · · · · ·										
22											
	MOTIVATION REGARDING TH	ENEED FOR THE UFFIC	AL INSTI	10 HON TO	20555551	INCARNO					
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				~					004512		

SAPS 519(b)

23	
	PARTICULARS OF A HOW REGISTER WILL BE KEPT REGARDING THE ISSUING OF FIREARMS AND THE PROCEDURE ON HOW
	FIREARMS WILL BE CONTROLLED
	1
24	
	PARTICULARS OF THE PLACE WHERE REGISTERS WILL BE KEPT FOR INSPECTION BY A POLICE OFFICIAL
	2
	×
25	
	DESCRIPTION OF THE LINKED WORKSTATION THAT MUST BE MAINTAINED
	1
	**
12	
26	PURPOSE FOR WHICH FIREARMS ARE NEEDED
	- 7
27	DETAILS OF THE TYPE OF FIREARMS AND THE NUMBER ROUNDS OF AMMUNITION THE OFFICIAL INSTITUTION INTENDS TO
	ACQUIRE
	- Academic
	a 2
28	
	DESCRIPTION OF SAFETY CONTROL PROCEDURES REGARDING THE SAFEGUARDING OF FIREARMS AND THE SAFEKEEPING
	FACILITIES
1	
× 1	

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.

	D. SIGNATURE OF APPLIC	ANT	(Sign only if applicable)
1	² Fingerprint designation	3	Date
		4	
		5	Name of applicant in block letters
	Right index fingerprint of applicant		Place
		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
	Rank of police official in block letters		Signature of police official
e	PARTICULARS OF WITNESS		
8.1	Name of ultrane in blank latters	8.2	
8.3	Name of witness in block letters	8.4	Persal number of witness
	Rank of witness in block letters		Signature of witness
	Rank of witness in block letters E. PARTICULARS OF (This section must only be completed if the applicant cannot rea		RPRETER
1	E. PARTICULARS OF		RPRETER
2	E. PARTICULARS OF (This section must <u>only</u> be completed if the applicant cannot real Name and surname of interpreter identity/Passport number of interpreter		RPRETER
	E. PARTICULARS OF (This section must only be completed if the applicant cannot real Name and sumame of interpreter		RPRETER
2	E. PARTICULARS OF (This section must <u>only</u> be completed if the applicant cannot real Name and surname of interpreter identity/Passport number of interpreter		RPRETER write or does not understand the content of this form } 4 Postal Code
2 3	E. PARTICULARS OF (This section must only be completed if the applicant cannot real Name and surname of interpreter identity/Passport number of interpreter Residential address Postal address		
2 3 5 7 8	E. PARTICULARS OF (This section must only be completed if the applicant cannot real Name and sumame of interpreter identity/Paesport number of interpreter Residential address		PRETER Avrite or does not understand the content of Ibis form }
2 3 5 7	E. PARTICULARS OF (This section must only be completed if the applicant cannot real Name and sumaine of interpreter identity/Passport number of interpreter Residential address Postal address Telephone number E-mail address		* Postal Code
2 3 5 7 8 10	E. PARTICULARS OF (This section must only be completed if the applicant cannot real Name and surname of interpreter identity/Passport number of interpreter Residential address Postal address Telephone number Cellphone number		ERPRETER write or does not understand the content of this form } 4 4 Postal Code * * Postal Code * <
2 3 5 7 8 10 11	E. PARTICULARS OF (This section must only be completed if the applicant cannot real Name and sumaine of interpreter identity/Passport number of interpreter Residential address Postal address Telephone number E-mail address	12	* Postal Code
2 3 5 7 8 10	E. PARTICULARS OF (This section must only be completed if the applicant cannot real Name and sumaine of interpreter identity/Passport number of interpreter Residential address Postal address Telephone number E-mail address		ERPRETER write or does not understand the content of this form } 4 4 Postal Code * * Postal Code * <
2 3 5 7 8 10 11	E. PARTICULARS OF (This section must only be completed if the applicant cannot real Name and sumame of interpreter identity/Passport number of interpreter Residential address Postal address Telephone number E-mail address interpreted from (language)	12	RPRETER write or does not understand the content of this form } 4 9 9 72 Work 1 9 Fax 4 9 1

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No. 26156 197

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)

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	A. FOR OFFICIAL USE WHERE THE APP	LICATION IS CAPTURED	
		¹ Application reference No		Т
23	20		interational productions of the second se	
		č -		
	DATE RECEIVED		а. В. ¹⁹	
в.	FOR OFFICIAL USE BY	POLICE STATION WHERE APPLICA	TION IS RECEIVED	
Province				
Area				••••••
Police sta	ation	1	-	
Compane	eni code			
Firearm a	applications register reference number	SAPS 86 NO	YEAR	
	500.05	CIONAL LICE DV THE DECIDING CEEL		
		FICIAL USE BY THE DECIDING OFFI	CER	
C. ¹ Outstan	FOR OF nding/Additional information required	FICIAL USE BY THE DECIDING OFFI		
		FICIAL USE BY THE DECIDING OFFI		
		FICIAL USE BY THE DECIDING OFFI	2	
	nding/Additional information required	FICIAL USE BY THE DECIDING OFFI	CER	
	nding/Additional information required		2	
	nding/Additional information required	ersat number	- * Date	
[†] Outstan	nding/Additional information required	Persai number	2	
* Outstan	nding/Additional information required	Persai number	- * Date	
* Outstan	Additional information required	Persai number	- * Date	
[†] Outstan	Additional information required	ersał number	- * Date	
[†] Outstan	Additional information required	ersal number	lame in block letters	
* Applicat	Additional information required	ersai number - * - * * ersal number - * - * - * - * - * - * - * - * - * - * - * - * - * -	- * Date	
* Applicat	Additional information required Additional information required A Signature of police official ation for a permit approved thaticale with en- B Signature of deciding officer B Signature of dec	ersai number - * - * * ersal number - * - * - * - * - * - * - * - * - * - * - * - * - * -	lame in block letters	
* Applicat	Additional information required Additional information required A Signature of police official ation for a permit approved thaticale with en- B Signature of deciding officer B Signature of dec	ersai number - * - * * ersal number - * - * - * - * - * - * - * - * - * - * - * - * - * -	lame in block letters	
¹ Outstan	Additional information required A Signature of police official A Signature of police official Alon for a permit approved theirate with an Signature of deciding officer ation for a permit refused (Indicate with an X)	ersal number	lame in block letters	
¹ Outstan	Additional information required A Signature of police official A Signature of police official Alon for a permit approved theirate with an Signature of deciding officer ation for a permit refused (Indicate with an X)	ersai number - * - * * ersal number - * -	lame in block letters	
* Applicat	Additional information required A Signature of police official A Signature of police official Alon for a permit approved theirate with an Signature of deciding officer ation for a permit refused (Indicate with an X)	ersal number	lame in block letters	

	SAPS 520
	D, TYPE OF PERMIT (indicate with an X)
	Multiple import or export permit 2 import permit 3 Export permit 4 in-transit permit 5 Tempotary 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 person
4	Pessport number of natural person
5 7	Sumame * Initials
8	Date of birth * Age 1ª Gendor Male Female
11	Residential address
	12 Postał Code
13	Postal address 144
15	14 Postel Code 14 Trade or profession 16 If self-employed, specify
17	Name of employer/company
18	Business address
	19 Postal Code
20 20.3	Telephone number 201 Home () 20.2 Work () 201 Home () 21 Equation ()
20.5	Cellphone number () E-mail address
23	Marital status (Indicate with an X)
24	Single Married Divorced Widow Widower
	Single Indicat Indicat Other (specify)
25	PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable)
25.1	Type of identification (Indicate with an X)
25.1.1	SA ID Passport
25.2	Identity number of spouse/partner
25.3	Passport number of spouse/partner
25.4	Full Name and Sumaine
26	JURISTIC PERSON'S DETAILS
27	Registered company name
28	Trading as name
29 30	Postal address

No. 26156 199

	SAPS 52
32	3* Postal Céde
32	Business address ²³ Postal Code
34	Business telephone number 343 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 citizen Non-SA citizen with permanent residence*
39	Identify number of responsible person
40	Passport number of responsible person
41	Celiphone number
42	Physical address
44	Postal address 43 Postal Code
	4 ⁴ Postal Code
46	
47	Type of competency certificate (if applicable) Date of issue
	F. PARTICULARS OF THE CURRENT OWNER OF THE FIREARM(S)
1	NATURAL PERSON'S DETAILS
2	
2 4	
4 5	Sumame ³ Initiats
4 5 6	Sumame ^a Initials Full names Identity number of natural person Passport number of natural person Identity number of natural person
4 5	Sumare 3 Initials Full names 3 Identity number of natural person 4 Paseport number of natural person 4 Residential address 4
4 5 6	Sumame 3 Initials Full names Identity number of natural person Paseport number of natural person Paseport number of natural person Residential address
4 5 6 7	Sumame Initiats Full names Identity number of natural person Passport number of natural person Postal address
4 5 6 7	Sumame * Initials Full names * Identity number of natural person • Paseport number of natural person • Paseport number of natural person • Residential address * Postal Code * 10 Postal Code * 10 Postal Code *
4 5 7 9	Summe 3 Initials Full names 3 Initials Identity number of natural person 4 Paseport number of natural person 4 Paseport number of natural person 4 Residential address 8 Postal address 8 Postal address 10 Postal address 10 Postal address 10 Postal Code 10 Telephone number 111 Home 11.2 Work 0
4 5 7 9	Sumame 3 Initials Full names Identity number of natural person Identity number of natural person Paseport number of natural person Paseport number of natural person Residential address Postal address 10 Postal Code 10 Postal Code 112 Work 112 Work
4 5 7 9 11 11.3	Sumarine 3 initiats Full names 3 initiats Identity number of natural person - Passport number of natural person - Passport number of natural person - Residential address * Postal address * Telephone number 11 f. Home 11 f. Home 12 Fax 12 Fax)
4 5 7 9 111 11.3 13	Sumarine * Initiats Full names * Initiats Identity number of natural person - Passport number of natural person - Postal code - Passon - Passon - Postal code - Postal code - Postal code - Passon - Postal code - Postal code - Passon - Postal code - Passon -
4 5 7 9 111 11.3 13	Sumarine 3 initials. Full names 10 initials. Full names 10 initials. Itentity number of naturel person 10 initials. Passport number of naturel person 10 initials. Residential address 10 initials. Postal address 10 Postal Code Postal address 11 Home Telephone number 11 Home 11 Filephone number 11 Home 12 Fax) E-Mail address
4 5 7 9 111 11.3 13 14 15	Sumarie 3 Initials Full hames 1 Result of natural person 1 Pass port number of natural person 1 Residential address 9 Postal Code Postal address 10 Postal Code 10 Postal Code 1 Postal address 10 Postal Code 11 Home 1 12 Etablic Code 1 JURISTIC PERSON'S DETAILS Registered company name
4 5 7 9 11 11.3 13 14 15 16 17 18	Sumane * initials Full names * initials Rehtly number of natural person
4 5 7 9 11 11.3 13 14 15 16 17	Sumarie 3 Initials Full hames 3 Initials Relidential person - Paseport number of natural person - Paseport number of natural person - Residential address * Postal Code - Postal Code - Postal address - Telephone number 112 Work Cellphone number 12 East JURISTIC PERSON'S DETAILS Registered company name Frading as name FAR number

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

93 20 200 No. 26156

GOVERNMENT GAZETTE, 26 MARCH 2004

		SAPS 520
21	Business address	
	²² Postai Code	
23	Business telephone number 23.7 Work 23.2 Fax	
24	E-mail address	
25	RESPONSIBLE PERSON'S DETAILS	
26	Responsible person (full name and sufname)	
27	Type of identification (Indicate with an X) SA ID Passport number	
28	Identify number of responsible person	-
29	Passport humber of responsible person	
30	Celiphone number	
31	Physical address	
0 8	³² Postal Code	
33	Postal address	
	³⁴ Postal Code	
	G. IMPORT AND/OR EXPORT DETAILS	
1	Country of origin	
2	Country of destination	
3	Pad of entry	
4	Part of ext	
5	Basean for name	2
		15
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		
	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-trensil permit for business purposes)	
1	FAR number	
2	Transporter's name and sumame	
3	Transporter's trading name	
4	Method of transport	
5	Transporter's responsible person	
2	(name and sumame)	
6	Type of identification (indicate with an X). SA cilizen Non-SA citizen with permanent residence	
7	Identify number of responsible person.	
8	Celiphone number	

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

2

No. 26156 201

9	Validity of the transporter's permit	FROM	Date
		то	Date
10	Transport route		
10			· · · · ·
읫			
	L .	DETAILS OF FI	REARMS
1	1.4 Type 12 Action 13 Calibre	1.4 Model	1.5 Make 1.8 Frame or receiver 1.7 Barrel senal
			serial number number
2	DETAILS OF AMMUNITION		
2.1		3	
	21.1 Type 21.2 Quantity		22 221 Type 222 Quantity
		5 94 84	
	·····		
ł		10	
	· · · · · · · · · · · · · · · · · · ·		

Page 5 of 8

3

GOVERNMENT GAZETTE, 26 MARCH 2004

		SAPS 520
3	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 nece permit(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate.	issary
4	4 SIGNATURE OF PERSON CURRENTLY IN POSSESSION	
4.1	4.1 A.2 Date	-
4.3	4.3 4.4 Place Signature of person currently in possession	
5	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 s application.	tatement in this
	J. SIGNATURE OF APPLICANT (Sign only if applicable)	
1	2 Date 2 Date 2 Date	-
3	3 4 Place	
	K. (This section must be completed gply if the applicant cannot read or write)	
1	² Fingerprint designation	<u></u>
	A Name of applicant in block letters	
	8 Place Place	
6	⁶ PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
6.1	6.1]
6.3		
	Rank of police official in block letters Signature of police official	***
7	7 PARTICULARS OF WITNESS	
7.1	7.1 7.2 Persal number of witness]
7.3	7.3 7.4	
	Rank of witness in block letters Signature of witness	1
	L. PARTICULARS OF INTERPRETER (This section must be completed only if the applicant cannot read or write or does not understand the content of this fr	xm.)
1	Name and some the or merchanter	
2 3	identity/Passport/turiper brane:prece	
1194002	* Residential address * Postal Code	

No. 26156 203

5	Postal address SAPS 52
	* Pestal Code
7	Telephone number 71 Home () 72 Work ()
8 10	Celiphone number
11	E-mail address
	interprated 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)
	M. PARENTAL CONSENT IN CASE OF A MINOR
1	Recommended Not recommended
2	Name and surname of parent/guardian
3 '	Identify/Passport number of parent/guardian
4	Comments of parent/guardian
5	
	5 Date
5	7 Place
3	signarune of parenvguarojan

	SAPS 520
	N. IN CASE OF NOMINEE/AUTHORIZED PERSON
1	Name and surname of hominee/authorized person
2	identity/Passport number of hominee/authorized person
	3
	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
	C. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER
1	RECOMMENDATION REGARDING THE APPLICATION
	Recommended Not recommended
2	Motivation 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	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

No. 26156 205

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	A FOR WH	OFFICIAL USI IERE THE APP	BY THE PO	OLICE ST	ATION	
	¹ Application referen				TT	11
	0 12 23 - 07			Ŧ		. 1
DATE RECEIVED	* * *	2000 - 2000 2000 - 2000 - 2000 2000 - 2000 - 2000	2 2	1: 35 1:	5. 2	
B. FOR OFFICIAL USE BY PO	DLICE STATION WHER	E THE APPLI	CATION IS I	RECEIVED	5	-
Province						
Area Police station						
Component code			•••••••••••			
Firearm applications register reference number	SAPS 88 NO		YE	AR		
Outstanding/Additional information required	TICIAL USE BY THE DE	1.1.1			* Date	
Outstanding/Additional information required					* Date	
Outstanding/Additional information required	rsai number	1 1-1	ume in block let	2. 5. 7	* Date	
Outstanding/Additional information required	rsai number	1 1-1		2. 5. 7	* Date	
Outstanding/Additional information required	rsai number	1 1-1		iters	* Date	
² Outstanding/Additional information required	skäl number	1 1-1		iters		
⁹ Outstanding/Additional information required	sal number	5 Na		iters		
² Outstanding/Additional information required	sal number	5 Na	Ime in block let	iters		
² Outstanding/Additional information required	sal number	5 Na	Ime in block let	iters		
* Outstanding/Additional information required * Outstanding/Additional information required * Signature of police official Application for a permit approved (indicate with an 3) * Signature of deciding officer * Signature of deciding officer Application for a permit refused (indicate with an 3)	PEAL humber	5 Na	Ime in block let	ers	* Date	
Outstanding/Additional information required Outstanding/Additional information required Application for a permit approved (indicate with an 2) Signature of deciding officer Application for a permit refused (indicate with an 2)	sal number	5 Na	Ime in block let	ers		

	SAPS 520(a)
	D. TYPE OF PERMIT (Indicate with an X)
	* Multiple import or export 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 4 ·	Identity number of natural person
5	Passport number of natural person
7	Full names
B	Date of birth 9 Age 10 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 18	Name of employer/company
	Business addrass
20	Telephone number 20.1 Home () 20.2 Work ()
	Telephene reaction and the second
20.3	Cellphone number 21 Fax ()
20.3 22	
	Cellphone number 21 Fax ()
22	Cellphone number 21 Fax () E-mail address
22 23	Cellphone number 21 Fex () É-mail address Marital status (Indicate with an X)
22 23	21 Fax () Cellphone number 21 Fax É-mail address
22 23 24	21 Fax () Cellphone number 21 Fax É-mail address
22 23 24 25	Cellphone number 21 Fex () E-mail address Marital status (Indicate with an X) Single Married Divorced Widow Other (specify)
22 23 24 25 25.1	21 Fex () Celiphone number 21 Fex () E-mail address
22 23 24 25 25.1 25.1.1 25.2 25.3	Cellphone number 21 Pax () E-mail address ()
22 23 24 25 25.1 25.1 25.1.1 25.2	Cellphone number 21 Fax () E-mail address () Marital status (Indicate with an X) Single Married Divorced Widow Other (specify) PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable) Type of identification (Indicate with an X) SA4D Passport Identify number of spoulse/partner
22 23 24 25 25.1 25.1 25.2 25.3	Cellphone number 21 Pax () E-mail address ()
22 23 24 25 25.1 25.1 25.2 25.3 25.4	Cellphone number 21 Pex () E-mail address
22 23 24 25 25.1 25.1 25.2 25.3 25.4 26	Cellphone number 21 Fex () E-mail address

No. 26156 207

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30		SAPS 520(a
	Postal address 31 Postal Code	
32		
	³³ Pöstal: Code	
34 35	Dusiness deephone number VVork ()	
	E-then address	
36	RESPONSIBLE PERSON'S DETAILS	22
37	responsible person (fuil name and sufmame)	
38 39	Type of identification (indicate with an X) SA citizen Passport	
40	a dentity number of responsible person	-
41		
42	Physical address	
22	⁴³ Postal Code	
44	Postal address	
2	48 Postal Code	
46 47	Type of completency certificate (It applicable)	
64	Cate of league	
	F. PARTICULARS OF CURRENT OWNER OF THE FIREARM(S)	
1	NATURAL PERSON'S DETAILS	
2		
4	Surname 3 initials	
5	Full names	
6	Identify number of natural person	-
7	Residential address	ĿЦ
9	Postal address	
	10 Postal Code	
11	Telephone number 11.1 Home () 11.2 Work ()	
11.3	Cellphone number	
13	E-mail address	10.5
14	Are there any additional firearm licence holders for this firearm? (indicate with an X) YES NO	
15	JURISTIC PERSON'S DETAILS	
16	Registered company name	
17	Trading as name	
18		S
	FAR number	

	SAPS 520(a)
19	Postal address
	20 Postal Code
21	Business address
23	22 Postal Code Business telephone number 23.1 Work ()
24	
	E-mailaddiese
25	RESPONSIBLE PERSON'S DETAILS
26	Responsible person (full name and surfiame)
27	Type of identification (Indicate with an X) SA citizen Passport number
28	Identify number of responsible person
29 30	Celiptione: number
	Physical address 3t Posta: Code
32	Postal address
	³⁸ Postal Code
	G. IMPORT AND/OR EXPORT DETAILS
	G. IMPORT AND/OR EXPORT DETAILS
1	Country of drigin
2 3	Country of destination
4	Part of entry
5	Port of exit Reason for permit
6	the second investigation of the second second in the second s
	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	Period for which permit is required
10	
	FROM Date TO Date
	H. TRANSPORTER'S DETAILS (Complete only in the case of an in-transit permit)
1	FAR number
2	Transporter's hame and sumame
3	Transporter's trading name
4 5	Method of transport Transporter's responsible person
	(name and sumame)
6	Type of identification (indicate with an X) SA citizen Nor-SA citizen with permanent residence*
7	
	Celiphone number * In case of a non-SA citizen proof of permanent residence must be submitted

No. 26156 209

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9	Validity of the trans	porter's permit		FROM	Date			-		-	
			<u>گ</u>	то	Date	TT		-1	- 1 -	-	
10	Transport route		· · · · · · · · · · · · · · · · · · ·	+			i	L.			-
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1	11 -	12 Action									
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210 No. 26156

GOVERNMENT GAZETTE, 26 MARCH 2004

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DETAILS OF AM	AMUNITION	N		-					
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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.

