



# Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA  
REPUBLIEK VAN SUID-AFRIKA

*Regulation Gazette*

**No. 7926**

*Regulasiekoerant*

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Maart 2004**

**No. 26156**

**PART 2 OF 4**



**AIDS HELPLINE: 0800-0123-22 Prevention is the cure**



## SOUTH AFRICAN POLICE SERVICE

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

Section 24, 35, 49 and 63 of the Firearm Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

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

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

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



SAPS 518(a)

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

# D. PARTICULARS OF APPLICANT

## 1 NATURAL PERSON'S DETAILS

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

2.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
3	Identity number of natural person					
4	Passport number of natural person					
5	Surname					6 Initials
7	Full name					
8	Residential address					
10	Postal address					9 Postal Code
12	Business telephone number					12.1 Home ( )
12.3	Cellphone number					12.2 Work ( )
14	E-mail address					13 Fax ( )

## 15 JURISTIC PERSON'S DETAILS

### 16 OTHER BODIES

17	Registered company name					
18	Trading as name					
19	FAR number					
20	Postal address					
22	Business address					21 Postal Code
24	Business telephone number					24.1 Work ( )
25	E-mail address					24.2 Fax ( )

## 26 RESPONSIBLE PERSON'S DETAILS

27	Responsible person (full names and surname)					
28	Type of identification (Indicate with an X)					
29	Identity number of responsible person					
30	Passport number of responsible person					

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

SAPS 518(a)

31	Cellphone number				
32	Physical address				
		33 Postal Code			
34	Postal address				
		35 Postal Code			

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

37	<b>WAS YOUR APPLICATION HANDED IN 90 DAYS BEFORE EXPIRY OF THE EXISTING LICENCE? IF NO, SUBMIT THE REASON</b> (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Reason(s)
38	<b>WAS YOUR APPLICATION HANDED IN AFTER THE DUE DATE, BUT BEFORE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON</b> (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Reason(s)
39	<b>WAS YOUR APPLICATION HANDED IN AFTER THE EXPIRY OF EXISTING LICENCE. IF YES, SUBMIT THE REASON</b> (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Reason(s)

40 **DECLARATION BY APPLICANT**

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

SAPS 518(a)

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

Note:

The requirements of the photo:

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

PHOTO

2

Signature

3

4 Fingerprint  
designation

4

5

Name of applicant in block letters

6

Date

7

Place

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

8.1

Name of police official in block letters

8.2

Personal number of police official

8.3

Rank of police official in block letters

8.4

Signature of police official

**9 PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.2

Personal number of witness

9.3

Rank of witness in block letters

9.4

Signature of witness

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

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

3 Residential address

4 Postal Code

5 Postal address

6 Postal Code



7	Telephone number	7.1 Home ( )	7.2 Work ( )
8	Cellphone number	5 Fax ( )	
10	E-mail address		
11	Interpreted from (language)		to

12	Date				.			.	
----	------	--	--	--	---	--	--	---	--

14	Place	
----	-------	--

16								
----	--	--	--	--	--	--	--	--

Persal number of police official (if applicable)

G.	IN CASE OF NOMINEE/AUTHORIZED PERSON
----	--------------------------------------

[illegible]

3	Date					-			-		
---	------	--	--	--	--	---	--	--	---	--	--

4	
5	Place

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

1	RECOMMENDATION REGARDING THE APPLICATION (Indicate with X)			
2	Recommended	<input type="checkbox"/>	Not recommended	<input type="checkbox"/>

2.1	Motivation regarding the application
<div style="border: 1px solid black; height: 125px; width: 100%;"></div>	

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

1   
Name of Designated Firearms Officer/Station Commissioner in block letters

2	Date					-			-		
---	------	--	--	--	--	---	--	--	---	--	--

3   
Rank of Designated Firearms Officer/Station Commissioner in block letters

4	Place	
---	-------	--

5  
.....  
Signature of Designated Firearms Officer/Station Commissioner

6 

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

  
Personal number of Designated Firearms Officer/Station  
Commissioner

SAPS 518(b)



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR A TEMPORARY AUTHORIZATION TO TRADE IN FIREARMS AND  
AMMUNITION, TO CONDUCT BUSINESS AS A GUNSMITH OR TO DISPLAY FIREARMS  
AND AMMUNITION ON PREMISES OTHER THAN THOSE SPECIFIED IN THE DEALERS',  
MANUFACTURERS' OR GUNSMITHS' LICENCE**