STAATSKOERANT,	26	MAART	2004
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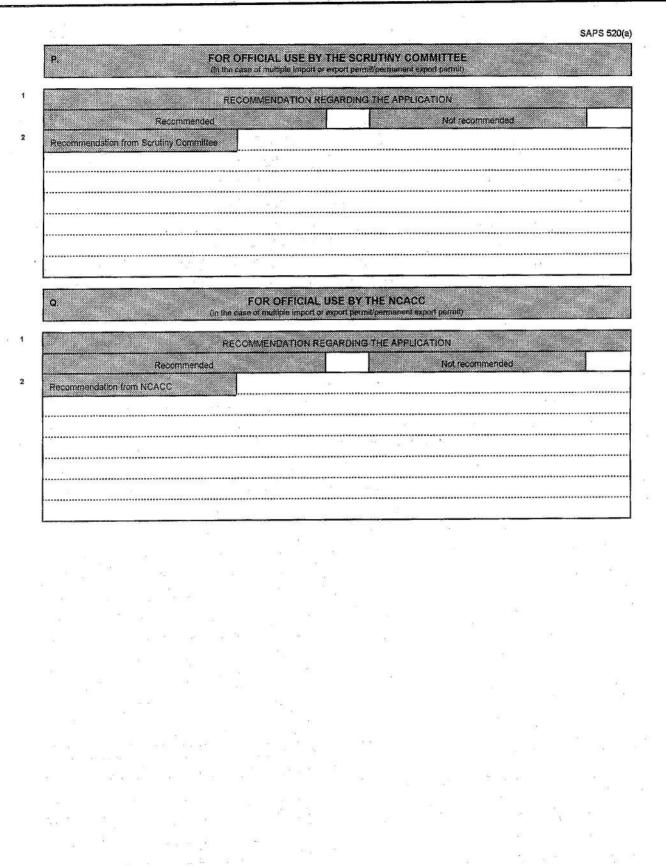
No. 26156 211

	7 <u>. 10 - 6</u> - 8 - 8	SAPS 520(a)
4	SIGNATURE OF PERSON CURRENTLY IN POSSESSION	e e e e e e e e e e e e e e e e e e e
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 Firearms	s Control Act. 2000 (Act No 60 of 2000), to make a false statement in this
	application.	
	J. SIGNATURE OF APPLIC	ANT (Skin only if applicable)
1	Name of applicant in block letters	² Date
3		
3	Signature of applicant	⁴ Place
	K. (This section must only be completed	if the applicant cannot read or write)
1		3 Date
	² Fingerprint designation	
		4
1		Name of applicant in block letters
×.		5
	Right Index fingerprint of applicant	Place
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	
	TAKING CEARS OF FOLICE 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	新 古 新 東 第3 1 · · · · · · · · · · · · · · · · · ·
7.1		7.2
	Name of witness in block letters	Persal number of witness
7.3		74
	Rank of witness in block letters	Signature of witness
	L PARTICULARS OF (This section must be completed <u>only</u> if the applicant cannot n	INTERPRETER
1		
2	Name and sumame of interpreter	
	Identity/Passport number of interpreter	
3	Residential address	
2		* Postal Code
5	Postal address	
		^e Postal Code

	SAPS 520(a)
Telephone number 71 Home ()	7.2 Work ()
Cellular phone	⁹ Fax ()
0 E-mail address	
Interpreted from language	to
	12 Bate
13	14 Place
Signature of Interpreter	
5	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
Recommended	Not recommended
Name and surname of parent/guardian	
Identity/Passport number parent/guardian	
Comments of parent/guardian	
2	
	· · · · · · · · · · · · · · · · · · ·
	-
	5 Date
	-
Signature of parent/guardian	7 Place

4

	·	SA	PS 5
	N. IN CASE OF NOMINEE/AUTHOR		
	Name and sumare of nominee/authorized person		
	identity/Passport number of nomines/authorized person		
	3		
		Date	
	5 Signature of nominee/authorized person	Place	
	*** NOTIFICATION OF CHANGE O		
	The Registrar must be informed of all changes of address/circumst		
	0. FOR OFFICIAL USE BY THE DESIGNATED FIREA		
	RECOMMENDATION REGARDING	THE APPLICATION	
	Recommended Motivation regarding the application	Not recommended	
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			·····
			•••••
111111			
1			
L			
	4 0	ete	
N	Name of Designated Firearms Officer/Station Commissioner in block letters		
F	6 Pl	BCe	
.''	Rank of Designated Firearms Officer/Station Commissioner in block letters		
S	8 Signature of Designated Firearms Officer/Station Commissioner Perso		
		al number of Designated Firearms Officer/Station missioner	



SAPS 520(b)



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR PERMIT TO TRANSPORT FIREARMS AND AMMUNITION

Section 83, 85(1) and 86(1) of the Firearms Control Act, 2000 (Act No 60 of 2000) OFFICIAL DATE STAMP FOR OFFICIAL USE BY THE POLICE STATION А. WHERE THE APPLICATION IS CAPTURED ¹ Application reference No DATE RECEIVED 8. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED Province 2 Area 3 Police station Component code 5 Firearm applications register reference number SAPS 86 NO YEAR Ċ. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) ¹ Outstanding/Additional Information required ² Persal number ÷ . _ Date ⁴ Signature of police official ⁵ Name in block letters * Application for a permit approved (indicate with an X) -⁷ Persal number Date ⁹ Signature of CFR officer 10 Officer code 11 Name in block letters 12 Application for a permit refused (Indicate with an X) 13 Reason(s) for refusal 14 Persal number -¹⁵ Date je. ¹⁶ Signature of CFR officer

17 Officer code

18 Name in block letters

	SAPS	520(b)
	D. 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 person	
4	Passport number of natural person	\square
5	Surname ⁶ Initials	Ц
7 8	Full names	male
11		lidie
	Residential address 12 Postal Code	П
13	Postal address	
	¹⁴ Postal Code	
15	1 ¹⁶ If self-employed, specify	\square
17	Name of amployer/sompany	Ц
18	Business address	-
20	Telephone number 20.1 Home () 20.2 Work ()	L
20,3	Telephone number 20.1 Homa () Mrk Work () Cellphone number 21 Fax ()	-
22	E-mail address	
23	Marital status (Indicate with an X)	
24	Single Married Divorced Widow Widower Other (specify)	
25	PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)	
25.1	Type of identification (Indicate with an X)	
25.1.1	SA 10 Passport	ومعمله
25.2	Identity number of spouse/partner	Ц
25,3	Passport number of spouse/partner	Ц
25.4	Full name and surname	
26	JURISTIC PERSON'S DETAILS	
27	OTHER BODIES (eg body corporate, close corporation or company)	
28	Registered company name.	
29	Trading as name	
30	FAR number	 1
31 32	Company registration or CC number	Ц
1005	Postal address 23 Postal Code	П
		2 of 7

No. 26156 217

		2 5			25			SAP	S 520(b)
34	Business address		1999 (A. 1997) 14	-		-		19	
	-	9 (1) 				³⁵ Postal C	ode		
36	Business telephone number	^{36.1} Work ()	^{36.2} Fa	ж ()	0	э.	4
37	E-mail address				<u></u>			*	
38	RESPONSIBLE PERSON'S	DETAILS	5¥			0 20	е А		
39	Responsible person (full nam	e and surname)							
40	Type of identification (indicate	e with an X)	Si	A olfizen	Non-S/	citizen with p	armanent res	idence*	
41	Identity number of responsib	e person			· -		-		
42	Passport number of response	ible person							
43	Cellphone number								
44	Physical address				+	đ			-
46						⁴⁵ Postal 0	Sode	Ļ	
<i>1</i> .:	Postal address					47 Postal (Sode		Τ
-	E.		OTHE	R DETAILS		-			
1			FENER COMME			opproc or	nie ocła		
	HAVE YOU EVER BEEN CO (Indicate with an X)	JAVIGTED OF AN OF	PENCE COMMIT	ED INSIDE OR OI		URDERS OF	INE ROA?		
	YES	NO	If yes, submit t	he following details					
1.1 1.3	Police station (1)			120	AS/Case num	per			
1.4	Charge					•••••••••••••••••••••••••••••••••••••••	, ,		
1.5	Outcome Police station ⁽²⁾			1.6	AS/Case numl				
1.7	Charge				and to doe noting				
1.8	Outcome								
2	ARE THERE ANY CASES P	ENDING AGAINST Y	OU? findicate with a	m X1					
	YES	NO	-1	ne following details		-			
2.1	Police station (*)			2.2 CA	S/Case numbe	r			
2.3	Offence		4 9						
2.4	Police station (2)			25 C/	AS/Case numb	ar			
2.6	Offence		e						
3	HAVE ANY OF YOUR FIRE	ARM(S) EVER BEEN	LOST/STOLEN?	Indicate with an X)					
592	YES	NO	If yes, submit th	te following details					
3.1	Police station ⁽¹⁾			3.2 C/	S/Case numb	н			
3.3	Circumstances				51 - 0				
3.7	Details of fream	1		Langestone					
3.5 3.7	Police station (2)			3.6 C/	S/Case numbe	r J			
3.7	Circumstances								
0.0	Details of firearm	6)							·

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

218 No. 26156

GOVERNMENT GAZETTE, 26 MARCH 2004

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				SAPS 520(b
4	WAS A CASE OF NEGLIGENCE OF	ENED AND INVESTIGATED RE	GARDING THE STOLEN/LOST FIREARM? (Indica	ate with an X)
4.1	YES N	G if yes, submit th	e following details	
4.3	Police station ^[1]		42 CAS/Case number	
4.5	Charge		44 Gulcome	
4.7	Police station (2)		4.6 CAS/Case number	
	Charge	e ()	4.8 Outcome	<u> </u>
5	HAVE YOU EVER BEEN DECLARE	UNFIT TO POSSESS A FIREA	RM3 (ridicate with an X)	
	YES) if yes, submit the	following details	
5.1	Police station (1)	a ¹	5.2 GAS/Case number	
5.3 5.4	Charge			
5.6	Date from	n <u>har na s</u> er en	\$5 Feriod	-
5.8	Police station (2)		57 CAS/Case number	
5.9	Charge			
	Date from		5.10 Period	
i .	HAS A FIREARM IN YOUR POSSES	SION BEEN CONFISCATED? (#	dicate with an X)	
.50	YES . NO	If yes, submit the	following details	
.1	Police station ⁽¹⁾		^{5.2} CAS/Case number	
.3	Circumstances	*	e4 Outcome	
.5	Police station (2)		6.6 CAS/Case number	
.7	Circumstances	тар.». 	6.8 Outcome	U.
	PARTICULARS OF TWO-WAY COM	MUNICATION SYSTEM		
0.02				
N. Mary		e a		
1	2	* 	24	
	<u>s</u>	× 8		
			5	
	DESCRIPTION OF SAFETY MEASUR	ES FITTED TO VEHICLES		
		<i>ψ</i>		
		······		
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L		1994 AN - 10	·····	I

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 statem piloation. E SIGNATURE OF APPLICANT (Sign only i applicatio) Note: Note: Note: Note: Note: The photograph must be inclour and may not exceed the border. The photomust be the size of a standard passport photograph. The tackground of the photon use to the lead and shoulders of the applicant. The background of the photo must be plain. The applicant may not be wearing a hat or sugliasses on the photograph. The applicant must aign in black link. The applicant must align in black link. The applicant must be presed down on the sheel. The fingerprint should not be rolled and must be a flat Impression.	CUBITY DECONTIONS				SAPS
DESCRIPTION OF HOW THE PRESORIBED REGISTERS WILL BE KEPT DECLARATION BY APPLICANT am aware that it is an offence in terms of section 120 (9)(i) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statem ploation. F SIGNATURE OF APPLICANT SIGNATURE OF APPLICANT (Stampoly 4 repleates) Note: The requirements of the photo: SIGNATURE OF APPLICANT (Stampoly 4 repleates) Note: The requirements of the photo: The photograph must be in action and may not exceed the border. The photograph must be in action and may not exceed the border. The photograph must be in action and may not exceed the border. The photograph must be in action and may not exceed the border. The photograph must be inform on the photo: The photograph must be photograph to a standard passport photograph. The applicant may not exceed the border. The applicant must sign in black link. The signature may of exceed the border. The applicant must sign in black link. The applicant must sign in black link. The applicant must sign in black link. The signature may of exceed the border. The applicant must sign in black link. The signature may of exceed the border. The applicant must sign in black link. The applicant must sign in black link. The applicant must sign in black link. The signature may of exceed the border. The applicant must sign in black link. The signature may of exceed the border. The applicant must sign in black link. The signature may of exceed the border. The applicant must sign in black link. The signature may of exceed the border. The applicant must sign in black link. The signature may of exceed the border. The applicant must sign					
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	Name of police official in block letters		Persal number of police official
8.3	Rank of pollos official in block letters	8.4	Signature of police official
9	PARTICULARS OF WITNESS		
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	Name of witness in block letters		Persal number of witness
9.3	Rank of witness in block letters	9.4	Signature of witness
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2	Identity/Passport number of interpreter		
3	Residential address		
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SAPS 520(c)



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A PERMIT TO COLLECT AMMUNITION Section 18 and 19 of the Firearms Control Act, 2000 (Act No 50 of 2000)

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	D	ATE RECE	IVED																			
в.		FOR O	FFICI	AL U	SE E	BY PO	LICE	E STA	TION	N WH	EREI	THE .	APPL	ICAT	ION	IS R	ECE	IVED)			
Provinc)e																					
Area														•								
Police	station																					
Compo	nent code															1						
Firearm	i application	s register re	ferenc	e numi	ber		SAF	PS 86	1	NO				8	_	YE	AR		14			
C.			FOR	OFFIC	CIAL	USE	BY	THE C	CENT	RAL	FIRE	ARM	S RE	GIST	ER	CFR)					
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QUIPI	ສາບແຫຼງກະບ		CARACTER CA	on reg	quired	đ																
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				on req	<u>puire</u>	d 			<u></u>	••••••								······				
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	11			-1				umber	_]	1	T T	<u> </u>	[-]			3 0	late		
		ignature of	police	-		² Peri		unber			T	1	-] 5 _N	ame ir	n bloc	-	ers .		3 0	nete		
	11	ignature of	police	-		² Peri		unber		1	T	I		ame ir	n bloc		ers .		• 0	inte		
		ignature of	police	-		² Peri Ili an X)		unber		1		I	-	ame ir	n bloc	-	ərs		⁸ D			
		ignature of	police	-		² Peri Ili an X)							5 N		n bloc	-	ers					
	4 g	ignature of	police of the second se	- official ((Indica -		² Peri Ili an X)		mber					[-]			-						
*Applic	ation for a	ignature of	police i woved	- official (Indica -		² Pere Ili.an X) 7 Pere	sal nu	Imber					5 _N] ime in	bloc	-						
*Applic	4 g	ignature of	police i woved	- official (Indica -		² Pere Ili.an X) 7 Pere	sal nu	Imber				forre	- ¹¹ Na] ime in	bloc	-						
*Applic	ation for a	ignature of	police i woved	- official (Indica -		² Pere Ili.an X) 7 Pere	sal nu	Imber			[for re	- ¹¹ Na] ime in	bloc	-						
*Applic	ation for a	ignature of	police i woved	- official (Indica -		² Pere Ili.an X) 7 Pere	sal nu	Imber				torre	- ¹¹ Na] ime in	bloc	-						
*Applic	ation for a	ignature of	police i woved	- official (Indica -	ala with	² Perr Ik an X) 7 Perr i an X)		Induer 10 Off				For re	- ¹¹ Na] ime in	bloc	-			* D	ate		
*Applic	ation for a	ignature of	police i woved	- official (Indica -	ala with	² Pere Ili.an X) 7 Pere		Induer 10 Off				l	- ¹¹ Na] ime in	bloc	-				ate		
*Applic	ation for a	ignature of	police i woved	- official (Indica -	ala with	² Perr Ik an X) 7 Perr i an X)		Induer 10 Off					- ¹¹ Na] ime in	bloc	-			* D	ate		

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	e in the state of the	SAPS 520(c)
	D. PARTICULARS OF APPLICANT	
1	NATURAL PERSON'S DETAILS	
2	Type of identification (Indicate with an X)	<i>¥</i>
2.1	SA ID Passport Non-SA citizen with bermanent residence*	
3	Identity number	-
4	Passport number	
5 7	Sumame s Initials	
8	Residential address	
	*Rosta: Code	TT
10	Postal address	
12	Telephone number 12.1 Home () 12.2 Work ()	
12.3		
14	E-mail address	
15	Description of type of residence (eg shack, flat, caravan, cottage, house, house)	
16 18	Trade or profession	
19	Name of employer/company Business address	
~	20 Postal Code	TT
21 21.3	Telephone number 21.1 Home () 21.4 Work () Cellphone number 22 Fax ()	
23	Cellphone number () E-mail address	
24	Marital status (Indicate with an X)	
24.1	Single Married Divorced Widow Widower Other (specify)	
25	PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable)	
25.1	Type of identification (Indicate with an X)	•
25.1.1	SA ID Passport	
25.2	Identity number of spouse/patter	
25.3	Passport number of spouse/partner	
26	JURISTIC PERSON'S DETAILS	
27	OTHER BODIES (eg body corporate, close corporation or company)	
28	Registered company name	
29	Trading as name	

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

 $(t_{i,k}) \rightarrow (t_{i,j}^{+}, t_{i,j}^{+}, \ldots, t_{i,j}^{+}, t_{i,j}^{+}, \ldots, t_{i,$

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GOVERNMENT GAZETTE, 26 MARCH 2004

	SAPS 520(c
30	FAR number
31	Postal addrese
	12 Postsl Code
33	Business address
	³⁴ Postal Code
35	Business telephone number ^{35,1} Work () ^{35,2} Fax ()
36	E-mail address
37	RESPONSIBLE PERSON'S DETAILS
38	Responsible person (full names and surname)
39	Type of identification (indicate with an X) \$A.ID Passport humber
40	Identity number of responsible person
41	Passport number of responsible person
42	Cellphone number
43	Physical address
45	** Postai Code
	Postal address
	46 Postal Cude
47	OTHER DETAILS (Indicate with X)
48	Private collector Public collector
49	Reason(s) for applicant to collect ammunition
10	PLEASE MOTIVATE IF MORE THAN 200 ROUNDS OF AMMUNITION OF ANY PARTICULAR CALIBRE IS REQUIRED
1000	
0.0100	
5	

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SAPS 520(c)

51	51 COMPLETE IN CASE OF A PRIVATE COLLECTOR (Indicate with an X)		94. 			
52	52 Are you a member of an accredited association? (Indicate with an X) *ES 1	YO	If yes	, submit the	following d	etalis
53	53 Name of accredited association					
54	PARTIXIFIES OF ACCEPTED ASSOCIATION		2 13 2			24
55	wernoelsnip runner Uaterolled			-	-	
60	57 Expiry date					
58	59 Description of the place where the ammunition will be stored	,				
		•••••				
					•••••	
					, 	
					••••••	
59	Manner in which the ammunition will be displayed		* : • • • • • • • • • • • • • • • • • • •			
					••••••	
	· · · · · · · · · · · · · · · · · · ·		••••••		••••••	
	-	••••••			••••••	
			••••••			
			••••••	••••••		
4		••••••••••••••••••••••••••••••••••••••				
60	COMPLETE IN CASE OF A PUBLIC COLLECTOR					
61	WHERE WILL THE AMMUNITION BE DISPLAYED?					
61.1	1.1 Name of the accredited museum			-		
61.2	Accreditation number of the museum """ Date issued			-	1.	
61.4	Manner in which the amountion will be displayed					
			•••••			
		••••••	•••••			
		••••••		••••••		
		•••••				
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		50 E		* * * * * * *	SAPS 520(c)
62	OTHER INFORMATION (Indicate with an X)			
63	HAVE YOU EVER BEEN	CONVICTED OF AN OF	FENCE COMMITTED INSH	DE OR OUTSIDE THE BORDERS	OF THE RSA?
	(Indicate with an X) YES	NO	It yes, submit the follow:	ng details	
63.1	Police station ⁽¹⁾	·		63.2 CAS/Case number	
63.3	Charge				
63.4	Outcome		٠	-	· · · · · · · · · · · · · · · · · · ·
63,5	Police station ⁽²⁾			63.6 CAS/Case number	
63.7 63.8	Charge				
69.6	Outcome				
64	ARE THERE ANY CASES	S PENDING AGAINST Y	OU? (Indicate with an X)		
	YES	NO	If yes, submit the following	ng details	
64.1	Police station (1)			64.2 CAS/Case number	
64.3	Offenae		·		
64.4 64.6	Police station (2)			64.8 CAS/Case number	
04.0	Offence		······································		· · · ·
65	HAVE ANY OF YOUR FIR	EARM(S) EVER BEEN	LOST/STOLEN? (Indicate w	ith an X)	
	YES	NO	if yes, submit the following	ng details	
65.1	Police station ⁽¹⁾			65.2. CAS/Case number	
65.3	Circumstances				
65.4	Details of firearm				
65.5	Police station (2)			^{85.6} CAS/Case number	
65.7 65.8	Circumstances				
00.0	Details of firearm				
66	WAS A CASE OF NEGLIC	SENCE OPENED AND I	NVESTIGATED REGARDIN	G THE STOLEN/LOST FIREARM	? (Indicate with an X)
	YES	NO	If yes, submit the followin		
66.1	Police station ⁽¹⁾			66.2 CAS/Case number	
66.3 66.5	Charge		-	56.4 Outcome	
66.7	Police station ⁽²⁾			66.5 CAS/Case number	
	Charge			^{86,8} Outcome	
67	HAVE YOU EVER BEEN I	DECLARED UNFIT TO F	POSSESS A FIREARM? (Ind	licate with an X)	
	YES	NC	If yes, submit the followin		
67.1	Police station (1)	·····		67.2 CAS/Case number	
67.3	Charge			· · · · · · · · · · · · · · · · · · ·	
67.4 67.6	Date from			ers Period	
67.6 67.8	Police station (2)			67.7 CAS/Case number	
67.8	Charge			\$7.10 Period	
100603	Date from			renda	

SAPS 520(c)

YES Police station ⁽¹⁾	NO	If yes, submit the	68.2 CAS/Case number	
Sircumstances			68.4 Outcome	······
olice station (2)		(2.0) (3)	^{68 5} CAS/Case number	10
Sircumstances			ea.e Outcome	
ECLARATION BY	APPLICANT	5. 		

E. SIGNATURE OF AP	PLICAN	C (Sign only if applicable)
 Note: The requirements of the photo: The photograph must be in colour and may not exceed the bord. 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 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 writter on the back of the photograph before it is affixed on the applicat 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. 	n tion	PHOTO
2		⁴ Fingerprint designation
Signature	6	
Name of applicant in block letters		Date
2 <u>5</u>	7	Place
PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATI	ION	
Name of police official in block letters	8.2	Persal number of police official
Rank of police official in block letters	8.4	Signature of police official

	14 N		SAPS 57	20(c)
9	PARTICULARS OF WITNESS		5AF 6 0.	20(0)
9.1		<i>v</i>	9.2	
	Name of witness in block letters		Persal number of witness	
9.3	Rank of witness in block letters		9.4 Persal number of witness	
	F. P	ARTICULARS C	FINTERPRETER	
	(This section must be completed only if th	e applicant cannot i	ead or write an does not understand the dontents of this form (
1	Name and surname of interpreter			
2	Identity/Passport number of interpreter			
3	Residential address			_
5			⁴ Postal Code	-
	Postal address	1.72	* Postal Code	-
7	Telephone number 71 Home ()	72 Work ()	
8	Cellphone number		* Fax ()	
10	E-mail address		1	
11	Interpreted from (language)		to	
			¹² Date - D	D
13			14	
	Signature of interpreter	*	Place	
15			16	
	Rank of police official in block letters (if applicable)	(a) (c.)	Persai number of police official (if applicable)	
	G. PAREN	TAL CONSENT	IN CASE OF A MINOR	
1	Recommended		Not recommended	
2	Name and surname of perent/guardian			
3	Identity/Passport number of parent/guardian			
4	Comments of parent/guardian			
	ő			
		2 2 2		
			5 Date	
6		18 09 ¹⁰	7 Place].
				1.10

Signature of parent/guardian

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SAPS 520(c)

*** 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
10	Recommended Not recommended
2	Motivation
	······································
3	Additional conditions
•	5 Date
	Name of Designated Firearms Officer/Station Commissioner in block letters
8	7 Place
3	
	Signature of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station Commissioner

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GOVERNMENT GAZETTE, 26 MARCH 2004

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SAPS 520(d)



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR COMPENSATION

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

OFFICIAL DATE STAMP		USE BY THE POLICE STATION APPLICATION IS CAPTURED	
a e ⁿ	¹ Application reference No		
a	(M)		
	3.		
DATE RECEIVED	1.1.1		
B. FOR OFFICIAL USE BY P	OLICE STATION WHERE THE AF		
Province	OTIVE OTATION THICKE THE AP	FERALION IS NEGLIVED	
Area			
Police station			••••••
Component code			
General firearm transactions register ref No			1
	SE BY THE CENTRAL FIREARMS	REGISTER (CFR)	
¹ Outstanding/Additional information required			
		2	
	ersal number	² Date	
⁴ Signature of police official		⁵ Name in block letters	
⁶ Application for compensation approved (indexts with an X)	7 Amount of comper to be paid		-
(indicate with an X)	to be paid		
· · · · · · · · · · · · · · · · · · ·	ersal number	9 Date	
¹⁰ Signature of CFR officer	¹¹ Officer code	¹² Name in block letters	
¹³ Application for compensation refused (indicate with an X)	³⁴ Reason(s) for ref	usal	
<u></u>		-	
	· · · · · · · · · · · · · · · · · · ·		
	Persal number	^{te} Date	
		·····	
¹⁷ Signature of CFR officer	¹⁸ Officer code	19 Name in block letters	

No. 26156 231

			8 B 2			SAPS 520(d)
	D,	PARTIC	ULARS OF A	PPLICANT		
1	NATURAL PERSON'S DETAILS					
2	Type of identification (Indicate with an X)					
2.1	SA ID Passport			Non-SA citizen with p	ermanent residence*	
3	Identity number of natural person			-	-	-
4	Passport number of natural person					
5	Surname				^e initials	
7	Full name	e.				
	Residential address				^s Postal Gode	
10	Postal address				Postal Gode	
	-				1ª 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			쇼		
16	Registered company name					
17	Trading as name				1	
18	FAR number					
19	Postal address				<u> Kanada kanad</u>	
21		ni podra k er			20 Postal Code	
	Business address	1997 - 1997 1997			72	<u> </u>
23	Business telephone number 23.1 Work	()		23.2 Fax (²² Postal Code	
24	E-mail address				,	
25	RESPONSIBLE PERSON'S DETAILS		5		3 2	
26	Responsible person (full name and sumame)					
27	Type of identification (indicate with an X)		SAID		Passport number	er
28	Identity number of responsible person		ŀ	-		-
29	Passport number of responsible person					
30 31	Celipnone number		-		21 ²¹	
	Physical address					
33	Protection				³² Postal Code	
	Postal address				³⁴ Postal Code	

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

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GOVERNMENT GAZETTE, 26 MARCH 2004

SAPS 520(d)

35	REPRESENTATIVE'S DETAILS
36	Name and surname
37	Postal address
	38 Postal Code
39	Telephone number 381 Home () 39.2 Work ()
39.3	Cellphone number ()
41	E-mail address
42	PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION
43	Licence, permit, certificate or
44	autherization type Licence, permit, certificate or
	authorization number
45	DETAILS OF FIREARM
46	Турв
47	Calibra
48	Make
49	Modél
	Fiream component type:
50	Barrel serial number 60.1 Make
51	Frame serial number St.1 Make
52	Receiver serial number 32.1 Make
53	OTHER PARTICULARS
54	Police station name
55	SAPS 13 register reference humber
56	Case reference number
57	Motivation for compensation
58	Expected compensation amount R - ⁶⁹ Amount in words

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		SAPS 520(d)
60	BANK PARTICULARS	
61	Account holder name	
62	2 Account type	
63	Account number	
64	Name of bank	
66	Branch name	
	Bank branch code	
67	DECLARATION BY APPLICANT	
	I am aware that it is an offence in terms of the Firearr form.	ms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application
	E. SIGNA	TURE OF APPLICANT (Sign only if applicable)
1	SIGNATURE OF APPLICANT	•
2	Name of applicant in block letters	3 Date
4	Signature of applicant	5 Place
6	SIGNATURE OF REPRESENTATIVE	
7		
	Name of representative in block letters	Date
9	Signature of representative	10 Place
	F. (This section must o	nly be completed if the applicant cannot read or write)
1	² Eingerprint	3 Date
	² Fingerprint designation	
		4 Name of applicant in block letters
		5 million
	Right index fingerprint of applicant	Place
6	PARTICULARS OF POLICE OFFICIAL DEALING	WITH APPLICATION
6.1	1	6.2
	Name of police official in block letters	Persal number of police official
6,3		6.4
7	Rank of police official in block letters	Signature of police official
	PARTICULARS OF WITNESS	×
7.1	Name of all and the second	7.2
7.3	Name of witness in block letters	Persal number of witness
	Rank of witness in block letters	7.4 Signature of witness

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	SAPS 520(d)
	G. PARTICULARS OF INTERPRETER (This section must be completed only if the applicant cannot read or write or does not understand the contents of this form.)
1	Name and sumame of interpreter
2	identity/Passport number of interpreter
3	Residential address
	* Postal Code
5	Postal address
	* Pestal Code
7	Telephone humber 7.1 Home () 7.2 Work ()
8	Cellphone number Pax ()
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) Persai 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	(BOULTITE LICO
-	Motivation
3	4 Date
	Name of Designated Firearms Officer/Station Commissioner in block letters
5	6 Place
8	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

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, ¹ Notifica	FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED
DATE RECEIVED	52 - 42 - 12	
8. FOR OFFICIAL USE BY THE POI Province	LICE STAT	ION WHERE THE NOTIFICATION IS RECEIVED
Area Police station		
Component code General fream transactions register number		
C. TYPE OF LICENCE, PERM	IIT, CERTIF	ICATE OR AUTHORIZATION (Indicate with an X)
Competency certificate	2.9	Licence issued to particular categories of persons
To trade in fifearms	3	Livence to deal in firearms and arrimonition
To manufacture firearms	3.1	Licence to manufacture firearms and ammunition
To conduct business as a gunsmith	3.2	Lisence to conduct business as a gunsmith
To possess a firearm	3.3	Permits
Licences	4	Permit to possess ammunition in a private collection
Licence to pessess a firearm for self-defence	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 firearm for occasional hunting and sports-shooting	4.3	Export permit
Licence to possess a firearm for dedicated hunting and redicated sports-shooting	4.4	Transportar's parmit
Icence to possess a firearm in a private collection	4.5	In-transit permit
Joence to possees a firearm, in a public collection museums)	4.6	Multiple import and export permit
icance to possess a firearm for business purposes aution for business in hunting.	4.7	Temporary import-/export permit
Icence to possess a firearm for business purposes. Business other than hunting		

continue

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SAPS 521

	iii.		3E338	-			
5	Authorizations		6.4	To conduct busi	ness in hunting		
5.1	Temporary authorization to possess a fire	ia(m)	6.5	To provide secu	rity services for it	s own business	
5.2	Temporary authorization to trade in fireari ammunition	ms and	6.6	As a sports-shore	aling and hunting	association	
5.3	Temporary authorization to a manufactum firearms and ammunition	er to display	6.7	As a collectors a	association		
5.4	Temporary authorization to conduct busin	iess as a	6.8	As a nuseum			
6	gunsmith	-	6.9	As a public colle	ntor		
6.1	Accreditation		6.10	As a game ranci			
6,2	As a shooting range		6.11	As an official ins			
6.3	To provide training To provide firearms for the use in theatric	al, film or	-			1 + - 1.	-
	television productions						-
7		Details of original li	cence, per	mit, certificate or a	uthorization		
3	Licence, permit, certif	icate or authorization	number		Date issued	j	Expiry date
7.1	8 2						
7.2						····	
7.3							
7.4						·····	
7.5		1 2 	· · · · · · · · · · · · · · · · · · ·				
8	r	DE		FIREARM(S)			
	In case of a licenc	e or temporary author	rization to p	ossess a firearm, su		f the firearm(s)	(0)
		(1)		(2)	(3)		(4)
8.1			T				
8.1 8.2	Туре						
8.2	Calibre						
8.2 8.3	Calibre Make						
8.2 8.3	Calibre Make Model						
8.2 8.3 8.4	Calibre Make Model Firearm component type:						
8.2 8.3 8.4 8.5	Calibre Make Modet Firearm component type: Barrel:serial:nutriber						
8.2 8.3 8.4 8.5 8.6	Calibre Make Model Firearm component type: Barret serial number Frame serial number Receiver serial number		nstances wit	h an X)			
8.2 8.3 8.4 8.5 8.6 8.7	Calibre Make Model Firearm component type: Barret serial number Frame serial number Lost Stolen		nstances wit	h an X)			
8.2 8.3 8.4 8.5 8.6 8.7 9	Calibre Make Model Firearm component type: Barret serial number Frame serial number Receiver serial number		nstances wit	h an X)			
8.2 8.3 8.4 8.5 8.6 8.7 9	Calibre Make Model Firearm component type: Barret serial number Frame serial number Lost Stolen		nstances wit	h an X)			
8.2 8.3 8.4 8.5 8.6 8.7 9	Calibre Make Model Firearm component type: Barret serial number Frame serial number Lost Stolen		nstances wit	h an X)			
8.2 8.3 8.4 8.5 8.6 8.7 9	Calibre Make Model Firearm component type: Barret serial number Frame serial number Lost Stolen		nstances wit	h an X)			
8.2 8.3 8.4 8.5 8.6 8.7 9	Calibre Make Model Firearm component type: Barret serial number Frame serial number Lost Stolen		nstances wit	h an X)			
8.2 8.3 8.4 8.5 8.6 8.7 9	Calibre Make Model Firearm component type: Barret serial number Frame serial number Lost Stolen		nstances wit	h an X)			
8.2 8.3 8.4 8.5 8.6 8.7 9 10	Calibre Maike Modet Firearm component type: Barrst serial number Frame serial number Receiver serial number Lost Stolen Describe incident	(Indicate the circur	nstances wit	h an X)			
8.2 8.3 8.4 8.5 8.6 8.7 9	Calibre Make Model Firearm component type: Barret serial number Frame serial number Lost Stolen	(Indicate the circur	nstances wit	h an X)			
8.2 8.3 8.4 8.5 8.6 8.7 9 10	Calibre Maike Modet Firearm component type: Barrst serial number Frame serial number Receiver serial number Lost Stolen Describe incident	(Indicate the circur		h an X)			

SAPS 521

	D. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION
1	NATURAL PERSON'S DETAILS
1.1	SAID Passport
2	Identity number of natural person
3 4	Passport number of natural person
6	Staname Staname Stanates
	⁷ Postal Code
8	Postal address
10	Telephone number 10.1 Home () 10.2 Work ()
11	Cellphone number () ¹² Fax ()
13	E-mail address
14	JURISTIC PERSON'S DETAILS
15	OTHER BODIES
16	Registered company name
17	Trading as name
18 19	FAR number
	Postal address 20 Postal Code
21	Business address
23	22 Poetal Code
24	Business telephone number 23.* Work () 23.2 Fax ()
25	RESPONSIBLE PERSON'S DETAILS
26	Responsible person (full name and surname)
27	
28	Identify number of responsible person
29 30	Passport number of responsible person
31	Cellphone number Physical address
	³² Postal Code
33	Postal address
	³⁴ Postal Code

8 98 60 (a) (a)

e :*

												SI	APS 521
5	DECLARATION BY REPORTING PERSON	s						30) (16)					
	If a licence, permit or authorization is lost or stolen, the within 24 hours of the discovery of the loss or theft.	holder of the	e licence, p	ermit o	or authoriz	ation m	ust info	rm the	Regist	rar of s	such lo	iss or th	eft
					37								
	Signature of reporting person					Name	of repo	rting p	erson i	n block	letter	s	
	Identity/Passport number of reporting person			Γ									
	If you are not the holder of the licence, permit, certifica (eg neighbour, friend, spouse, etc)	ate or authol	rization, in	what m	lanner are	you re	ated to	the hol	der?				
	E. FOR OFFICIAL USE BY THE	POLICE	OFFICIA	IL WI	10 CON	IPLET	ES TH	IE NO	TIFIC	ATIO	N		
	Name of police official in block letters			2	Date				-			-	
				4	Place								
	Rank of police official in block letters												
				6					Τ	Τ.,			
	Signature of police official			12	Persal nu	imber o	f police	official					
	F. FOR OFFICIAL USE BY TH	e polici	e offici	AL W	HO CA	PTUR	S TH	E NOT	rific,	ATION	١		
				2	Date] -			-	Τ
	Name of police official in block letters			22			1.27						
				4	Place								
	Rank of police official in block letters												
	A			6						-			
	Signature of police official				Persal nu	mber c	f police	official	[

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No. 26156 239

SAPS 521(a)



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]	А.		FC	R OF	FICIA	L US	E BY	THE	POL	ICE S	TATIC	IN		
e t			1 Noti	fication		WHER	ЕТН	ENC	TIFIC	CATIC	DN IS	CAPT	UREE) 	1 1	
										а Т						
	DATE RECEIVED															
	B. FOR OFFICIAL USE BY PO	LICI	STAT	ION	WH	ERE T	HEN	OTIF	ICAT	ION	IS RE	CEIVE	D			
1	Province			••••••												
3	Area Police station							••••••								
4	Component code	••••••				•••••••						••••••				
5	SAPS 13 reference number						\Box				_		T			
	General firearm transactions register number					1							_			
	C. PARTICULARS OF THE HOLDER	OF 1	HE LI	CENC	E, F	ERMI	T, CI	RTI	ICAT	e of	(AUT	HORI	ZATIC)N		
1	NATURAL PERSON'S DETAILS												3			
1.1	SAID Passport								e e							
2	Identity number of natural person					Π		-	T	T	Τ	-			-	٦
3	Passport number of natural person															
6	Sufname Residential address										Initi	als				
						50 p			-	7 _{Po}	stai Co	de				4
8	Postal address												<u> </u>		<u> </u>	
10	Telephone number 10.1 Home (10.72	<u></u>						⁹ Po:	stal Co	de]
10.3	Celiphone number)	192			10.2 1 11 F	Work Tav))				0.000		4
12	E-mail address							<u> </u>		,						+
13	JURISTIC PERSON'S DETAILS															_
14	Registered company name	61 					9		-		201		_			-
46	Trading as name						101	-								
	FAR number	Τ						30 - T	_	<u>. </u>		<u>-</u>]
17	Postal address														.	1
-	· · · · · · · · · · · · · · · · · · ·		-							¹⁸ P(ostal C	ode]

240 No. 26156

GOVERNMENT GAZETTE, 26 MARCH 2004

	SAPS 521(a)
19	Business address
	20 Postal Code
21	Business telephone number 211 Work () 212 Fax ()
22	E-mail address
23	RESPONSIBLE PERSON'S DETAILS
24	Responsible person (full name and sumame)
25	Type of identification (Indicate with an X) SA IB Passport: humber
26	Identity number of responsible person
27	Pessport number of responsible person
28	Celiphone-number
29	Physical address
	³⁰ Postal Code
31	Postal address 12 Postal Code
	Rusta: Code
33	Reason for beasing 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
	³⁸ Postal Gode
37	Particulars of the mander to which the firearm(s) trill be disposed of

	P 88974499959741974711111979721191111111111111111111	SAPS 521(a)
	D. LICENCE, PERMIT, CERTIFICATE O	RAUTHORIZATION DETAILS
1	Details of licence, permit, certif	Icale 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		
1.8		
1.9		
1.10		
1.11		
1.12		
1.13		
1.14		
1,15		
1.16		
1.17		
1.18		
1.19		
1.20		
1.21		
1.22		
1.23		
1.24		
1.25 1.26		
1.25		
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		SAPS 521(a)
	DECLARATION BY REPORTING PERSON I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act N	o 60 of 2000), to make a false statement in this notification.
		G PERSON (Sign only it applicable)
1		2 Date
	Name of reporting person	
3	Signature of reporting person	4 Place
	F. (This section must be completed <u>only</u> if the re	porting person cannot read or write)
1	- COTS - COTS	3 Date
	² Fingerprint designation 4	
		Name of reporting person in block letters
		5 Place
6	Right index fingerprint of reporting person	
6.1	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION	.2
0.1	Name of police official in block letters	Persal number of police official
6.3		A
7	Rank of police official in block letters	Signature of police official
7.1	PARTICULARS OF WITNESS	.2
	Name of witness in block letters	Persal number of witness
7.3	Rank of witness in block letters	4 Signature of witness
	C PARTICULARS OF IN	TERPRETER
	(This section must be completed <u>only</u> if the reporting person cannot re-	ad or write or does not understand the contents of this form.)
1	Name and surname of interpreter	
3	Residential address	
5		⁴ Postal Code
5	Postal address	* Postal Code
7	Telephone number 7.1 Home ()	7.2 Work ()
8 10	Cellphone number	⁹ Fax ()
11	E-mail address Interpreted from (language)	to
		12 Diffe - D

No. 26156 243

		S	APS 521(a)
13		14 Pizca	
	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 DESIGNATE	D FIREARMS OFFICER/STATION COMMISSIONER	
1	Results of inspection of tirearms		1
	* A	· · · · · · · · · · · · · · · · · · ·	
	1 n e		
2			
	Addrešs where firearms are stored		
3	Comments		
	I		
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	60000000000000000000000000000000000000	
8		9	
	Signature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station Commissioner	

18

SAPS 521(b)



SOUTH AFRICAN POLICE SERVICE

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

	OFFICIAL DATE STAMP	A.				BY THE PI	OLICE STA	TION	
		~					IS CAPTUR		
		¹ Notifical	ion referen	ce No					
	a a a a a a a a a a a a a a a a a a a		90 40	e ¹⁰ razena: 20		1.1.1			
	DATE RECEIVED	29							
1	B. FOR OFFICIAL USE BY POLIC	E STATIC	IN WHE	RETHEN	IOTIFIC	ATION IS	RECEIVED		
2	Province								
3	Area					•••••			
4	Police station						••••••		
5	General firearm transactions register number								
	C. PARTICULARS OF THE HOLDER OF	THE LIC	NOF D	TRMIT C	FRTIFIC		AUTHORIZ	ATION	
	C. PARTICULARS OF THE HOLDER OF	THE EIG							
1	NATURAL PERSON'S DETAILS				3				
1.1	SA ID Paseport			17.114					·
2	Identify number of natural person				-		-		L- L-
3	Passport number of hatural person								
4	Sumame			-			Initials		LL
6	Details of new address			10 - 1 200				-	
	Residential address		-			7 Pr	stal Code	- [-	
8	Postal address		10	di e trans	1046		d		I
		4			-	⁹ Pc	stal Code		
10	Telephone number 10.1 Home ()			10.2 Wb	rk . (
10.3	Cellphone number			¹¹ Fax	. ()			
12	E-mail address								
13	JURISTIC PERSON'S DETAILS					21 15 16			
14					12 22	12			
	OTHER BODIES			-	S.				
15	Registered company name	а 							
16 17	Trading as name		TT.	11					
47	FAR number								

	SAPS 521(b
	Details of new address
18	Postal address
100.001	19 Postal Code
20	Business address
22	21 Postal Code
22	Business telephone number 22.1 Work () 22.2 Fax ()
20	E-mail address
24	RESPONSIBLE PERSON'S DETAILS
25	
26	Responsible person (full name and surname)
27	Type of identification (Indicate with an X) SA ID Passport number Identify number of responsible person
28	Passport number of responsible person
29	Celiphone number
30	Physical address
3	3 st Postal Code
32	Postal address
	²⁰ Postal Code
34	
	Are there additional firearm licence holder(s) licenced to your name?
	YES NO If yes, submit fuil datails
25	
35	ADDITIONAL LICENCE HOLDER(S) PARTICULARS
35.1	SA ID Passport
36	Identity number of natural person
37	Passport number of natural person
38	Sumame 39 Initials
	(1) (2) (3) (4)
40 41	Type of licence
42	Licence number
43	Date issued
	Expiry date
44	DID THE ADDITIONAL LICENCE HOLDER ALSO MOVE TO THE NEW ADDRESS?
46	YES NO
45	DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)
45,1	YES NO
	IF YES, SUBMIT FULL DETAILS
3	
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.

.