Section 36, 50, 64 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED											
<sup>1</sup> Application reference No											

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

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

SAPS 518(b)

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

1	To trade in firearms and ammunition	
2	To trade in ammunition	
3	To manufacture firearms	
4	To manufacture ammunition	
5	To conduct business as a gunsmith	

**JURISTIC PERSON'S DETAILS**

7	Registered company name												
8	Trading as name												
9	FAR number												
10	Postal address												
											11 Postal Code		
12	Business address												
											12 Postal Code		
14	Business telephone number		13.1 Work	( )				13.2 Fax	( )				
15	E-mail address												
16	Responsible person (full name and surname)												
17	Type of identification (Indicate with an X)		SA citizen				Non-SA citizen with permanent residence*						
18	Identity number of responsible person												
19	Cellphone number												
20	Physical address												
											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 (Indicate with an X)	To trade in firearms and ammunition	To trade in ammunition	To manufacture firearms
	To manufacture ammunition	To conduct business as a gunsmith		
26	Licence number			
27	Date issued	26 Expiry date		
29	PHYSICAL ADDRESS OF THE PROPOSED PREMISES ON WHICH BUSINESS WILL BE CONDUCTED			
30	Address			
				31 Postal Code

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



SAPS 518(b)

32

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

33

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

34

**DESCRIBE THE ALARM SYSTEM**

35

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

36

**DESCRIBE THE BURGLAR PROOFING**

37

DESCRIBE OTHER SECURITY FEATURES

38

Period for which the temporary authorization will be required

FROM

Date \_\_\_\_\_

**TO**

Date \_\_\_\_\_

39

**DECLARATION BY APPLICANT**

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

E.

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

Note:

The requirements of the photo:

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

PHOTO

1

2

Signature

3

4 Fingerprint designation

5

Name of applicant in block letters

6

Date

7

Place

8

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1

Name of police official in block letters

8.2

Persal number of police official

8.3

Rank of police official in block letters

8.4

Signature of police official

9

**PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.2

Persal number of witness

9.3

Rank of witness in block letters

9.4

Signature of witness

F.

**PARTICULARS OF INTERPRETER**

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

1

Name and surname of interpreter

2

Identity/Passport number of interpreter

**SAPS 518(b)**

<b>3</b>	Residential address														
									Postal Code						
<b>5</b>	Postal address														
									Postal Code						
<b>7</b>	Telephone number	<b>7.1 Home</b>	(   )	<b>7.2 Work</b>	(   )										
<b>8</b>	Cellphone number					<b>8 Fax</b>	(   )								
<b>10</b>	E-mail address														
<b>11</b>	Interpreted from (language)					to									
					Date					-			-		
<b>13</b>	Signature of interpreter														
<b>15</b>	<div style="border: 1px solid black; height: 20px;"></div>														
	Rank of police official in block letters(if applicable)														
<b>14</b>	Place														
<b>16</b>										-					
	Persal number of police official(if applicable)														

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

[illegible]



SAPS 518(b)


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

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

6   
Signature of Designated Firearms Officer/Station Commissioner

3 Date

5 Place

7            
Personal number of Designated Firearms Officer/Station Commissioner

SAPS 519



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR ACCREDITATION AS AN ASSOCIATION**

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

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED												
<sup>1</sup> Application reference No												

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

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

SAPS 519

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

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

**E. PARTICULARS OF APPLICANT****1 NATURAL PERSON'S DETAILS****2 Type of identification** (Indicate with an X)

2.1	SA citizen	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
3	Identity number of natural person			
4	Surname		5 Initials	
6	Full names			
7	Date of birth		8 Age	9 Gender
				Male Female
10	Residential address		11 Postal Code	
12	Postal address		13 Postal Code	
14	Trade or profession		15 If self-employed, specify	
16	Name of employer/company			
17	Business address		18 Postal Code	
19	Telephone number	19.1 Home	( )	19.2 Work
19.3	Cellphone number			20 Fax
21	E-mail address			

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

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

**24 PARTICULARS OF SPOUSE/PARTNER** (if applicable)**24.1 Type of identification** (Indicate with an X)

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

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



SAPS 519

25 **JURISTIC PERSON'S DETAILS**26 **OTHER BODIES** (eg body corporate, close corporation or company)