D. SIGNATURE OF REPORTING PERSON (Sign only if applicable) 1 2 Date - - Name of reporting person in block letters 2 Date - - 3 4 Place - - - Signature of reporting person 4 Place - - - 1 2 Fingerprint designation 3 Date - - - 1 2 Fingerprint designation 4 Date - - - 1 2 Fingerprint designation 4 Date - - - 1 Name of reporting person in block letters - - - - -	
Name of reporting person in block letters 3 3 4 Place 5 3 4 Place 5 4 1 2 Fingerprint designation 4 1 2 Fingerprint designation 4 Name of reporting person in block letters	
Signature of reporting person E. (This section must be completed only if the reporting person cannot read or write) Fingerprint designation Kame of reporting person in block letters	
Signature of reporting person E. (This section must be completed only if the reporting person cannot read or write.) Fingerprint designation Kame of reporting person in block letters	
1 2 Fingerprint designation 3 Date - - 4	
² Fingerprint designation ⁴ Name of reporting person in block letters	
A Name of reporting person in block letters	
5 Place	
Right index fingerprint of reporting person	
⁶ PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION	
6.1 0.2 - 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 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 write or does not understand the contents of this form.)	
Name and surname of Interpreter	
2 Identity/Passport number of interpreter	
3 Residential address	$\neg \dashv$
5 Postal Code	
Postal address	
7 Telephone number 21 Home () 7.2 Work ()	
8 Celiphone number 9 Fax ()	
10 E-mail address	
11 Interpreted from (language) to	
E-mail address	

2

No. 26156 247

			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)
1	G. FOR OFFICIAL USE BY THE DESIGNATED FIRE Name of Designated Firearms Officer/Station Commissioner in block letters	ARI 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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SAPS 521(c)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CHANGE IN CIRCUMSTANCES Section 26(1), 38(1), 52(1) and 66(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

	OFFICIAL DATE STAMP	Α.		I	For WH	OFFIC ERE T	IAL U HE NO	SE BY	THE ATIC	POLI IN IS (CE ST CAPTU	ATIO RED	V	
		1	Votifica	tion re	eferenc	e No						1		
			900 1											
			72					3						
	DATE RECEIVED						.							
	B. FOR OFFICIAL USE BY PO	LICE S	TATIC	DN W	HER	ETHE	NOTI	FICAT	ION	IS RE(CEIVEI)		
1	Province													
2 3	Area								<u>.</u>					
4	Police station					•••••				•••••••			•••••	
5	Component code General firearm transactions register number		(i	T		2	1		-		1	Т		
							1							
	c. PARTICULARS OF THE HOLDER	DF THE	LIC	ENCE	E, PE	RMIT,	CERT	IFICA	TE O	R AUT	HORIZ	ATIC	N	
1	NATURAL PERSON'S DETAILS													
1.1	SA ID Passport				520	<i></i>								
2	identity number of natural person										-			-
3	Passport number of natural person													
4	Sumame	. <u>(-90-5</u> 5					97 ¹ 2			5 Init	ials			
6	Residential address								7	Postal	See dia		Т	
8	Postal address				-					- CSIBI	Jude		<u> </u>	
	/ used all and a								9	Postal	Code			
10	Telephone number 10.1 Home ()				10.2	Nerk	()			3 <u> </u>		
10.3	Cellphone number					¹¹ Fa	x	()			0		
12	E-mail address							60 - 900 -			13			
13	JURISTIC PERSON'S DETAILS													
14	OTHER BODIES	18		16										
15	Registered company name		,						.012 - 63 -					
16	Trasing as name													
17	FAR number					. T								
18	Postal address													

No. 26156 249

	SAPS 521(c)
	19 Postai Code
20	Business address 21 Postal Code
22	Business telephone number: 221 Work ()
23	E-mall address
24	RESPONSIBLE PERSON'S DETAILS
25	Responsible person (full name and sumame)
26	Type of identification (indicate with an X) SA ID Passport number
27	Identify number of responsible person
28	Passport number of responsible person
29 30	Celiphone number
	Physical address 21 Postel Code
32	Postal address
	33 Postal Code
34	DETAILS OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION
35	Licence: permit, certificate or Licence: permit, certificate or authorization number Date issued
	· · · · · · · · · · · · · · · · · · ·
36	OTHER INFORMATION
37	Description of change in circumstances

SAPS	521(c)
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38	DECLARATION OF REPORTING PERSON			м -
	I am aware that it is an offence in terms of the Firearm	s Control Act, 2000 (A	ct No	60 of 2000), to make a false statement in this notification.
	D. SI	GNATURE OF REA (Sign only if	POR	TING PERSON abla
1	Name of reporting person in block letters	а • а	2	Date
3	Signature of reporting person		4	Place
	E. (This section must i	be completed only if the	repo	rting person cannot read or write)
1	² Fingerprint designation	裁	3 4	Date
				Name of reporting person in block letters
	Right index fingerprint of reporting person		5	Place
6	PARTICULARS OF POLICE OFFICIAL DEALING V	VITH NOTIFICATION		٦
6.1	Name of police official in block letters		6.2	Persal number of police official
6.3	Rank of police official in block letters		6.4	Signature of police official
7	PARTICULARS OF WITNESS			
7.1	Name of witness in block letters		7.2	Persal number of witness
7.3	Rank of witness in block letters		7.4	Signature of witness
	F. P (This section must be completed <u>only</u> if the re	ARTICULARS OF porting person cannot	INTE	
1	Name and sumame of interpreter			
2 3	Identity/Passport number of interpreter			
	Residential address			* Postal Code
5	Postal address			
7	Telephone number ^{7.1} Home ()		⁷² Work ()
8	Cellphone number			^s Fax ()
10 11	E-mail address			
	interpreted from (janguage)			to
				8

1 ¹⁰ca a we

No. 26156 251

		12					T		-		1
	5 a		ale				-	L.			
	**************************************	14 P	lace								
ignature of interpreter	2 S	16		- 1		1				k	
ank of police official in block letters (if applicable)		Per	sal numb	er of p	olice of	ficial (i	f applie	cable)			
G. FOR OFFICIAL USE BY THE DE	ESIGNATED FIREA	RMS	OFFICE	R/ST	ATIO	N CO	MMIS	SION	IER		
G, FOR OFFICIAL USE BY THE DE	ESIGNATED FIREA	2 🕅	OFFICE ate	R/ST	ATIO		mmis -	SIO	JER	, [-]	
G. FOR OFFICIAL USE BY THE DE		2 🕅		R/ST	ATIO	N CO	mmis	SION	IER	, [-]	
ame of Designated Firearms Officer/Station Commission	ner in block letters	2		ER/ST	ATIO	n co I	-	SION	JER	-]	
	ner in block letters	2	ate				MMIS		JER] 	

SAPS 521(d)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CHANGE OF COMMERCIAL AGENT PREMISES Section 37(1), 51(1) and 65(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

¹ Notification refer				on is c	APTUR	tion Red	
	rence No						
		17 B					
s 5							
STATION WHE	RE THE	NOTIFIC	ATION	IS REC	EIVED		
				•••••	••••••		
			4				
THE CENTRAL	FIREAR	MS REG	ISTER	(CFR)			
		······	•••••				
••••••					••••••		
umber		1-1				^a Date	
					+		
6 H H H H		⁵ Nai	ne in blo	ok lettere			
				or letters			
<u></u>	••••						
umber	JГ	-		-		^e Date	
¹⁰ Officer code		11 N	ame in b	lock letter	rs]	
All and a second s	isan(s) for						
			••••••••				
umber				-		^s Date	
umber		<u> - </u>		-		^s Date	
	THE CENTRAL THE CENTRAL	THE CENTRAL FIREAR	THE CENTRAL FIREARMS REG	THE CENTRAL FIREARMS REGISTER	THE CENTRAL FIREARMS REGISTER (CFR)	rnber ⁵ Name in block letters rmber	THE CENTRAL FIREARMS REGISTER (CFR) THE CENTRAL FIREARMS REGISTER (CFR) Urnber

	SAPS 521	(d)
	D. PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH	
1	Specify type of licence (Indicate with an X)	
1.1	To trade in firearms and ammunition	
1.2	To trade in ammunition	
1.3	To manufacture filearms	
1.4	To manufacture ammunition	
1.5	To conduct business as a gunsmith	
	E. PARTICULARS OF APPLICANT	
1	NATURAL PERSON'S DETAILS	
1.1	SA ID Passport	
2	Identity number of natural person	٦
3	Passport number of natural person	-
4	Surname ⁵ initiale	٦
6	Residential address	1
	⁷ Postal Code	1
8	Postal address	
10	Telephone number 10.1 Home () 19.2 work ()	_
10.3		1
12	Cellphone number 11 Fax () E-mail address	
13	JURISTIC PERSON'S DETAILS	_
14	OTHER BODIES	
15	Registered company name	1
16	Trading as name	
17	FAR number	1
18	Company registration or CC number	1
19	Postal address	1
	20 Postal Code	1
21	Business address	1
	²² Postal Code	
23	Business telephone number 23.1 Work () 23.2 Fex ()	
24	E-mail.address	1
25	RESPONSIBLE PERSON'S DETAILS	
26	Responsible person (full name and surname)	I
27		
28	Type of identification (indicate with an X) SA ID Passport number Identity/Passport number of responsible person	
L		l

254 No. 26156

GOVERNMENT GAZETTE, 26 MARCH 2004

	SAF	PS 521(d)
29	Celiphone number	
30	Physical address	
32	³¹ Postal Code	
	³³ Postal Code	
5		
	F. DETAILS OF EXISTING LICENCE	
1	Licence type Licence number: Date issued Expiry date	
2	DETAILS OF PREMISES	l
3	FULL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED	
	Address	
2		
	Postal Code	
4	CLASSIFICATION OF PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL, ETC)	
5	DESCRIPTION OF THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS	
	· · · · · · · · · · · · · · · · · · ·	
6	DESCRIPTION OF THE ALARM SYSTEM	
_		
7	LOCATION AND DETAILS OF SAFE OR STRONGROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT	
	· · · · · · · · · · · · · · · · · · ·	
8	DESCRIPTION OF THE BURGLAR PROOFING	
9	DESCRIPTION OF OTHER SECURITY FEATURES	
1000		
ļ	<u> </u>]

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			SAPS 521(d)
10	* DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABL REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS AND MA * THE REGISTRAR MAY, ON GOOD CAUSE SHOWN, EXEMPT DEA	NH FF	ACTURERS DATABASE
	Submit a description of the workstation which will link your registers to the in case of a dealer or a gunshilth, submit the reason(s) why the Registrar f	Cent: nust	al Database exempt you from maintaining a linked workstation
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 (A		
	G. SIGNATURE OF APPLIC	CAN	f (Sign only if applicable)
1	Name of applicant in block letters		Date
3	4 Signature of applicant		Place
	H. This section must be completed only	fthe	Project cannot tead or write)
1	² Fingerprint designation	3	Date
		4	
		5	Name of applicant in block letters
	Right index fingerprint of applicant		Place
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION		р.
6,1	Name of police official in block letters	6.2	Persal number of police official
6.3		6,4	10 - 10 - 10 13
7	Rank of police official in block letters		Signature of police official
	PARTICULARS OF WITNESS		
7.1	Name of witness in block letters in block letters	7.2	Persal number of witness
7.3		7.4	
	Rank of witness in block letters		Signature of witness

	SAPS 521(d)
	1. PARTICULARS OF INTERPRETER
	(This section must be completed only if the applicant cannot read or write or does not understand the contents of this form)
1	
2	Name and surname of Interpreter
3	Identity/Passport number of interpreter
•	Residential address
	*Postal Code
5	Postal address
	⁶ Postal Code
7	Telephone number 71 Home () 7.2 Work ()
8	Celiphone number PEx ()
10	E-mail address
11	interpreted from (language) to
	¹² Date
13	14
10	Signature of interpreter
15	
	Rank of police official in block letters (if applicable) Persal number of police official (if applicable)
	J. 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	
3	Report of inspection on premises
3	
3	
3	
3	
3	
3	
3	

l	Recommendation regarding the application		 3			 		 			 		
I				9875759 (*						0.034			
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		6	1		Т		1	 		1	 		
		6	Date		Τ			-				T	
	Name of Designated Firearms Officer/Station Commissioner in block letters	6	Date		1			-	<u> </u>	1	•	Ī	
	Name of Designated Firearms Officer/Station Commissioner in block letters		Date		1		1	-	<u> </u>	1	•	T	
		6	Date Place		1		1	-	L	1	•	Ī	
					Τ		1	-	<u> </u>	1	•	Ī	
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SAPS 521(e)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION ON ASSIGNMENT OF NEW RESPONSIBLE PERSON FOR JURISTIC PERSON

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

	Section 7(4) of the Fi	rearms Control Act,	2000 (Act No 60 d	of 2000)		
	OFFICIAL DATE STAMP		IERE THE NO		POLICE STATI	
			9 12			
	DATE RECEIVED					
	6. FOR OFFICIAL USE BY POLICE S	TATION WHEF	RE THE NOTI	FICATION IS	RECEIVED	
1						
2	2 Aras	······				
3	3 Police station					
4	4 Component code					
5	5 General firearm transactions register number					
	c. PARTICULAR	S OF THE JUR	NSTIC PERS	201		
<i>a</i> 7		0.01.112.001	do no renov	~~~		
1	JURISTIC PERSON'S DETAILS					
2	OTHER BODIES					
3	Registered company name	20 ₁₀ -10-10-10-10-10-10-10-10-10-10-10-10-10-				
4	Trading as name		7			
6	FAR humber					
6	Company registration or CC number					
7	Postal address	-				
9				* Pc	stal Code	
	Business address			10 -		
11	Business telephone number ()		^{11.2} Fax		ostal Code	
12	Business telephone number 11 Work () E-mail address		L 13	()		
	E'lion dulicos					
13	PARTICULARS OF THE NEW RESPONSIBLE PERSON					
14	Responsible person (full name and sumame)				· · · · · · · · · · · · · · · · · · ·	
15	Type of identification (incloate with an X)	SA ID		F	assport number	
16	Identity number of responsible person		-		-	-
17	Passport number of responsible person					

Page 1 of 3

	4		SAPS 521(e)
18	Celiphone number		
19	Physical address		100000000000000000000000000000000000000
21			20 Postal Code
	Póstal address		77 Postal Code
	Protection (1997)		FOSTER VIGGE
23 24	Competency certificate number		
24	Date of issue	Exp	ary data
25	Reason for appointment of a new responsible person for the juristic person		
		,	
			w.
27	PROOF SIGNATURES OF THE NEW RESPONSIBLE PERSON		
28		29	
	Signature of the new responsible person		Signature of the new responsible person
30	DECLARATION OF REPORTING PERSON		2
	I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Ac	t No	60 of 2000), to make a false statement in this notification.
	D. SIGNATURE OF REP		
1		2	
	Name of reporting person in block letters		Date - -
3		4	Place
	Signature of reporting person		······································
	E. (This section must be completed only if the	repo	rting person cannot read or write.)
1	² Finderprint	3	Date
	² Fingerprint designation	4	[]
			Name of reporting person in block letters
		5	
	Right index fingerprint of reporting person		Place
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION		8
6.1	······································	6.2	
1	Name of police official in block letters		Persal number of police official
6.3	2	6.4	
3	Rank of police official in block letters		Signature of police official

_												SAPS	521(e)
7	PARTICULARS OF WITNESS		84										
7.1				7.2	\square	T			Τ	-	7		
	Name of witness in block letters				Persal nu	mber of	witnes	s					
7.3				7.4									
	Rank of witness in block letters	ι. Έ	£.		Signature	of witne	ess						
	F. (This section must be completed <u>only</u> if	PARTICULA the reporting perso					x unda	rstand 1	he con	tent of th	is form	ı.)	
1	Name and surname of interpreter					0.0540.00							
2	identity/Passport number of interpreter												
3	Residential address			noseo N									2
				_				⁴ Pos	tai Coc	le			
5	Postal address							0000000000000					
			92	1				⁶ Pos	tal Cod	e			
7	Telaphone number 21 Home	()			7.2 Work	()				6. r		\square
8 10	Celiphone number		4		9 Fax	()						
11	E-mail address	4	uer tilend.			-							
12	Interpreted from (language)			_	to	L					-		
	8		9 20	12	Date				-				
	<i>\$</i> .		熱	e 2231		a				_			
13	Signature of interpreter			14	Place			-					
15				16	r 						7		
15	Rank of police official in block letters (if applicable)			10	Persal nun	nber of p	olice o	fficial (i	f applic	-]		
	G. PARTICULARS OF DE	SIGNATED FIF	REARMS	0									
1				2		<u>1</u>			<u> </u>		1	1	
1	Name of Designated Firearms Officer/Station Comn	nissioner in block l	etters	2	Date	C	CY	Y	-	MM	•	D	D
3				4									
	Rank of Designated Firearms Officer/Station Comm	issioner in block le	tters		Place	L					- 31		
5	2% 	-,	19 (4) (4)	6	<u> </u>		-				٦		
	Signature of Designated Firearms Officer/Station Co	ommissioner			Persal nun Commissio		Designa	ated Fir	earms	Officer/S	tation		
		62											

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No. 26156 261

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)

NotDent is Reported Area A	
*Ares ** ** ** ** ** ** ** ** Case ref No (CAS) ** SAPS 13 register ** reference No* ** Case ref No (CAS) ** Paseport ** Case ref No (CAS) ** Paseport ** Case ref No (CAS) ** Paseport ** Case ref No (Case) ** Paseport **	
Poice stalion. * Component code * Case tof No (CAS No (CAS No (CAS) No (CAS) No (CAS) * SAPS 13 register * reference No * SAPS 14 register * reference No * SAPS 14 register * reference No * * SAPS 14 register * * register 14 * * * * * * * * * * * * * * * * *	
B. PARTICULARS OF CURRENT OWNER OF THE FIREARM Auturnal PERSON'S DETAILS SAID Passport dettily number Passport dettily number Passport dettils Summe	
Base ref No (CA3 No: CR: No/En R0) * SAPS 13 rogide: reference No * Description of case (robbery/thaft etc) * NATURAL PERSON'S DETAILS SA ID Passport * Intras * SA ID Passport * Intras * Residential address * Intras * Intres * Intras	
Noi CR NotEng No * SAPS 13 register * Description of case (robbery/theft etc) * Description of case (robbery/theft etc) * PARTICULARS OF CURRENT OWNER OF THE FIREARM NATURAL PERSON'S DETAILS SA ID Patepart relevance * initial SA ID Patepart SA ID Patepart SUMTERNE * initial SUMTERNE * initial Resport number * initial SUMTERNE * initial Postal address * Postal Code * Postal Code * postal Code	
BAFE RECEIVED *SAFe3 13 regular * Description of case (robbery/theft etc)	
DATE RECEIVED inference No * Description of case (robnery/theft etc.) * Description of case (robnery/theft etc.) B. PARTICULARS OF CURRENT OWNER OF THE FIREARM NATURAL PERSON'S DETAILS SA 1D Passport Identity number	
B. PARTICULARS OF CURRENT OWNER OF THE FIREARM NATURAL PERSON'S DETAILS SA ID Passport SA ID Passport - - - Identity number - - - - - Passport number - - - - - - - Surname -	r);
B. PARTICULARS OF CURRENT OWNER OF THE FIREARM NATURAL PERSON'S DETAILS SA 1D SA 1D Passport Identity number - Passport number - SUrname * Surname * Postal Code * Postal Code * Telephone number * 11 ³ Home * 12 ⁴ Fax) E-mail address *	
NATURAL PERSON'S DETAILS SA ID Passport Identify number Identify number Passport number Identify number SUrname * initials Surname * initials Residential address * initials Postal address * Postal Code Telephone number 11/3 Home 11/2 Fax () E-mail address * initial code * initial code * initial code	•••••••
NATURAL PERSON'S DETAILS SA ID Passport Identify number Identify number Passport number Identify number Surname * initials Surname * initials Residential address * initials Postal doress * Postal Code Talephone number 11/2 Home 11/2 Fax () E-mail address * 12 Fax ()	
NATURAL PERSON'S DETAILS SA ID Passport Identify number Passport number Image: Colspan="2">Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Image: Colspan=	
SA ID Paesport Identify number Passport number Passport number Surname Surname Residential address Postal address Postal address If the () If the	
SA ID Paseport Identify number Identify number Passport number Identify number Surname Identify number Postal address Identify number Postal address Identify number Postal address Identify number Postal address Identify number It If Home Identify number Identify number Identify number Identify number<	
Identity number - - - Passport humber - - - Surname * Initials Residential address * Postal Code Postal address * Postal Code Telephone:number ** Home 1* Postal Code Telephone:number ** Home 1* Postal Code Telephone:number 1* Postal Code ** Telephone:number	17 21
Passport number * Initias Surname * Initias Residential address * Postal Code Postal address * Postal Code Telephone number ** Home 1** Home 1** Home 1** Home 1** Home 1** Home 1** Fax	
Surriame * Initiais Residential address Postal address Postal address Telephone number 11* Home () 11*2 Work () Celiphone number 12 Fax () E-mail address	- 1
Residential address * Postal Code Postal address 1º Postal Code Telephone number 11* Home () 11*2 Work () Cellphone number 12 Fax () E-mail address 12 Fax ()	
Residential address ** Postal Code Postal address 1º Postal Code Telephone number 11* Home Celiphone number 11* Home It address 12 Fax E-mail address	
Postal address 10 Postal Code Telephone number 11 Home Cellphone number 12 Fax E-mail address	1 <u></u>
Postal address 1º Postal Code Telephone number 11 * Home Cellphone number 12 Fax E-mail address	
Telephone number 11 ° Home () 11 ° Work () Cellphone number 12 Fax () E-mail address	
Telephone number 11 ° Home () 11 ° Work () Cellphone number 12 Fax () E-mail address	
Cellphone number 12 Fax ()	
E-mail address	
JURISTIC PERSON'S DETAILS	÷.
	manato de s-
OTHER BODIES	
Registered company name	
	<u></u>
Trading as here	
FAR number	
Postal address	

	SAPS 521	(f)
21	Busness address	1
	22 Postal Code	٦
23	Business telephone number 23.1 Work () 28.2 Fax ()	
24	E-mail address	
25	RESPONSIBLE PERSON'S DETAILS	
26	Responsible person (full name and surname)	٦
27	Type of identification (Indicate with an X) SAID Passport number	
28	Identify number of responsible person	1
29	Passport number of responsible person	
30	Celiphone number (il applicable)	
31	Physical address	
	³² Postal Code	
33	Postal address	
	³⁴ Postal Cotte	
	C. BETAILS OF FIREARM LICENCE, PERMIT OR AUTHORIZATION	
	C DETAILS OF FIREARIN EIGENSE, FERMIN OR ADIMONIZATION	8
1	DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORIZATION	
2	Type of licence, permit or authorization Licence, permit or Date issued Expiry date authorization number	10000000
		100
		Г
3	DETAILS OF FIREARM	
4	Typ÷	1
5	Callina	1
6	Maka	1
7	Model	
	Firearm component type:	1
8	Barret senat number & Make	1
9	Frante serial number 91 Make	
10	Receiver senal number 10.1 Make	
	D. CIRCUMSTANCES (Indicate with an X)	
1	Lost ² Stolen ³ Found (manner in which the firearm was found) ^{3,1} Selzed ^{3,2} Abandoned	
4	Description of incident]
	· · · · · · · · · · · · · · · · · · ·	

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	SAPS 521(f)
5	Complete only in the case of found firearm(s)
5.1	Lacation Where firearm was found
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 52 CAS/Case number
7	Date on which icss/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 in block letters
13	Identity number/Passport number of reporting person
14	Persal number of reporting person in case of police official
15	If you are not the holder of the scence, permit or authorization, in what manner are you related to the holder? (eg neighbour, friend, spouse sto)

	SAPS 5
E. PARTICULARS OF POLI	CE OFFICIAL WHO COMPLETES THE NOTIFICATION
	2 Date
Name of police official in block letters	
	4 Place
Rank of police official in block letters	
	6
Signature of police official	Persal number of police official
	DF POLICE OFFICIAL WHO CIRCULATES THE FIREARM
	2 Date
Name of police official in block letters	
	4 Place
Rank of police official in block letters	
8	8
Signature of police official	Persal number of police official

SAPS 521(g)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF INCORRECT INFORMATION

	OFFICIAL DATE STAMP	A .	F	OR OFF WHERE	ICIAL THE	. USE NOT	BY T	HE P TION	olici Is ca	E STA	tioi Ied	v	
		¹ Notifi	cation re	ference No)			Τ	Τ	Π			Т
				N		£				 I	e:		E
		· ·											
	DATE RECEIVED]						2) 21					
	5. FOR OFFICIAL USE BY	THE POLICE	STATI	ON WHE	RE T	HE N	OTIFI	CATIC	ON IS	RECE	IVE	D	
1	Province												
2	Area								••••••	••••••	•••••		
3	Police station							••••••			•••••		
4	Component code												
6	General fitearm transactions register number						ŀ.						
	C. PARTICULARS OF THE HOLDE	P OF THE L	ICENC	E DECN									
			ito Elato		111.10	e rus	FIGA	E UN	AUI	HORIS 1	(Add	QIA	
1	NATURAL PERSON'S DETAILS) <u>A</u>									
2	Type of identification (Indicate with an X)								**				
2.1	SA ID Passport number			Non-SA	Citize	n with	permar	ent res	idence	,			
3	Identity number		ΤT		T	-		Τ		-	T	<u> </u>	
4	Passport number												
5	Surname	6						6	Initials				
7	Full' names				1								
8	Residential address								-			1	
10								⁹ Pos	tai Coc	ie			
	Postal address			<u> </u>		. بر بر بین							
12							79	¹¹ Po	stal Co	de			L.,
13	Business telephone number 12.1Home ()			Work	()						
10117	Cellphone number			14 1	ax	1 188)						

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

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GOVERNMENT GAZETTE, 26 MARCH 2004

						SAP	S 521(g)
16	JURISTIC PERSON'S DETAILS	8	ж. ⁴				
17	OTHER BODIES	27 201					
18	Registered company name		a - 10				
19	Trading as name						
20	FAR number						
21	Postal address				22 p.	stal Code	
23	Business address	2. 					
				N 14		stal Code	
25	Business telephone number	26.1 Work () .	25.2	Fax ()		
26	E-mail address	* * * *					
27	RESPONSIBLE PERSON'S DE		ili ten				
28	Responsible person (full names a	and sumame)					
29	Type of identification indicate will			SAID	Pi	assport number	
30 31	Identity number of responsible pr			· ·			·
32	Passport number of responsible Cellphone number	person ,					
33	Physical address						
		web exclusion			34 Pc	stal Code	
35	Postal address				36	stal Code	
			<u> </u>		04	Saruppe	
	D. DETAILS	S OF INCORREC	T LICENCE,	PERMIT, CERT	FICATE OR AUTHOR	IZATION	
1	Licence, permit, certificate or a	uthorization type	Licence, per	mit, certificate or a	uthorization number	Date licence, permit, cert or authorization was iss	ificate ued
2	OTHER INFORMATION	- 1.5	* *				
2.1	Description of in	ncorrect information		2.2	Description of corre	et information	
				. <u> </u>			
3	Incorrect fire	earm particulars		4	Correct firearm	particulars	
3.1	Туре			4.1 Type			
3.2	Calibre	·····		4.2 Calibre			
3.3	Make		5 - 56 - 67 - 53 	4.3 Make			
3.4	Model			^{4.4} Model			

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SAF	S	521	(a)

	Firearm component type:	Firearm component type:
3.5	Barrel serial number	4.5 Berrel serial number
3.6	Make	48 Make
3.7	Frame serial number	4.7 Frame satial number
3.8	Make	4.9 Make
3.9	Receiver senal number	4.ª Receiver senal number
3.10	Make	3.10 Make
5	DECLARATION OF REPORTING PERSON	187 K
a:	I am aware that it is an offence in terms of the Firearms Control Act, 20	00 (Act No 60 of 2000), to make a false statement in this notification.
ŝ		REPORTING PERSON only If applicable)
1		2 Date
	Name of reporting person in block letters	
3	Signature of reporting person	4 Place
	F. This section must be completed on	y if the reporting person cannot read or write
1	² Fingerprint	3 Date
	designation	4
		Name of reporting person in block letters
		5
	Right index fingerprint of reporting person	Place
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICAT	NON
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
	G. PARTICULARS (This section must be completed only if the reporting person of	OF INTERPRETER innot read or write or does not understand the contents of this form.)
1	Name and sumame of interpreter	
2	Identity/Passport number of interpreter	
3	Residential address	
		* Postal Code

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268 No. 26156

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GOVERNMENT GAZETTE, 26 MARCH 2004

			SAPS 5
Postal address			
			⁶ Postel Code
Telephone number	^{7.1} Home ()		72 Work ()
Cellphone number			⁵ Fax ()
E-mail address			
Interpreted from (language	e)		to
8	1 34	12	Date
		14	Place
Signature of interpreter	ck letters (if applicable)	16	Persal number of police official (if applicable)
H. PAF	TICULARS OF DESIGNATED FIREAR	MS OF	FICER/STATION COMMISSIONER
Name of Designated Firear	ns Officer/Station Commissioner in block letters	2	Date
	, ns Officer/Station Commissioner in block letters	4	Place
rank of Designated Filedin		6	
Signature of Designated Fir	earms Officer/Station Commissioner		Persal number of Designated Firearms Officer/Station Commissioner

2

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No. 26156 269

SAPS 521(h)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF REQUIREMENT TO DEACTIVATE A FIREARM

OFFICIAL DATE STAMP	
	A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED
	* Notification reference No
	B. FOR OFFICIAL USE BY POLICE STATION
2 20	WHERE THE NOTIFICATION IS RECEIVED
÷ .*	1 Province 2 Area
	³ Police station
DATE RECEIVED	* Component code
	⁵ General filearm transactions register number
8 	
	E BY THE CENTRAL FIREARMS REGISTER (CFR)
¹ Outstanding/Additional information required	
	rsal number
⁴ Signature of police official	⁵ Name in block letters
⁶ Was the firearm referred for ballistic testing? ⁷ Result	YES NO (Indicate with an X)
Kesua	
	2
Per	rsal number - ⁹ Date
10 cianatura eficiente efficiente	
¹⁰ Signature of police official	¹¹ Name in block letters
¹⁰ Signature of police official ¹² Deactivation approved (indicate with an X)	¹¹ Name in block letters
¹² Deactivation approved (Indicate with an X)	11 Name in block letters
¹² Deactivation approved (indicate with an X)	
¹² Deactivation approved (indicate with an X)	ersai number C - 14 Date
1 ² Deactivation approved (indicate with an X)	
¹² Deactivation approved (indicate with an X)	ersai number C - 14 Date
Beactivation approved (indicate with an X)	
¹² Deactivation approved (indicate with an X)	ersai number C - 14 Date
² Deactivation approved (indicate with an X) ¹⁵ Signature of CFR officer ¹⁸ Deactivation refused (Indicate with an X)	
¹² Deactivation approved (indicate with an X)	ersai number C - 14 Date

	SAPS 521(h)
	D PARTICULARS OF THE HOLDER OF THE LICENCE
1	NATURAL PERSON'S DETAILS
2	SA ID Passport
3	identity number of natural person
4	Passport number of natural person
5	Sumarne ⁶ initials
7	Residential address
a,	* Postal Code
9	Postal address
	¹⁰ Postal Code
11	Telephone number 11.1 Home () 11.2 Work ()
11.3	Cellphone-number 12 Fax ()
13	E-mail address
14	JURISTIC PERSON'S DETAILS
15	OTHER BODIES
16	Registered company name
17	Trading as name
18	FAR number
19	Postal address
	2 ²⁰ Postal Code
21	Business address
	22 Pestal Code
23	Business telephone number 23.1 Work () 23.2 Fax ()
24	E-mail address
25	RESPONSIBLE PERSON'S DETAILS
26	Responsible person (full name and surname)
27	Type of identification (indicate with an X) SA ID Passport number
28	Identity number of responsible person
29	Passport number of responsible person
30	Celiphone number
31	Physical address
	³² Postal Code
33	Postal address
	⁴⁴ Postai Gode

		PS 521(h)
	E. PARTICULARS OF FIREARM	
1	Licence number	
2	TYPE OF FIREARM (indicate with an X)	
3	Rifle Shotgun Handgun	
4 5 6	Calibre Make Model	
7 8 9	Firearm component type: Barnel serial number ** Make Frame serial number ** Make	
10	Receiver serial number 4.1 Make	
11 12 14	Gunsmith's trading as name FAR number 1 st Licence number of gunsmith Reason for deactivation	
15	16 Date	
17	18 Place	
19	DECLARATION BY THE HOLDER OF THE LICENCE	

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

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GOVERNMENT GAZETTE, 26 MARCH 2004

				SAPS 521(h)
20	PARTICULARS OF THE HOLDER OF THE LIC	ENCE		5
21	Name of the holder of the licence in block letters	1	22	Date
24	2		25	Place
	Signature of the holder of the licence			
	F. (This section mus	t be completed only if the su		dering person cannot read of write.)
1	² Fingerprint designation		3	Date - - -
			4	Name of surrendering person in block letters
		5 a 1 20	5	Place
	Right index fingerprint of surrendering person		;	
6	PARTICULARS OF POLICE OFFICIAL DEALIN	G WITH NOTIFICATION		
6.1	Norma of malling official in block latters		6.2	Persal number of police official
6.3	Name of police official in block letters		6,4	
	Rank of police official in block letters			Signature of police official
7	PARTICULARS OF WITNESS	2 B		
7.1	Numera in bladd lallara		7.2	Persal number of witness
7.3	Name of witness in blook letters		7.4	
	Rank of witness in block letters			Signature of witness
	G.	PARTICULARS OF I	NTI rea	ERPRETER d or write or does not understand the contents of this form.)
1	Name and surname of interpreter			
2	Identity/Passport number of interpreter			
3	Residential address			*Postal Code
5	Postal address	<u>.</u>		
			_	* Postal Code
7 8		<u>()</u>	_	7.2 Work () * Fax ()
10	Celiphone number E-mail address			
11	interpreted from (language)			to
			12	Date
13			14	Place
	Signature of Interpreter	с. ³¹		
15	Rank of police official in block letters (if applicable)	第二章	16	Persal number of police official (if applicable)

H. FOR OFFICIAL U	SE BY THE DESIG	NATED FIRE	ARMS C	FFICER	STATIC)n co	MMIS	SIONE	२	
	RECOMMENDA	TION REGARD	ING THE	NOTIFIC	ATION					
Motivation regarding the notification										
			••••							
******			······	••••••			•••••	•••••	•••••	
					•••••					
						••••••				
	7.	26 1 10 10	4	14 F.		10				

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								••••••		••••
= 1 D										
					1 1		T T			_
			4 Da	le			-		-	
Name of Designated Firearms Officer/S	tation Commissioner in	block letters								
		ter en en en en	6 Pla	ra			000	20		_
Rank of Designated Firearms Officer/St	ation Commissioner in b	block letters								
1				<u> </u>	1 1	<u> </u>	1 1		7	
Signature of Designated Firearms Office		2						-		
Signature of Designated Firearms Office	er/Station Commissioner	r -		al number missioner	of Desig	nated Fi	rearms	Unicer/S	ation	

8 88 3

SAPS 522



SOUTH AFRICAN POLICE SERVICE

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

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED
3 	* Province
	² Ares
12 E	³ Police station
	⁴ Companent code
DATE RECEIVED	⁵ Firearm applications SAPS 86 NO YEAR register reference No

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

1	Competency cartificates	4.3	Application for accreditation as an official institution
1.1	Application for a competency certificate	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	Application for a ligence to deal in firearms and/or ammunition	5.4	Application for permanent import or export permit
3	Application for a licence to manufacture firearms and/or ammunition	5.5	Application for a temporary import or export permit
4	Application for a licence to conduct business as a gunsmith	5.6	Application for an in-transit permit
	Temporary authorizations	5.7	Application for permit to transport firearms and ammunition
1	Application for a temporary authorization to possess a firearm	6	Application for a duplicate licence, permit, certificate or authorization for test, stolen and defaced licences
2	Application for a temporary authorization to trade in freatmis and emmunition	7	Application for the renewal of a licence, permit or authorization
3	Application for a temporery authorization to conduct business as a gunsmith	8	Application to declare premises a firearm-free zone
4	Application for a temporary authorization to display firearms and ammunition	9	Application to manufacture a new firearm or ammunition type
	Accreditations	10	Application for compensation
1	Application for accreditation as an association	11	Application for authorization to possess more than 2.409 primers
2	Application for accreditation for business purposes	12	Other (specify)

No. 26156 275

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 number
5	Sumame finitiais
7	Full names
8	Residential address
	⁸ Postal Code
10	Postal address
	11 Pestal Code
12	Business telephone number () ^{12,2} Work ()
12.3	Celiphone number ()
14	E-mail address
15	JURISTIC PERSON'S DETAILS
16	OTHER BODIES
17	Registared company name
18	Trading as name
19	FAR number
20	Postal adtress
22	21 Postal Code
46	Business address
24	²³ Postal Cede
25	Business telephone number 241 Work () 242 Fax ()
0.00	E-mail address
26	RESPONSIBLE PERSON'S DETAILS
27	Responsible person (full names and surname)
28	Type of identification (Indicate with an X) SA ID Passport number
29	Identity number of responsible person
30	Passport number of responsible person
31	CeEphone number (if applicable)
32	Physical address
	³³ Postal Code
34	Business address
	³⁶ Postal Code

		SAPS	522
	D. PARTICULARS OF APPLICATION TO BE CANCEL	LED	
1	Type of licence, permit Licence, permit, co certificate or sufficization authorization no		
2	Reason why cancellation of application is requested		
		-	
з	Date on which cancellation is requested	Date	
4	Police station that handled the original application		
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 (A		
	E. SIGNATURE OF REPORT	ING PERSON (Sign only if applicable)	
1	Name of reporting person in block letters	² Date	
3		4 Place	7
	Signature of reporting person	10000000000000000000000000000000000000	
	F. (This section must be completed anly if the	e reporting person cannot read or wille)	
1	2 Eingerprint	³ Date	
	² Fingerprint designation	4	7
		Name of reporting person in block letters	
		5 Place	
~	Right index fingerprint of reporting person		
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH THE CANCEL		
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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
7.1	Numera de Maria de Latteres	7.2 Persal number of witness	
7.3	Name of witness in block letters	7.4	
	Rank of witness in block letters	Signature of witness	
		Page 3	of 4

SA	PS	522

		SAPS
G. (This section must be complete	PARTICULARS (I only if the reporting person car	OF INTERPRETER annot read or write or does not understand the content of this form)
Name and sumame of interpreter		
Identity/Passport number of interpreter		
Residential address	· · · ·	
	.	*Code
Postal address	17 7.	to the second se
		⁵ Code
Telephone number 7.1 Ho	me ()	7.2 Work ()
Cellphone humber		³ Fax ()
E-mail address		
Interpreted from (Ianguage)	ina a sa	То
2 24		
	a: 2	" Date
3 k		14 Place
Signature of interpreter		<u>konnonnonnon</u>
· · · · · · · · · · · · · · · · · · ·		16
Rank of police official in block letters (if app	licable)	Persal number of police official (if applicable)
H. FOR OFFICIAL I	ISE BY THE DESIGNATE	ED FIREARMS OFFICER/STATION COMMISSIONER
-		2 Date
Name of Designated Firearms Officer/Station	on Commissioner in block letters	rs
		4 Place
Rank of Designated Firearms Officer/Statio	n Commissioner in block letters	s
		6
Signature of Designated Firearms Officer/S	tation Commissioner	Persal number of Designated Firearms Officer/Station Commissioner



SAPS 522(a)

SOUTH AFRICAN POLICE SERVICE

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

22	OFFICIAL DATE STAMP		А.		OFFICI RE THE									
	×		¹ Transact	tion refere	nce No									
			а. 	Đ			a))	t9	*.					
	DATE RECEIVED				10 24		92							
	B. FOR OFFICIAL USE BY POI PERMIT, CERTIF	LIC ICA	E STATIO TE OR AL	N WHEF	RE THE F	IREAR IS SUR	IM ITI RENI	EM(S) Dere	. LICE D	NCE,				
1	Province	•••••					••••							
3	Area Police station			••••••						•••••				
4	Componant code	•••••											••••••	-
5	SAPS 13 reference number	2 1			112		1.			0			1	
6	General firearm transactions register number												÷	
	c. PARTIC	UL/	ARS OF SI	JRRENI	DERING	PERSO)N							
1	NATURAL PERSON'S DETAILS													
2							-						ŝ	
3	SA ID Passport					T - T	Т	T		-		Т	- [٦
4	Passport number of natural person							-						1
5	Sumame							6	Initials					
7	Residential address							B.				-		-
9	Postal address	1	- *					TPO	stal Cod	e				$\frac{1}{2}$
								10 p	ostal Co	de	T		1	1
11	Telephone number ^{11.1} Home ()			11.2 W	ork	()						
11.3	Cellphone number				12 Fa	x	()	Service of a life of a	é				
13	E-mail address		3				c.			<u> </u>				1
14	JURISTIC PERSON'S DETAILS													
15	OTHER BODIES		8											
16	Registered company name													1
17	Trading as name							2						1
18	FAR number													-

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		·				SAPS	522(a)
19	Postal address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
~			an baran		20 Postal Code		
21	Business address		- 199 <u>8</u> -			1	_
23	233 (June 1)		29.2		22 Postal Code		L
24	Business telephone number 23.1 Work (>) E-mail address		- Fax	()			
0 ⁴		2000 - 2000 2011 - 2000		en for the grade of the			
25	RESPONSIBLE PERSON'S DETAILS			а . П.			
26	Responsible person (full name and sumame)						
27	Type of identification (indicate with an X)	SA II	5		Passport numbe	r i	
28	Identity number of responsible person			-	-	-	
29 30	Passport number of responsible person		Sec				
31	Celiphone number		14 at 14 at 15 at 15 at 16 at				_
	Physical address		e 19		22	-1 -1	
33	Postal address				32 Postal Code	<u> </u>	
					³⁴ Postal Code		\neg
35				1, ¹ 1			
	If the ficearm item is not being surrendered by the holder of the surrendering person with the holder of the licence, permit, certif	licence, permit, licate or authoriz	certificate or autr tation	iorization, das	cribe the relationship	of the	
			÷.		2		
				e .			
		÷ *	2 A A				
35	TYPE OF SURRENDER (Indicate with an X)			¥:	ά.	18	
37	Surrendering of a firearm licence, permit, certificate or a	uthorization					
		UNIONZERUN		Surre	ndering of firearm it	em	
38	Date on which the firearm licence, permit, certificate,						
	authorization or item(s) is/are handed over to the SAPS		Date		•	2 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 1990 - 19	
39	Reason(s) for surrendering of firearm licence, permit, pertificate.	authorization o	r item(s)				
						а (1 ⁸	
						•••••	
1000							
						••••••	
3	······	-	••••••				
		•••••					
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l		1					
			0.0335	0.17700000-54	175872 Sh (197)	23-310-2201 - 220-02	

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GOVERNMENT GAZETTE, 26 MARCH 2004

SAPS 522(a)

	D. DETAILS OF LIC	ENCE, PERMIT, CERTIFI	CATE OR AUTHORIZAT	TION THAT IS TO BE SU	RRENDERED
ĝ		. (1)	(2)	(3)	(4)
1	Type of licence				
2	Licence number				
3	Date issued				
4	Expiry date	L	<u> </u>	<u> </u>	
	E.	DETAILS OF FIREARI	M ITEM THAT IS TO BE DETAILS OF FIREARM	SURRENDERED	
	-	(1)	(2)	(3)	(4)
1	Туре				
2	Calibre				
3	Make				
4	Model	L	l		
5	Firearm component type:				
6	Barrel serial number				
7	Frame serial number				
	Receiver serial number				
8	DETAILS OF PARTS	(1)	(2)	(3)	(4)
9	Description of part		(2)	Ø	
10	Associated firearm make				
11	Associated firearm model				
12	DETAILS OF AMMUNITION]	1	с (сана)	50 10
13	Calibre	(1)	(2)	(3)	(4)
14	Quantity				
			4		
	F. SIG	NATURE OF PERSON SL	IRRENDERING THE ITE	M(S) (Sign only if applicable)	
1			2 Date		
	Name of person surrendering in b	lock letters			
3			4 Place		
	Signature of person surrendering			¥.	
6	DECLARATION OF PERSON	SURRENDERING THE ITEM	5}		

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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	8		SAPS 522(a)
	G. (This section must be c	completed only if the person sur	endering the item(s) cannot read or write)
1	2	3	Date
	Fingerprint designation	1 4	
			Name of person surrendering block letters
		5	Boomersteinen and State Stat
	Right index fingerprint of person surrendering		Place
6	PARTICULARS OF POLICE OFFICIAL DEALIN	NG WITH THE SURRENDERIN	G
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 -
	H. (This section must be completed <u>only</u>	PARTICULARS OF INT (If the person surrendering the content of this form.)	ERPRETER tem(s) carnot read or write or does not understand the
1	Name and surname of interpreter		· · · · · · · · · · · · · · · · · · ·
1 2	Name and surname of interpreter		
2 3	identily/Passport number of interpreter Residential address		* Pastai Gode
2	identity/Passport number of interpreter		
2 3	Identity/Passport number of interpreter Residential address Postal address		⁶ Pastal Code
2 3 5	Identity/Passport number of interpreter Residential address Postal address Telephone number 7.1 Home		⁶ Pastal Code
2 3 5 7	Identity/Passport number of interpreter Residential address Postal address		* Postal Code
2 3 5 7 8	Identity/Passport number of interpreter Residential address Postal address Telephone number Caliphone number		⁶ Pastal Code
2 3 5 7 8 10	Identity/Passport number of interpreter Residential address Postal address Telephone number Celiphone number E-mail address	12	* Pastal Code * *.2 Work () * Fax ()
2 3 5 7 8 10 11	Identity/Passport number of interpreter Residential address Postal address Telephone number Celiphone number E-mail address	12	⁶ Postal Code ^{7,2} Worк ⁹ Fax () ¹ Tax bate
2 3 5 7 8 10	Identity/Passport number of interpreter Residential address Postal address Telephone number Celiphone number E-mail address	12	^d Postal Code ^{3.2} Work ^{3.2} Work ² Fax ()
2 3 5 7 8 10 11	Identity/Passport number of interpreter Residential address Postal address Telephone number Celiphone number E-mail address Interpreted from (language)	12	^d Postal Code ^{3.2} Worк * Fax () * Fax ()

ARCH 2004

					SAPS 52
	POLICE OFFICIAL	WHO RECE	OLICE STATION EVED THE FIREARM LI ATION OR ITEM(S)	CENCE.	
lame of police official in block letters		2	Date		<u> </u>
ank of police official in block letters	a Lask (mareja	4	Place		
ignature of police official	- 	6 [F	Persal number of police of	ficial	
a da	al A A data sea	40			
e 2	92 24				
e i f Roussan i				22 1	
· · · · · · · ·	2				18
	<u>نە</u>	×			
					18
19 90 00					
	ank of police official in block letters	ank of police official in block-letters	ame of police official in block letters ank of police official in block letters gnature of police official	ame of police official in block letters ank of police official in block letters gnature of police official Persal number of police of	ame of police official in block letters

SAPS 522(a)

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No. 26156 283

SAPS 522(b)



SOUTH AFRICAN POLICE SERVICE

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

		ר א ממש ו ר								
	OFFICIAL DATE STAMP	A.		FOR OFF	ICIAL US	SE BY TH	E POLICE	STATIC)N	
	542.5 A			WHE	RE THE	FIREARI	4 ITEM IS	KEPT		
		1	Province							
		2	Area				64 			
		3	Police static	on .	- T	•••••			••••••	••••••
	a v : ² v	1	omponent			•••••		••••••	••••••	
	4	200000				Т Т				
		14	elerence m	APS 13) reg umber	ISLEE					8 I I
	DATE RECEIVED	-							- II	
		1								
	8. PARTICULARS OF THE	HOLDE	R OF LI	CENCE, P	ERMIT O	R AUTH	ORIZATIO	N		
1				8.5			2	e E	аналананы 5-6	
	NATURAL PERSON'S DETAILS			3 1						
2	SA ID Passport	-R	8 8 S	a ¹⁰ 1403	45 82	9.63				
3	and the second		ГТ	1 1	r i		TT	<u> </u>	TT	
4	Identity number of natural person							-		-
	Passport number of natural person					a 100				
5	Sumama		2 - 25				⁶ Initials			
7	Residential address						3			
			37				⁸ Pestal Co	Je		
9	Postal address			-		fi		0200020	_[
		18 1		ar.	10		10 Postal Co	via.	TT	
11	Telephone number 111 Home ()		11.2	Wark	10211 (423)		30 J		
11.3				12		()				
13	Celiphone number				Fax	()				
	E-mail address									
14	JURISTIC PERSON'S DETAILS			20 10 12	8		a"			a ²
			¥	90 10						
15	OTHER BODIES									- ⁸¹
16					- * 4			and the second second		
17	Registered company name			-						
	Trading as name					-				
18	FAR number		-		Mar					
19	Postal address	12				dar -	ೆ			
						20 Po	stal Code		Π	
21	Business address	9. S						I		-
			- 1 8			22	stal Code	T	1 1	-
23	Bus dess telephone number 23.1 Work (·····	23	•		- Contraction	stal Code			-
24	())		² Fax	()				_
	E-mail address	(A)								

GOVERNMENT GAZETTE, 26 MARCH 2004

SAPS 522(b)

25	RESPONSIBLE PERSON'S DE	TAILS			
26	Responsible person (full name a	nd surname)			
27	Type of identification (indicate with		SA ID	Passpo	ort number
28	Identity number of responsible p	erson		-	
29	Passport number of responsible	person			
30	Celiphone number				-
31	Physical address				
				³² Postal C	lode
33	Postal address		5. 		
34				³⁴ Postal C	lode
	C.	DETAILS OF	THE FIREARM ITEM(S) FO	DRFEITED	
1	DETAILS OF FIREARM]			70
2	Туре	(1)		(3)	(4)
3	Calibre				
4	Make				
5	Model				
	Firearm component type:				
6	Barrel serial number				
6.1	Make				
7	Frame serial number				
7.1	Make				
8 8.1	Receiver serial number				
0.1	Make			a net	
9	DETAILS OF PARTS] (1)	(2)	(3)	(4)
10	Description of part				
11	Associated firearm make		e e		
12	Associated firearm model			L	
13	DETAILS OF AMMUNITION]	· · · · · · · · · · · · · · · · · · ·	(3)	(4)
14	Calibre	(1)	(2)	(3)	
15	Quantity				
16	Reason(s) for forfeiture				
	1.22				

	16 K K					SAP
Disposal Instruction				+		
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						••••••
				,,,,,,,,,,,,,,,		
*****					••••••	
		W				
					<u> </u>	1 - 1 - 1
Forfeiture date		Date			·	
D.	FOR OFFICIAL	USE BY THE POLICE	STATION			
D.	FOR OFFICIAL	2	STATION		 	, <u>, , ,</u>
		USE BY THE POLICI 2 Date	STATION		-	-
D. Name of police official in block let		2	STATION		-	-
		2 Date	STATION			- .
	tters	2 Date	STATION			-
Name of police official in block let	tters	2 Date 4 Place	STATION		-	
Name of police official in block let	tters	2 Date 4 Place 6	STATION		- 	

SAPS 523



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
	B. TYPE OF ACKNOWLEDGEMENT OF RECEIPT OF FIREARM DOCUMENTATION
1	Type of firearm documentation received:
a B	
	C. PARTICULARS OF THE PERSON FROM WHOM THE FIREARM DOCUMENTATION IS RECEIVED (Fillin (applicable)
() 22	0 m ±.n.sppacare,
1	NATURAL PERSON'S DETAILS
2	Identity number
3	Passport number
4	Sumane 5 Initials
6	JURISTIC PERSON'S DETAILS
7	Registered company name
8	Trading as name
9	FAR number
10	RESPONSIBLE PERSON'S DETAILS
11	
12	Responsible person (full names and sumame)
13	Type of Identification (Indicate with an X) SA ID Passport number
14	Passport number of responsible person
15	GOVERNMENT INSTITUTION'S DETAILS
16	Institution name
17	Institution FAR number

No. 26156 287

		* * * *												SA	PS 523
	18	RESPONSIBLE PERSON'S DETAILS						2							
• 91.	: : :								1.54						
5t	19	Responsible person (full names and sumame)												<u>ت</u> ه	
× 13	20	Type of identification (indicate with an X)			SA	.ID			294		Pass	ort nur	iber		
	21	identity number of responsible person			T		T		-	T	Π	Τ.		-	
8 1859 12	22	Passport number of responsible person					+								
	2 22			05 B4											
		D. PART	ICULARS	OF DE	SIGN	AIEU	FIR	EARI	VIS OF	HICE	<u>د</u>				
	e 15	a ^p a .		- 31 			32								
а Т.	1		2	5.0 <u>0</u> -0.44				4		5					
84 22		Name of Designated Firearms Officer in block letters		Rank of Designated Firearms Officer in block letters											
		a (20)			8	5					OFFIC	IAL DA	TE STAI	MP	-
ाल्स । जन्म		<u> </u>	-		÷ 2.,				8			14			
ж.	3		4												
;a ¹⁰		Persal number of Designated Firearms Officer	Signatu	re of Des	signated	d Firea	ms O	fficer	L		3				
	18	- 1 · · ·													

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SAPS 523(a)



SOUTH AFRICAN POLICE SERVICE

REMITTANCE ADVICE FOR FIREARM APPLICATIONS

	A. PARTICULARS OF POLICE STATION
1	Police station where application was captured
2	Telephone number () ³ Fax ()
4	Reference number of register
68	B. TYPE OF APPLICATION RECEIVED
1	Type of application
	C. PARTICULARS OF APPLICANT (Complete if applicable)
ł	NATURAL PERSON'S DETAILS
2	identity number
3	Passport number
4	Sumane ^s initials
6	JURISTIC PERSON'S DETAILS
7	Registered company name
8	Trading as name
9	PAR number
10	RESPONSIBLE PERSON'S DETAILS
11	Responsible person (full names and sumame)
12	Type of Identification (Indicate with an X) SA ID Paseport number
13	Identity number of responsible person
14	Passport number of responsible person

									SAPS 523(a)
	D.	ſ	AYMENT DE	TAILS					
1	FCS application reference No				Π				
2	Amount to be paid R					9			
	E PARTI	CULARS O	F DESIGNATE	D FIREA	ARMS O	FFICER			
f		2	+			5	<u>.</u>		<u> </u>
	Name of Designated Firearms Officer in block letters	Rank of De letters	signated Firearm	ns Officer i	n block	Ί			
					Ŷ		OFFICI	AL DATE S	
3		4			100 100			3	-
	Persal number of Designated Firearms Officer	Signature c	f Designated Fire	arms Official	cer		e 1		e. ⁹⁰
	3 3.8								
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GOVERNMENT GAZETTE, 26 MARCH 2004

SOUTH AFRICAN POLICE SERVICE

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

OFFICIAL DATE STAMP												
OFFICIAL DATE STAMP												
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	39			27								
		25	13									a
							14	0.				
DATE RECEIVED	0		100 A									
					2			8				
FOR OFFI	ICIAL USE	BYT	HE APP	EAL	BOAR	D						
Outstanding/Additional information required		Γ										
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					-		-			2 [Date	
		2			•		-	1		2 [Date	
					-		1-	1	I	2	Date	
³ Signature of the Secretary: Appeal Board				Vame in	-	letters	<u> </u> -			2	Date	
		* Con	ditions	Name in	-	letters	-			1 ² 1	Date	
		⁶ Con		Name in	-	letters	- 			2	Date	
		* Con		Name in	- block	letters	-		I	2	Date	
		⁶ Con		Vame in	- block	letters	-	1	I	2	Date	
	-	*Con		Name in	- block	letters	-	1		* I	Date	
		*Con		Name in	-	letters] - 	1			Date	
	-	© Con		Name in	-	letters] -					
		*Con		Vame in	- block	letters] -] -					
Appeal upheld (indicate with an X)		*Con			-	T	1 -					
Appeal upheld (indicate with an X)			ditions	Name in	-	T		1				
Appeal upheld (indicate with an X)					-	T						
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Appeal upheld (indicate with an X)			ditions		-	T]-					
Appeal upheld (indicate with an X) ⁸ Signature of the Chairperson: Appeal Board			ditions		-	T						
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SAPS 530

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0			-	•	90	

	B. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	SA ID Passport
3	Identify number
4	Passport number
5	aumame ^e Initials
7	Residential address
9	* Postal Code
	Poatal address
11	Telephone number 111 Home () 11.2 Work ()
11.3	Cellphone number 32 Pax ()
13	E-mail address
14	JURISTIC PERSON'S DETAILS
15	
	OTHER BODIES
16	Registered company name
17 18	Trading as name
19	Postal address
34	20 Postal Code
21	Business attoress
	22 Postal Cede
23	Business telephone number 28-1 Work () 73-2 Fax ()
24	E-mall address
25	RESPONSIBLE PERSON'S DETAILS
26	Responsible person (full names and sumame)
27	Type of identification (Invicate with an X) SA ID Passport number
28	Identity number of responsible person
29 30	Passport number of responsible person
31	Celiphone 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

292 No. 26156

GOVERNMENT GAZETTE, 26 MARCH 2004

	SAPS 530
38 39	Identity number of representative
10	Passport number of representative Celiphone number
41	Physical address
	42 Postat Code
43	Postal address
45	47 Postal Cade
	E-mail address
	C. TYPE OF APPEAL (Indicate with an X)
	Refusal of a scence, permit, certificate or authorization
:	An administrative decision
i.	Declaration of unitness
	Cancellation of a licence, permit, certificate or authonization
5	Reference number(s)
6	Licence, permit, certificate or authorization application number(s)
7	Coence; permit, certificate of authorization number(s)
I.	Grounds for appeal
	· · · · · · · · · · · · · · · · · · ·

				SAPS 530
D.	(Complete	FIREARM DETAILS only if the appear involve a firear	(m	
	(1)	(2)	(3)	(4)
Calibre				-
Make				
Model				
				, s e
Frame serial number				<u>_</u>
Receiver serial number		L	-	
E.	DETAILS OF TH	E CURRENT OWNER OF	THE FIREARM	
SA ID Pass	nort			
Identity number			- · · · · · · · · · · ·	
Sumame			5 Initials	
Residential address	•; •;	<u>.</u>		
Postel address			⁷ Postal Code	
			[©] Postal Code	
	^{10.1} Home ()	000000000000000000000000000000000000000		
E-mail address		Fax	()	
DECLARATION BY APPLICANT	AUTHORIZED PERSON/RE	1.	tion antion of	
			to make a false statement in this	s notice.
F.	SIGNATURE OF	APPLICANT (Sign only if app	licable)	
		2 Date		
Name of applicant in block letters				
Signature of applicant		⁴ Place	M.5.1	
G.	SIGNATURE OF	AUTHORIZED PERSON/I	REPRESENTATIVE	
Name and surname of authorized	person/representative			
Providence and a second s		3 Date		
<u> </u>				
Signature of authorized person/repre	esentative	⁵ Place		
		3		
83		40 S		
×	2 2			Page 4 of 5
	Type Calibre Make Model Firearm component type: Barrel serial number Frame: serial number Frame: serial number Receiver serial number E. SA ID Pasel Identity number Passport number Sumame Residential address Postal address Telephone number Celiphone number E-mail address DECLARATION BY APPLICANT I am aware that it is an offence in the F. Name of applicant in block letters Signature of applicant G. Name and surname of authorized Designation	(1) Type Calbre Make Make Make Make Model Firearm component type: Barrel serial number Frame serial number Reserver serial number E DETAILS OF TH SA ID Passpot Identity number Passpot number Sumame Sumame Postal address DECLARATION BY APPLICANT/AUTHORIZED PERSON/RU Jam aware that it is an offence in terms of the Firearms Control A F. Signature of applicant G. SIGNATURE OF Name end surname of authorized person/representative	(1) (2) Type (2) Cabbe Make Make Model Make Model Firearm component type: Barrel serial number Firare serial number E France serial number E SA ID Paseport Identity number Identity number Paseport Identity number Sumame Identity number Paseport Identity number Sumame Identity number Paseport Identity number Paseport Identity number Paseport Identity number Sumame Identity number Paseport Identity number Paseport <th>Complete only differences around a troum? () () () () () () () () () () () () ()</th>	Complete only differences around a troum? () () () () () () () () () () () () ()

GOVERNMENT GAZETTE, 26 MARCH 2004

				SAPS 530
H. (This section must c	nly be compl	eted if the ap	oplic	ant cannot read or write)
² Finderprint	ja.		3	Date
² Fingerprint designation	a		4	
	n Maria			Name of applicant in block letters
			5	
Right index fingerprint of applicant				Place
PARTICULARS OF POLICE OFFICIAL DEALING		æ		3
[· · · · · · · · · · · · · · · · · · ·		للسيني	6.2	
Name of police official in block letters			0.2	Persal number of police official
			6.4	
Rank of police official in block letters				Signature of police official
PARTICULARS OF WITNESS		()	8	а. о
······	62	2	7.2	
Name of witness in block letters		m^{T2}		Persal number of witness
			7.4	2
Rank of witness in block letters				Signature of witness
4.	PARTICUL	ARS OF I	NT	ERPRETER
This section must only be completed	if the applican	t cannot rend	or v	rise, of does not understand the content of this form.)
Name and surname of interpreter				
identity/Passport number of interpreter				
Residential address			1	
		- 140 - Cr	, S	* Postal Code
Postal address			-	* Postal Code
Telephone number ^{3,4} Home ()	£		⁷² Work ()
Celiphone number		61 - 635-1		⁹ Fax ()
E-mail address				
Interateted from (language)			-	to
			12	Date
2				
			14	Place
Signature of interpreter	2 7 - 19			terrange (1972)
			16	
Rank of police official in block letters (if applicable)				Persal number of police official (if applicable)

No. 26156 295

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SAPS 531



SOUTH AFRICAN POLICE SERVICE

REQUEST TO ALTER FIREARM BY A GUNSMITH Section 59 of the Firearms Control Act, 2000 (Act No 60 of 2000)

* Request reference No DATE RECEIVED S. FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED Place station Area Police station Comparison General Freem transactions register No C: FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) Custanding/Additional information required * Signature of police official * Signature of police official * Signature of colice official * Signature of CFR officer ** Officer code ** Date ** Signature of CFR officer ** Officer code ** Name in block letters *** Officer code ** Name in block letters	DATE RECEIVED FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED toynoe voic	OFFICIAL DATE STAMP	A.	FOR OFFIC WHERE	IAL USE B	Y THE PO VEST IS (LICE ST	ATION ED	
ATE RECEIVED FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED 'orige 'orige station 'ori	ATERACEIVED A FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED Yourse Yours		¹ Request ref	erence No					T
DATE RECEIVED FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED Promo Promo Pro	ATERACEIVED A FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED Yourse Yours			14		్ చిల		1	ťč
DATE RECEIVED FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED Promo Promo Pro	ATERACEIVED A FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED Yourse Yours				i (there	9. SY	w. s. e ⁿ	.) 	
Yes Police station Component code Sensial firearm transactions register No FOR OFFICIAL USE BY THE CENTRAL FIREARMIS REGISTER (CFR) Cutstanding/Additional information required Image: Signature of police official * Signature of police official * Signature of police official * Signature of context intervent devices with an X) * Signature of CFR officer	113/07/06 Note Police station; Component code. Senaral fiream: transactions register Not POR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) Cutstanding:Additional information: required Cutstanding:Additional information: required * Signature of police official * Signature of CFR officer * Officer code * Signature of CFR officer * Officer code * Signature of CFR officer * Officer code * Name in block letters Alteration retused (noncore with an X) * Signature of CFR officer * Officer code ** Name in block letters Alteration retused (noncore with an X) ** Reisel number - ** Signature of CFR officer ************************************	DATE RECEIVED				100000			
verse *olice station Seneral fream transactions register No > FOR OFFICIAL USE BY THE CENTRAL FIREARMIS REGISTER (CFR) Cutstanding/Additional information required - * Persal number - * Persal number * Signature of police official * Name in block letters Atteration approved generate with an X) ** Persal number * Signature of CFR officer ** Officer code ** Signature of CFR officer ** Officer code *	113/07/06 Note Police station; Component code. Senaral fiream: transactions register Not POR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) Cutstanding:Additional information: required Cutstanding:Additional information: required * Signature of police official * Signature of CFR officer * Officer code * Signature of CFR officer * Officer code * Signature of CFR officer * Officer code * Name in block letters Alteration retused (noncore with an X) * Signature of CFR officer * Officer code ** Name in block letters Alteration retused (noncore with an X) ** Reisel number - ** Signature of CFR officer **********************************	E. FOR OFFICIAL USE	BY POLICE STATION	WHERE TH			n/ED		
Police station 2017ponent code	Police station Semeral freem transactions register Nc FOR OFFICIAL USE BY THE CENTRAL FIREARMS RECISTER (CFR) Guistanding/Additional information required - 1 Persol number				- neaded	1 IO ILLOL			
Somponent socie are ratificearm transactions register No FOR OPFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) Outstanding/Additional information required Image: Signature of police official * Signature of police official * Signature of CFR officer ** Signature of CFR officer ** Signature of CFR officer ** Signature of CFR officer ************************************	Jamesal fream: transactions register No FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) Guistanding/Additional information required	Area							
Senaral freerm transactors register No FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) Outstanding/Additional information required Outstanding/Additional information required					······				
FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) Gutstanding/Additional information required Gutstand	FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR) Gutstanding/Additional information required					-	1	-1	1
Outstanding/Additional information required - 3 Persol number - - * Signature of police official 5 Name in block letters Atteration approved (indicate with an X) - * Signature of CFR officer 10 Officer code * Signature of CFR officer 10 Officer code * Signature of CFR officer 11 Name in block letters	Outstanding/Additional information required - ? Percal number - ? Percal number - ? Date - ? Persal number - ? Persal number - . - ? Persal number - . - . - . - . - . - . -								1
Alteration approved (indicate with an X)	Alteration approved (Indicate with an X)					194 <u>1.5</u> X		C 19 7 2	
⁹ Signature of CFR officer ¹⁰ Officer code ¹¹ Name in block letters Alteration refused (indicate with an X) ¹³ Reason(s) for refusat	Signature of CFR officer	4 Signature of police official	² Persal number			in block lette		^a Date]
⁹ Signature of CFR officer ¹⁰ Officer code ¹¹ Name in block letters Alteration refused (indicate with an X) ¹³ Reason(s) for refusal	Signature of CFR officer		² Persal number			in block lette	ers	^a Date]
Alteration refused (indicate with an X) 19 Reason(s) for refusal	Alteration refused (indicate with an X)				5 Name	in block lette]
Alteration refused (Indicate with an X) ¹³ Reason(s) for refusal	Alteration refused (indicate with an X)				- ⁵ Name	in block lette	ers]
- 1ª Persal humber 1ª Date		Alteration approved (Indicate with an X)	* Persial number]-]]
- 14 Persal humber 18 Date		Alteration approved (Indicate with an X)	⁷ Persal number		- 11 Name]-]]
- ¹⁴ Persal humber ¹³ Date		Alteration approved (indicate with an X)	⁷ Persal number		- 11 Name]-]]
Persal number 13 Date		Alteration approved (Indicate with an X)	⁷ Persal number		- 11 Name]-]]
		Alteration approved (indicate with an X)	⁷ Persai number		- 11 Name]-]		⁸ Date]

GOVERNMENT GAZETTE, 26 MARCH 2004

				(ap.)	SAPS 531
	0.	TYPE OF REQUE	ST TO ALTER FIREAR	ר M (ladicate with an X)	
1	Alteration to the mechanism of a	I frearm so that more than one :	shot van be discharged with	a single depression of the tr	igger
2	Alteration to the calibre of a fires				
3	Alteration to the barrel length of				
4	Alteration to remove the secal ru		ark of a firearm		
5	Other, specify				<u> </u>
6	Reason(s) for the request to hav	a a firearm alternd by a runsmi	ь I		
	- (cashings) refinite request to the	t omdarn dicióe oy a ganeria	••••••••••••••••••••••••••••••••••••••		
	С.				
7	Date of request		Date		
8	DETAILS OF FIREARM(S) TH	AT MUST BE ALTERED			
		(1)	(2)	(3)	(4)
9	Type of licence				
11	Licence number				
8	Expiry date			I	
12	Calibre				
13	Make			1	
14	Model				
31	Firearm component type:	terene contractor and the			
15	Barrel serial number			37.5	
15.1	Make				
16	Frame serial number				
16.1	Make				
17	Receiver senal number				
17.1	Маке				

Page 2 of 5

SA	PS	531

	E. PARTICULARS OF THE REQUESTER	
1	NATURAL PERSON'S DETAILS	ECO:
2		
3	SA ID Passport Identity number	
4	Passport number	
5	Suzname ^s Initiais	
7	Residential address	
9	Postal address	_
	¹⁰ Postal Code	_
11	Telephone number 111 Home () 112 Work ()	-
11.3	Cellphone number 12 Fax ()	
13	E-mail address	
14	JURISTIC PERSON'S DETAILS	
15	OTHER BODIES	
16	Registered company name	-
17	Trading as name	-
18	FAR number	_
19	Postal address	_
21	20 Postal Code	-
	²² Postal Code	-
23	Business telephone number 23.1 Work () 23.2 Pax ()	1
24	E-mail address	
25	RESPONSIBLE PERSON'S DETAILS	
26	Responsible person (full names and sumame)	٦
27	Type of identification (indicate with an X) SA ID Passport number	
28 29	Identity number of responsible person	-
30	Passport number of responsible person Celiphone number	-
31	Physical address	1
33	32 Posta Code	
	Postal address Mr Postal Cotta	-
l	F. PARTICULARS OF GUNSMITH	
1 1 [Ш. П
2	Gunsmith's FAR number]

298 No. 26156

т. "-У

GOVERNMENT GAZETTE, 26 MARCH 2004

		SAPS 53
3	Postal address	* Postal Code
5	Business address	
		^d Postal Code
7 8	Business telephone number 71 Work () E-mail address	^{7,2} Fax ()
9	DECLARATION BY REQUESTER	
		2000 (Act No 60 of 2000), to make a false statement in this request form.
8	G. SIGNATURE OF REQ	QUESTER/GUNSMITH (Sign only if applicable)
1	Nume of exercises in blank latters	2 Date
3	Name of requester in block letters	4 Place
	Signature of requester	
5	DETAILS OF GUNSMITH	
6	Name of gunsmith in block letters	7 Date
8	Signature of gunsmith	9 Place
1	H. (This section must be completed only 2 Fingerprint designation	In the requester cannot read of write) Solution
		4 Name of requester in block letters
40		5 Place
1) (a)	Right index fingerprint of the requester	(Field
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH REQUEST	ST
6,1	Name of police official in block letters	6.2 Persal number of police official
6,3		6.4
20 10	Rank of police official in block letters	Signature of police official
7	PARTICULARS OF WITNESS	त इ.स. हु. द
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	PARTICULAR	IRS OF INTERPRETER
<i>ii</i>	(This section must be completed <u>only</u> if the requester ca	cannot read of write of does not understand the content of this form.)
1 2	Name and sumame of interpreter	
್	identityPassport number of interpreter	

SAPS 531

	Residential address				to Miteratio				
						⁴ Postal Cor	le		
	Postal address		<u></u>	ka			-		
						⁶ Postal Coc	e		
	Telephone number 71 Home	()	<i>i</i> .	7.2 Work	()	E		9. 	
	Celiphone number	*		⁹ Fax	()	5 ⁵²			
	E-mail address Interpreted from (language)			1 to					
	merchered from (anglage)			to		2			
	8 E. *	a ⁵	12	Date		-		<u> -</u>	
	6 S		. 14	Place			4		
	Signature of interpreter								8 8
	6) X X		16						
	Rank of police official in block letters (if applica	ıbie)		Persal numbe	r of police offic	ial (if applica	able)	6	******
	J, IN	CASE OF NOMIN	EE/AUTHO	RISED PER					
	Name and surname of nominee/authorized pr	erson			. • •				
	identity/Passport number of nominee/authoria								
			3	Date				TT	
								1-1	
	Signature of nominee/authorized person	<u></u> (5	Place	 				
	K. FOR OFFICIAL USE	BY THE DESIGN	ATED FIRE	ARMS OFFI	CER/STATI	ON COM	lissio	NER	
		RECOMMENDATIO	N REGARDI	IG THE REQL	est				
	Recommended				Not recon	mended			
	Motivation	(N) 22							
								••••••	
					1.4	······			
					1.4				
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					1.4				
					1.4				
					1.4		· · · · · · · · · · · · · · · · · · ·		
					1.4				
					1.4				
			4		1.4				
	Name of Designated Firearms Officer/Station C		4		1.4				
[Name of Designated Firearms Officer/Station Co	ommissioner in block l	etters 6		1.4				
Ĩ		ommissioner in block l	etters 6	Date					1

SAPS 532



SOUTH AFRICAN POLICE SERVICE

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

	OFFICIAL DATE STAMP	1 Province	INFRINGEMEN	OLICE STATION WHE IT NOTICE IS ISSUED	RE THE
		² Area ³ Police station ⁴ Component code			
	DATE RECEIVED	⁶ Infringement not reference numb			
	B. P	ARTICULARS OF IN	FRINGER		
1	NATURAL PERSON'S DETAILS				9
2	SA ID Paseport				
3	Identity number of natural purson.		-	-	-
4	Passoort number of natural person				
5	Sumame			⁶ Initials	
7	Residential address	15 			
9	Postal address			⁹ Postal Code	
,				¹⁰ Postal Code	
11	Telephone number 11.1 Home ()	11.2 Work ()	
11.3	Cellphone number		¹² Fax ()	1
13	E-mail address				
14	JURISTIC PERSON'S DETAILS				
15	OTHER BODIES			2	
16	Registered company name	<u></u>			
17	Trading as name				
18	FAR number			1	
19	Postal address	la Antonio de Carlos de Antonio			
21			2 	²⁰ Postal Code	
<u>, 1</u>	Business address			22 Postal Code	<u>, , , , , , , , , , , , , , , , , , , </u>
23	Business telephone number 23.1 Work ()	23.2 Fax () .	

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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	Cellphone number
31	Physical address
	32 Posta Code
33	Postal address
	³⁴ Postar Code
35	PARTICULARS OF LICENCES, PERMITS, CERTIFICATES OR AUTHORIZATIONS
36	
37	DETAILS OF LICENCES, PERMITS, CERTIFICATES OR AUTHORIZATIONS
	Type Number Date of issue Expiry date
38	Particulars of alleged offence
	е"
39	Administrative fine payable R
	Administrative one payable IN I I I I - I I

GOVERNMENT GAZETTE, 26 MARCH 2004

		SAPS 532
40	Infringer's options	
	The infringer may not later than 30 days after the	date of service of the infringement notice -
	 pay the administrative fine; 	2
	 make arrangements with the Registrar to pay elect to be tried in court on a charge of having 	
41	Statement of failure to comply	8 C C
	statement of failure to comply	G
	certified by him or her as correct, setting forth th	ts of a notice, the Registrar may file with the clerk or registrar of any competent court a statement a amount of the administrative fine payable by the infringer and such statement thereupon has all hat court in favour of the Registrar for a liquid debt in the amount specified in the statement
42	Promotion data	
	Response date	Date - -
43	Place where administrative fine must be paid	Place
	c. FOR OFFICIAL USE BY T	HE POLICE OFFICIAL WHO ISSUES THE INFRINGEMENT NOTICE
4		2
	Name and surname of police official in block letters	Date issued
3		
	Rank of police official in block letters	Place issued
5		
	Signature of police official	Persal number of police official
	D. FOR OFFICIAL USE BY TH	E POLICE OFFICIAL WHO SERVES THE INFRINGEMENT NOTICE
1		2
	Name and surname of police official in block letters	Date served
3		4
	Rank of police official in block letters	Place served
5		6
ň.,	Signature of police official	Persal number of police official
	E. ACKNOWLEDGMENT	OF RECEIPT OF INFRINGEMENT NOTICE BY THE INFRINGER
1	Name and sumame of infringer	
2	Identity number of infringer	
3		
	Date served	Date - - -
4	Place served	Place
5		
	Time served	Time
6		and induced a
	Signature of infringer	

No. 26156 303

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			e static onent iss of p	WH m code solice	station	THE	AL U RES	SE BY I	POLI	CES RM W	TATIO	ON SSUE	D	-
	DATE RECEIVED		⁶ Telep ⁷ Fax n ⁸ Infring refere	umber	notice	······· ·······						-			Ţ
	B:	PAR	TICULA	es of	INF	RINC	BER								
1	NATURAL PERSON'S DETAILS			е к	8	8			. *	1997 - 1997 1997 - 1997	: :8 :				
2	SA ID Passport]	Ξ¥			3				2 ⁶					
3	identity number of natural person		-		- 18			-				-		-	\square
4	Passport number of natural person				2					, i					
5	Sumanne							3		8	nitials		1		
2	Residential address				- 21								<u> </u>	<u> </u>	
9	Postal address									Posta	Code				
			20 20						1	Post	al Cod	0	T	Т	
11	Telephone number 111 Home (·)				41.2	Work	() `						-
11.3	Cellphone number				5.	12 F		(<u></u>		3	4 - 14 - 24	
13	E-mail address		-			-		<u></u>					1	1. 1. 1	21
14	JURISTIC PERSON'S DETAILS					na. R	8					eye,	a s		
15	OTHER BODIES	62 6 1	8 	+.#	54 83	<i>V</i> = 1			* 21 K) **				16 #	, <u>4</u> 1	
16	Registered company name				5 a										<u> </u>
17	Trading as name						1.105							81 T.S.	
18	FAR number						- 3				4				J
19	Postal address											9999999	-		
				1.0			е. 10	- 1	- 20	Posta	l Cade				

304 No. 26156

GOVERNMENT GAZETTE, 26 MARCH 2004

	SAPS	532(a
21	Business address	T
23	22 Postal Code	<u> </u>
24	Business telephone number 23.1 Work () 28.2 Fex () E-mail address	1
25	RESPONSIBLE PERSON'S DETAILS	
26		
20	Responsible person (full names and surname)	
28	Type of identification (indicate with an X) SA ID Passpot number identify number of responsible person - - -	Γ
29	Passport number of responsible person	-
30	Cellphone number	<u></u>
31	Physical address	
	32 Postat Code	
33	Postal address	
	³⁴ Postal Code	
35	Particulars of alleged offence	
36	Administrative fina payable R -	
37	Infringer's option (Indicate with an X)	
	Pay the administrative fine	
	Pay the administrative fine in instalments	
	Trail in court	
38	39 Date	
	Name of infringer in block letters	
40	41 Place Signature of infringer	

-	SAPS 53
C. FOR OFFICIAL USE BY THE	POLICE OFFICIAL WHO RECEIVES THE RESPONSE TO THE
	INFRINGEMENT NOTICE
	² Date
Name and surname of police official in block letters	
	4 Place
Rank of police official in block letters	·
Signature of police official	Persal number of police official

SAPS 533



SOUTH AFRICAN POLICE SERVICE

REQUEST TO CANCEL A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION Section 28, 42, 56, 70, 81 and 88(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		IAL USE BY THE POLICE ST THE REQUEST IS CAPTUR	
	¹ Request Reference No		
			. I I I
42		12	
	18 ¹⁹ - 12 12	<u>E</u> C	
DATE RECEIVED	2 		
B. FOR OFFICIAL USE BY	POLICE STATION WHERE	THE REQUEST IS RECEIVE	D
Province			
Area	e e	······	••••••••••••••••••
Police station			
Component code			
Firearm applications register reference number	SAPS 86 NO	YEAR	
c. FOR OFFICIAL USE BY THE	E CENTRAL FIREARMS RE	GISTER (CFR)	
Outstanding/Additional information required			
			53
	<u></u>		·····
- 2 Per	sal number		* Date
		and the second	
⁴ Signature of police official		⁵ Name in block letters]
^e Cancellation of firearm licence, permit, certificate authorization approved (indicate with an X)	or		
¹ Pen	sal number		[#] Date
⁹ Signature of CFR officer	¹⁰ Officer code	¹¹ Name in block letters	
¹² Cancellation of firearm licence, permit, certificate		r refusal	
authorization refused (Indicate with an X)			
			- 6
authorization refused (Indicate with an X)	sel number		¹⁵ Dete
authorization refused (Indicate with an X)	sal number		¹⁵ Date

.....

		SAPS 533
	D. PARTICULARS OF THE REQUESTER	
1	SA ID Passport Persal number	
2	Identify number of the requester	
3	Pessport number of the requester	
4	Persal number - * Rank	
8	Sumarne 7 Initials	
	Residential address Postal Code Postal Code	
10	Postal address	
1	¹¹ Postel Code	TT
12	Telephone number 12.1 Home () 12.2 Work ()	
12.3	Celphone number ()	
14 15	E-mail address	
17	Trade or profession 16 if self-employed, specify Name of employer/company	-
18	Business address	
20	18 Postal Code	
20.3	Telephone number 201 Home () Cellphone number 24 Fax ()	
22	Cellphone number () E-mail address	
	E. DETAILS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION TO BE CANCELLED	
1	C DETAILS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR ADTHORIZATION TO BE CANCELLED	
1	Licence, permit, certificate or ² Licence, permit, certificate or authorization type ³ Date issued	
	•	·····
		 4
	F. PARTICULARS OF THE HOLDER OF THE FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZA	TION
1		1.4. 1.4.
1.1		a da G
1.3	SA ID Passport	
2	Passport number of natural person	
3	Sumame 4 Initials	
5	Residential address	
l	^e Postal Code	
		19

GOVERNMENT GAZETTE, 26 MARCH 2004

					SAPS 533
7	Postal address				
			Reconstruction of the local data	⁸ Postai Code	
9	Telephone number 91 Home	()	9.2 Work	()	
9.3	Celiphone number		¹⁰ Fax	()	
11	E-mail address				
12	JURISTIC PERSON'S DETAILS	* *			
13	OTHER BODIES		ž.		
14	Registered company name		3		
15	Trading as name		Э.		
16	FAR number				
17	Postal address				
				¹⁶ Postal Code	
19	Business address	Later a		20	
21			21.2 Fax	20 Postal Code	┋╼╍┸╼╌┨
22	Business telephone number 21.1 Work	()	Fax	()	
	E-mail address				
23	RESPONSIBLE PERSON'S DETAILS	3	1 		
24	Responsible person (full name and surname) .			
25	Type of identification (indicate with an X)		SA ID	Passport nur	nber
26	identity number of responsible person			· · ·	
27	Passport number of responsible person				
28 29	Celiphone number			A line or a line of the second se	- <u>-</u>
20	Physical address			³⁰ Postal Code	
31				PUSIE COLL	
	Postal address			32 Postal Code	
33	Reason(s) why cancellation of ligence, perm	t, certificate or authoriz	ation is requested		
		••••••			
		•••••••••••••••••	P		
34	Date on which cancellation is requested		Date		
35	DECLARATION BY THE REQUESTOR]			

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

10

No. 26156 309

G,		SIGNATURE O	REGU	LOICK				
Name of requester in block let	lers	ta A	2	Date		-		-
kank of requester in block lette	ers		. 4	Place		, ,		
Signature of requester			5	Persal number	of requester		<u>-</u>	
H. FOR OFFI	CIAL USE BY THE	DESIGNATED F	ireari	MS OFFICER/	STATION	OMMISS	IONER	
RECOMMENDATION RE			FIREA	RM LICENCE, P	ERMIT, CER	TIFICATE	OR AUTH	DRIZATH
R. Motivation	ecommended		2		Nat recam	mended		
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T)		19 a.	• 3	Date		1.1		
ame of Designated Firearms (Officer/Station Commiss	ioner in block letters			t			
ank of Designated Firearms O	fficer/Station Commissi	oper in block letters	5	Place				
		THE AT DIOCK IELLEIS	7					
gnature of Designated Firearn	s Officer/Station Comm	issioner		Persal number o	f Designated	Firearms O	flicer/	

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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		IAL USE BY THE POLICE STA THE REQUEST IS CAPTURE	
	DATE RECEIVED	e y e e e pe	а а	
1 2 3	E. FOR OFFICIAL USE BY PO Province Area Police station	LICE STATION WHERE TH	IE REQUEST IS RECEIVED	
4 5	Component code General firearm transactions register No			
		BY THE CENTRAL FIREAR	RMS REGISTER (CFR)	
2	³ Outstanding/Additional information required			
23				
			<u></u>	
	Per 2 Per	sal number		³ Date
	⁴ Signature of police official	· · · · · · · · ·	⁵ Name in block letters	`
	⁶ Suspension of firearm licence, permit, certificate of authorization approved (indicate with an X)	r Reason(s) for		
1			•	⁸ Period of suspension
la Xi		sal number		10 Date
	7 C CE 12:135.55		·····	
	¹¹ Signature of CFR officer	¹² Officer code	¹³ Name in block letters	
3	¹⁴ Suspension of firearm licence, permit, certificate authorization refused (indicate with an X)	or Reason(s) w	hy suspension is unnecessary	
Contraction of the second	<u> </u>			
3000				
	- ¹⁶ Per	sathumber	· · · · · ·	17 Date
	¹⁸ Signature of CFR officer	¹⁹ Officer code	²⁰ Name in block letters	

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1. The states

									-					SAPS	533(a)
	D. PARTICULARS OF THE REQUESTER														
1	NATURAL PERSON'S	DETAILS			(1 - 1 ⁻² -1) 				a A					16	
1	SAID	Passp	ort	Pers	ai number		ж								
2	Identity number of the re		1				- 25	Ľ-1		1	1 i	-	T	Τ.	T
3	Passport number of the	requester													
4	Persal number				-	5 F	ank			-					
6	Sumame				Zi	<u>)</u> .	3. 3			7	ntials				
•	Residential address														
10										⁹ Posl	tal Code				
	Postal address					8	7 	+		11 -					
12	Telephone number	12.1	lame ()			12.2 Wor	k (Pos	stal Cod	e			
12.3	Cellphone number						13 Fax).		1.1		-		
14	E-mail address		*****		- det	+ 11		<u>, 1888</u>		-				tan g	
15	JURISTIC PERSON'S D	ETAILS	7					8. 13	1	1.4					I
16	OTHER BODIES	1			65				2 78.7 .24		- 86 81	1 - 10 - 10			45
17						······									
18	Registered company nam Trading as name	9	<u></u>		<u>.</u>	n v		-	<u> </u>	i en Lana a	e 1 1	~	- 		
19	FAR number		<u></u>	$\overline{\mathbf{T}}$		वे स्व	e en Servita		<u></u>		- 1	0			
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22				n jana		1				21 Post	al Code		Γ		-
	Business address	10 E		99 92 1		1.15	1210-0	8		5 - 10 - 12		+	_		
24	Business telephone numb	er 24.1 W	ark (.)			24.2 Fax	().		al Code				_
25	E-mail address		· · ·												-
26	RESPONSIBLE PERSON		1		08 810		Đ.		s		1				
27					1		a * * *		alte i la E		÷			<u>.</u>	
28	Responsible person (name		e)					8 - 1 - 10	-					a	
29	Type of identification (indic identify number of respons				s <i>i</i> 	A ID T			_	Pasi	sport nu	mber T	т-	 	_
30	Passport number of respon						·	-	a car		-	-	-	-	
31	Celiphone number		-		<u> </u>			l		*			1		-
32	Physical address				·	:							33		-
34			- - 	1					3	^a Posta	l Code				
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	SAPS 533(a)								
	E. PARTICULARS OF FIREAR	M LICENCE, PERMI	T, CERTIFIC	ATE OR AUTH	ORIZATION 1	O BE SI	JSPE	NDED	
1	Licence, permit, certificate or authorization type	2 Licence, pr authorizatio	ermit, certificate In number	or ³ E	ate issued	4	Expir	y date	
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		1							
		+			••••••			••••••	
		+							
5	Reason (Indicate with an X)	fleged offence	Firearin	lost/stolen	Indicate case	details be	low		
5.1	Alleged offence	100 M 100 M 100 M 100 M							
5.1.1	Police station								
5.1.2	Reference number								
5.1.3	Description of case								
5.2	Firearm lost/stolen								3
5.2.1	Police station								
5.2.2	Reference number								
5.2.3	Description of case								
6	Date on which suspension is requested			Date				-	
7	DECLARATION BY REQUESTER]							
	I am aware that it is an offence in terms of	the Firearms Control Act	, 2000 (Act No	60 of 2000), to mak	ke a false staterr	ient in this	reques	st form.	
	F.	SIGNATU	RE OF REQU	IESTER					
1			2	Date		-		-	
	Name of requester in block letters		4						
3	Rank of requester in block letters		8	Place					
5			6		TT	<u> </u>			
	Signature of requester			Persal number o	f requester			1973 1	

Page 3 of 4

	OFFICIAL USE B		; ;	Contes	Kino or i		Anon	<u>oom</u>	naare	ALIN	
RECOMMENDA	tion regarding t	he suspen	SION OF T	HE FIREA	RM LICENC	E, PERA	NT, CER	TIFICAT	EOR	AUTHO	RIZAT
	Recommended						Nat reca	mmende	9		
Motivation regarding t	he request for suspen	alon	1	9 k.				1		0	
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		••••••	·/····	•••••••		1			••••••		
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Г 							-		-		T
Name of Designated Fire	earms Officer/Station	Commission	er in block k	etters	Date			<u> </u>		المسال	-
r			10 10		e (1997)			1		2	-
	arms Officer/Station C	_J.,			Place						

Page 4 of 4

2

GOVERNMENT GAZETTE, 26 MARCH 2004

SAPS 534



SOUTH AFRICAN POLICE SERVICE

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

DATE RECEIVED FOR OFFICIAL USE B ¹ ounce aa aa aa aa aa aa aa aniponent code Arturaal person register ref no Arturaal person's DETAILS A ID Passport assport number of natural person assport number of natural person	A FOR OF	FICIAL USE BY THE POLICE STATION E THE APPLICATION IS CAPTURED	*
	¹ Transfer reference No		
15			
т. ⁴⁰		° =	
DATE RECEIVED			
B FOR OFFICIAL US	SE BY POLICE STATION WHERE	THE APPLICATION IS RECEIVED	
Province			
Area			
Police station			
Component code			••••••
SAPS 13 register reference number			
General firearm transactions register ref no	no No	YEAR	
с.	PARTICULARS OF CURREN	TOWNER	
		and the second sec	12
NATURAL PERSON'S DETAILS			
SA ID Passport		·····	
SAID Passport Identity number of natural person			
Identity number of natural person		e initials	-
Identity number of natural person Passport number of natural person		⁴ mitials	
Identity number of natural person Passport number of natural person Sumaria Residential address			
Identity number of natural person Passport number of natural person Sumame		⁴ mitials	
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Identity number of natural person Passport number of natural person Sumame Residential address Postal address Telephone number	rie ()	⁸ Initials ⁹ Postal Code ¹⁹ Postal Code	
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Identity number of natural person Passport number of natural person Sumame Residential address Postal address Telephone number Celiphone number E-mail address	ne ()	⁸ Initials ⁹ Postal Code ¹⁰ Postal Code ¹⁰ Postal Code	
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Identity number of natural person Passport number of natural person Sumame Residential address Postal address Telephone number Celiphone number E-mail address	ne ()	⁸ Postal Code ¹⁰ Postal Code ¹² Postal Code ¹² Postal Code	
Identity number of natural person Passport number of natural person Sumame Residential address Postal address Telephone number Celiphone number E-mail address JURISTIC PERSON'S DETAILS OTHER BODIES	ne ()	⁸ Postal Code ¹⁰ Postal Code ¹² Postal Code ¹² Postal Code	

		2	52 		SAPS 534
18	FAR number			i tat e ségé	1
19	Postal address				
			er e	20 Postal C	ode
21	Business address			Pananania	
23	-			22 Postal C	ode
24	Business telephone number Exmail address	28.1 Work ()	^{23.2} Fax	()	
1	Cental acutess		<u> </u>	4 ⁻⁵	· · · ·
25	RESPONSIBLE PERSON'S D	ETAILS			
26	Responsible person (full name	s and sumame)			
27	Type of identification (indicate w	eith an X)	SA ID	Passpo	irt number
28	Identity number of responsible	person			· · ·
29 30	Passport number of responsibl	e person			
31	Cellphone number Physical address		· · · · · · · · · · · · · · · · · · ·		
	Fillyarda dalalidaa			³² Postal Co	de
33	Postal address		· · · · · · · · · · · · · · · · · · ·	1	
- 53				34 Postal Co	de
35	Reason(s) for transfer of firear:	n		7 T	
		j			104
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	D,	DETAILS OF FI	REARM(S) TO BE TRANS	FERRED	
1		7			
	DETAILS OF FIREARM(S)	(1)	(2)	(3)	(4)
2	Туре				3
4				the second s	
ି 5	Calibre				
°	Maxe		1 A 1 A 1		
°	Maxe Model		1 A 1 A 1		
6	Maxe				
6 6.1	Maxe Model Firearm component type:				
6 6.1 7	Make Model Firearm component type: Barrel serial number Make Frame serial number				
6 6.1	Make Model Firearm component type: Barrel senal number Make Frame senal number Make				
6 6.1 7 7.1	Make Model Firearm component type: Barrel serial number Make Frame serial number				

GOVERNMENT GAZETTE, 26 MARCH 2004

2		\$3 		SAPS 534
	E. PARTICULARS OF DEA	LER/GUNSMITH TO	NHC	IM THE FIREARM IS TRANSFERRED
1	Registered company name			
2	Trading as name			
3	FAR number			
4	Postal'address	<u> </u>	+	
			1	⁹ Postal Code
6	E PARTICULARS OF DEALER/QUNSMITH TO WHOM THE FREARM IS TRANSFERRED Production Comparing and the second of the second o			
8	84			
9		}		Pax (,)
	E-mail address			
10	DECLARATION BY PERSON WHO IS THE LA	WFUL OWNER OF THE FI	REA	RM(S)
	I hereby declare that the above firearm(s) is/are leg	ally in my possession and the irearm(s) are correct and ac	nat l i cura	ntend to sell or supply it once the necessary authorization(s) te.
60				
	ownership form.			
	F. SIGNA	TURE OF CURRENT O	WN	ER (Sign only Fapplicable)
1	SIGNATURE OF CURRENT OWNER	a kasa N	14040	
2			3	Data
	Name of current owner in block letters			
4	* 0 3	1 20	5	Place
	Signature of current owner			
6	SIGNATURE OF DEALER/GUNSMITH	*		
7			. 8	Date
	Name of dealer/gunsmith in block letters			
9	6 	5	10	Place
	G. (This section mus	at only be completed if the c	urrer	t owner cannot read or write.)
1	2 Eingerprint		3	Date
	designation	1		
			4	Name of current owner in block letters
		103 81	5	
		8	9	Place
		2		* *
6	PARTICULARS OF POLICE OFFICIAL DEALIN	IG WITH APPLICATION		~
6.1			6,2	
	Name of police official in block letters			Persal number of police official
6.3		1 	6.4	
	Rank of police official in block letters			Signature of police official

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No. 26156 317

7	PARTICULARS OF WITNESS	٦				SAPS 534
7.1]	73			
	Name of witness in block letters	-		Persal number of	witness	
7.3	Rank of witness in block letters		7.4	Signature of witne	SS	
	H. (This section must be completed only	PARTICULA If the current owne	RS OF INT	ERPRETER or write or does not	understand the conte	nt of this form)
1	Name and surname of interprater		141 a.m.			
2 3	identity/Passport number of interpreter Residential address					
					* Postal Code	
5	Postal address	*				
7	Telephone number 7.1 Home	1 1		7.2 Work (⁶ Postal Code	
8	Celiptione number	<u>, </u>		³ Fax (<u> </u>	
10	E-mail address					
11	Interpreted from (language)			to		
	e ^e une a		. 12	Date	-	-
13	Signature of interpreter		- 14	Place	· · · · · · · · · · · · · · · · · · ·	
15	Rank of police official in block letters (if applicable)	8	16	Persal number of p	olice official (if applica	- lible)
	L. Contraction of the second	PARTICULAR	S OF POLI	CE OFFICIAL		
1 -	Name of police official in block letters		2	Date		
3			4	Place		
5	Rank of police official in block letters	2 3 8	6			-
	Signature of police official	5 <u>6</u>		Persal number of po	lice official	
	2 5 3 2 2		χ.	2	3 5	
÷				33		80

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SOUTH AFRICAN POLICE SERVICE

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Name of Designated Firearms Officer in

block letters

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SAPS 535

318 No. 26156

GOVERNMENT GAZETTE, 26 MARCH 2004

	FORWARDING SCHEDULE	
Forwarding police station name	² Name of destination police station	
Component code of forwarding police station	⁴ Forwarding date	Y.
warding police station		Recipient police station
No e Name 7 Identity/FAR num	ber * Document type * Reference number 10 Number of pages of document	¹¹ ¹² Page numb not received
PARTICULARS OF FORWARDING DESIGNATED FIREARM	I S OFFICER	
15	16 17	f Designated Firearms Officer

Page 1 of 2

			SAPS 535
A.	ACKNOWLEDGEMENT OF RECEIPT		
* Remarks		Rector in the second	
<u></u>			******
		2	
-			
	<u>×</u>		
	· · · · · · · · · · · · · · · · · · ·		
B	RECIPIENT		
	2		
Name of police official in block letters			
Name of ponce official in block letters	Rank of police official in block letters		19 19 19 19 19 19 19 19 19 19 19 19 19 1
		14 X	
5 		OFFICIAL DATE STAMP	¢ 8
	4		
Persal number of police official			
rereating increasing and the second	Signature of police official		

GOVERNMENT GAZETTE, 26 MARCH 2004

5.8.8.8

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SAPS 536



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR AUTHORIZATION TO POSSESS MORE THAN 2 400 PRIMERS

		S	ection 93 of the	Firearms Conti	rol Act, 2	000 (Act	No 60	of 2000)						
o	FFICIAL DATE S	TAMP		А.											
	2			¹ Application	referen	ce No									
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¹ Outstanding	Additional inform	mation requ	ired												
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8			·												
	¹⁶ Signature of d	leciding office	er	17 Officer of	ode	6.93 	A. 33	18 Nam	e in bl	ock let	ters	102	1000		

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	0.	PARTI	CULARS OF	APPLICAN				
1	NATURAL PERSON'S DETAILS	3 ²	2 8 2 8 2 11	ä. :				
2	SA ID Pessport	85 865 10			a E			
3	identity number of natural person				-			
4	Passport number of natural person							
5	Sumame		· · · · ·	10		⁶ Initials		
7	Residential address			10 A		-		
-			tara a ja			⁸ Postal Cod	e	
9	Postal address	; 						
11						¹⁰ Postal Co	de	
11.3	Telephone number	iome ()	· <u>·····</u>	11.2 Work	()	(4)	
13	Cellphone number			12 Fax	()		
	E-mail address	in terre and the second se						
14	JURISTIC PERSON'S DETAILS			90° 1		a		
15	OTHER BODIES							
16	Registered company name	· · · · · · · · · · · · · · · · · · ·	5.510 I.				85 <u>-</u>	
17	Trading as name		* 1	2 5		e	4. 	
18	FAR number	TTT			T		1.1	
19	Company registration or CC number							
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22	Business address				19 - P			
		9.1		1		23 Postal Co	de 🔤	
24	Business telephone number 24.1 V	Vork ()		24.2 Fax	()			
25	E-mail address	· · · · · ·		d <u>ani</u>			<u> </u>	
26	RESPONSIBLE PERSON'S DETAILS			* (i	л 9 () А (1)			
27	Responsible person (full name and sum	ama)	1				<u></u>]
28	Type of identification (indicate with an X)		SAIL		-	Passport	number	
29	identily number of responsible person				-		-	-
30	Passport number of responsible person							-
31	Celiphone number				e at	-		102 and
32	Physical address			ti		E.	3	
					2	³³ Postal Cod	e	
34	Postal address			1	4			
9				*		³⁶ Postal Cor	le	

GOVERNMENT GAZETTE, 26 MARCH 2004

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	E. PARTICUL/	ARS OF FIREARM(S) FO MOR	R WHICH PERMISSION E THAN 2 400 PRIMERS	IS REQUIRED TO PO	SSESS
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2	Calibre				
3	Make	14 - 2 2			
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	Firearm component type:	50 10			19 -00-0100-0100-0100-0 0-00-01
5	Barrel serial number	15.			
6	Frame senal number				
7		RTICULARS OF FIREARM(S) FOR WHICH PERMISSION IS REQUIRED TO POSSESS MORE THAN 2 400 PRIMERS			
	Accenter Schen Humber	PARTICULARS OF FIREARM(S) FOR WHICH PERMISSION IS REQUIRED TO POSSESS MORE THAN 2 400 PRIMERS			
8	Provide reason(s) for the need to	possess more than 2 400 prir	ners for each firearm		
	Firearm 1				
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			SAPS 53
	F. SIGNA	TURE OF APPLICA	ANT (Sign only if applicable)
1	· · · · · · · · · · · · · · · · · · ·		2 Date
3	Name of applicant in block letters		
•	Signature of applicant	8	* Place
4		nisar de compieted only i	If the applicant cannot read or write }
-1	² Fingerprint designation		³ Date
		2 1	4
			Name of applicant in block letters
	e) 11		5 Place
	Right Index fingerprint of applicant		
6	PARTICULARS OF POLICE OFFICIAL DEALING	WITH APPLICATION	
6.1		999 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6.2
	Name of police official in block letters	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 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	i A an international	7.2 Persal number of witness
7.3			7.4
	Rank of witness in block letters		Signature of witness
	H.	PARTICULARS OF	FINTERPRETER
	(This section must be completed only i	f the applicant cannot rea	ead or write or does not understand the content of this form.)
1	Name and surname of interpreter		
2 3	Identity/Passoort number of interpreter	, ,	
	Residential address		4 Postal Code
5	Postal address		Castel Code
			⁶ Postal Code
7	Telephone-number 7.3 Home (.)	^{1,4} Work ()
8 10	Celiphone number	с. б	⁹ Fax ()
11	E-mail address interprated from (language)		
	当	94 4 57	12 Date
13			14
	Signature of interpreter	g sea	Place
15			16
	Rank of police official in block letters (if applicable)		Persal number of police official (if applicable)

GOVERNMENT GAZETTE, 26 MARCH 2004

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1.	FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER	
	RECOMMENDATION REGARDING THE APPLICATION	
-	Recommended Not recommended	
Mot	ration	•••••
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L		
	³ Date	
Name	of Designated Firearms Officer/Station Commissioner in block letters	
	5 Place	
Rank	f Designated Firearms Officer/Station Commissioner in block letters	
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Signat	ure of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station Commissioner	

	and the second second			SAPS 349
OTHER B	IS IN POSSESSION OF BODIES WHICH ARE EX Section 97 of the Firearms Control Act, 2	KEMPT FROM LIC	DEPARTMENTS AND	¹ CODE OF BODY To be completed by the SA Police
·		To be completed by the S Police Service	SA	
*Date * Lype * Add	ion ⁷ Calline	^a Califize onde	Mamufacturer's sorial number	10 Maire
Signature of person who completed the SAPS 349 Type (Indicate - pistol, revolver, rifle, rifle and / or shotgun combination, shotgun) Action (Indicate - bolt, automatic, semi-automatic, cylinder, lever, pump action, etc) For Central Firearms Register use only	12Name of person who comple	ted the SAPS 349	13 Date	
¹⁴ Checked and captured by 15 Signature	Name in block letters	16 Persal nu	mber	Office date stamp

No. 26156 325

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SAPS 350(a)

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F.			

SOUTH AFRICAN POLICE SERVICE

DEALER'S RETURN: STOCK RECEIVED Section 39(8) of the Firearms Control Act, 2000 (Act No 60 of 2000)

¹ Period from	Date C C	YY-M	M - D D	to	Date			
A.				DEALER'S PA	RTICULARS			
¹ Trading as name of de	aler				² Licence number of dealer			
B. DETAILS OF FIRE	RM(S) RECEIVED				C. FROM WHOM RECEIVED	0		
¹ Firearm(s) type	² Model	³ Galibre	⁴ Serial number	⁶ Make	¹ Name	² Identification/Passport/	FAR No ^a Lice	ance No. ⁴ Date received
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Signature of responsible person		lame of responsible persor	in block latters		Date		
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	PARTICULARS	OF FIREARM(S) THA	T COULD NOT BE R	EGISTERED			
arm type ³ Model ⁴ Calif	ore ^s Serial number	⁶ Make			Remarks		
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Period from	Date			to DEALER'S PAR	Date]	
Trading as name of	dealer				² Licence number of dealer			
1. DETAILS OF FIR ¹ Filearm(s) type	EARM(S) SUPPLIED	³ Calibre	4 Serial number	* Make	C. TO WHOM SUPPLIED	2	1.8	4
1 realines who	woder	Canbre	Senai number:	TVEIRE	Name	² Identification/Passport/#AR No	³ Licence No	⁴ Date received
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Page 1 of 2

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arm type ³ Mor	jel ⁴ Calibre	⁵ Serlai humber	⁶ Make		7 Remarks		· · · · · · · · · · · · · · · · · · ·
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umber of official		Signature of official					12 P
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SAPS 350(c)



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	<u> </u>
A.		MANUFACTURE	PS PARTICULARS	
¹ Trading as name of manufacturer			* Licence number of manufacturer	
B. DETAILS OF FIREARM(S) MANUF	ACTURED			
1 Filearn(s) type	² Model	³ Calibre	* Senal number	* Make * Date manufactured
				⁵ Make ⁶ Date manufactured
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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
	9	10 Date
Signature of responsible person	Name of responsible person in	alock letters
AC	KNOWLEDGEMENT OF RECEIPT (FOR OFF	ICIAL USE BY THE SOUTH AFRICAN POLICE SERVICE)
	PARTICULARS OF FIREARM(S) THAT	
Firearm type ³ Model ⁴ Calibre ⁵	Serial number ⁶ Make	⁷ Remarks
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al number of official Signatur	e of official	

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SAPS 350(d)



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		7	5
A.				MANUFACTURE	R'S PARTICULARS			
¹ Trading as name of m	anufacturer				² Licence number of manufactu	rer T	1-1-1-	
B. DETAILS OF FIRE	ARM(S) SUPPLIED				C. TO WHOM SUPPLIED			
¹ Firearm(s) type	2 Model	³ Calibro	⁴ Serial number	⁵ Make	* Name	² FAR No	³ Licence No	⁴ Date received
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aware that it is an offence in terms of t	the Firearms Control Act,	2000 (Act 60 of 2000	0) to provide false inform	ation on this form				
	••••••	7			2000	8 Date		-
Signature of responsible pe	rson		Name of responsible p	erson in block letters				
	A	KNOWLEDGEM	ENT OF RECEIPT (OR OFFICIAL USE BY THE	E SOUTH AFRICA	N POLICE SERVICE)		
				THAT COULD NOT BE				
² Firearm type ³ Modei	⁴ Calibre 5	Serial number	⁶ Make			7 Remarks		
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SAPS 350(e)



SOUTH AFRICAN POLICE SERVICE	
GUNSMITH'S RETURN: STOCK RECEIVED	

Section 67(7) of the Firearms Control Act, 2000 (Act No 60 of 2000)

¹ Period from	Date		-	to	Date]	•.)		
Α.				GUNSMITH'S PA	RTICULARS					
Trading as name of gunsmith 2 ² Licence number of gunsmith										
B. DETAILS OF FIREARM(S) RECEIVED					C. FROM WHOM RECEIVED					
¹ Firearm(s) type	² Modei	^a Calibre	⁴ Senal number	⁶ Make	¹ Name	² Identification/Passport/FAR No.	³ Licence Np	⁴ Date received		
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					8 Date	-	-
Signature	of responsible person		Name of responsible pe	rson in block letters		3E	73
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		PARTICUL	ARS OF FIREARM(S) T	HAT COULD NOT BE REC	GISTERED		
arm type	^a Model ⁴ Calib	re ⁵ Serial number	⁶ Make		7 Remarks		
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		PARTICULARS OF OFFIC	AL RESPONSIBLE FO	R THE REGISTRATION O	F THE FIREARM DETAILS		
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¹ Period from	Date	-	-	to	Date			1	
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⁺ Treding as name of gu	insmith				² Licence number of gunsmith				
					Licence number of guinsmin				
B. DETAILS OF FIRE					C. TO WHOM SUPPLIED				
¹ Firearm(s) type	² Model	^a Calibre	⁴ Senal number	⁵ Make	¹ Name	² Identification/P	assport/FAR No	³ Littence No	⁴ Date received.
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D I	······································			⁸ Date	
Signature of responsible person		Name of responsible p	erson in block letters		
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* Model * Calibr	PARTICULARS		THAT COULD NOT BE REGIS		
arm type ^a Model ⁴ Calibr	e ⁵ Senai number	⁶ Make		⁷ Remarks	
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Imber of official	Signature of official				

ANNEXURE "B' LIST OF FEES PAYABLE (Regulation 97)

Person responsible for payment	Circumstances for which fee is payable	Method of payment	Amount
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
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
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
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
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
Applicant	Application for renewal of a licence, permit or authorization	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R70
Applicant	Application for a temporary authorization to possess a firearm	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R140
Applicant	Application for renewal of a dealer's, manufacturer's or gunsmith's licence	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R700
Applicant	Application for a temporary authorization to trade in firearms and ammunition, to conduct business as a gunsmith and to display firearms and ammunition on premises other than those specified in dealer's, manufacturer's or gunsmith's licence	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R550
Applicant	Application for accreditation	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R280
Applicant	Application for a permanent import or export permit	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R140
Applicant	Application for an in-transit permit	Payment of fees shall be made at a police station by means of cash or bank guaranteed cheque only	R140
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
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

CONTINUES ON PAGE 346-PART 3