27	Registered company name																		
28	Trading as name																		
29	Company registration or CC number																		
30	Postal address																		
															31 Postal Code				
32	Business address																		
															32 Postal Code				
34	Business telephone number	34.1 Work	(	)		34.2 Fax	(	)											
35	E-mail address																		

36 **PARTICULARS OF MAIN ADDRESS (HEAD OFFICE)**

37	Business address																		
															38 Postal Code				
39	Postal address																		
															40 Postal Code				
41	Business telephone number	41.1 Work	(	)		41.2 Fax	(	)											
42	E-mail address																		

43 **RESPONSIBLE PERSON'S DETAILS**

44	Responsible person (full name and surname)																		
45	Type of identification (indicate with an X)	SA ID			Passport number														
46	Identity/Passport number of responsible person																		
47	Cellphone number																		
48	Physical address																		
															49 Postal Code				
50	Postal address																		
															51 Postal Code				

52 **PROOF SIGNATURES OF RESPONSIBLE PERSON**

53 .....  
Signature of responsible person

54 .....  
Signature of responsible person

55 **PARTICULARS OF PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION**

56	Identity number	Full names	Surname	Capacity


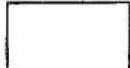


SAPS 519

61	<b>REGION THAT IS COVERED BY THE ORGANIZATION</b>
62	<b>PARTICULARS OF HOW REGISTERS WILL BE KEPT</b>
63	<b>NUMBER OF PAID-UP MEMBERS REGISTERED (provide proof)</b>

64 **DECLARATION BY APPLICANT**

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

<b>F. SIGNATURE OF APPLICANT (Sign only if applicable)</b>	
1	2
	
Right index fingerprint of applicant	Fingerprint designation
3	4
Date	
5	6
Name of applicant in block letters	Signature of applicant
7	
Place	

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

7.1	7.2
Name of police official in block letters	Personal number of police official
7.3	7.4
Rank of police official in block letters	Signature of police official

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

1	Name and surname of interpreter
2	Identity/Passport number of interpreter
3	Residential address
	<sup>4</sup> Postal Code

6	Postal address														
									F Postal Code						
7	Telephone number	7.1 Home	( )					7.2 Work	( )						
8	Celphone number							8 Fax	( )						
10	E-mail address														
11	Interpreted from (language)							to							
12	Date					-				-					
14	Place														
13	Signature of Interpreter														
15	Rank of police official (if applicable)														
16	Persal number of police official (if applicable)									-					

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

[illegible]





SAPS 519(a)

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

1	As a shooting range	
2	To provide training in the use of firearms	
3	To provide firearms for the use in theatrical, film or television productions	
4	To conduct business in hunting	
5	To provide an in-house security service	
6	As a museum	
7	As a public collector in firearms and ammunition	
8	As a game rancher	
9	For other business purposes (specify the purpose)	

**E. PARTICULARS OF APPLICANT****1 NATURAL PERSON'S DETAILS****2 Type of identification** (Indicate with an X)

2.1	SA citizen	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
3	Identity number			
4	Surname			5 Initials
6	Full names			
7	Date of birth		8 Age	9 Gender
				Male Female
10	Residential address			
		11 Postal Code		
12	Postal address			
		13 Postal Code		
14	Trade or profession			15 If self-employed, specify
16	Name of employer/company			
17	Business address			
		18 Postal Code		
19	Telephone number	19.1 Home	( )	19.2 Work
19.3	Cellphone number			20 Fax
21	E-mail address			

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

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

**24 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER** (If applicable)**24.1 Type of identification** (Indicate with an X)

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

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

SAPS 519(a)

**JURISTIC PERSON'S DETAILS**

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

**RESPONSIBLE PERSON'S DETAILS**

37	Responsible person (full name and surname)																						
38	Type of identification (indicate with an X)				SA ID								Passport number										
39	Identity number of responsible person											-						-				-	
40	Passport number of responsible person																						
41	Cellphone number																						
42	Physical address																						
																			43 Postal Code				
44	Postal address																						
																			45 Postal Code				

**PROOF SIGNATURES OF RESPONSIBLE PERSON**

Signature of responsible person

Signature of responsible person

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

[illegible]

51 **PARAGRAPH 52 - 55 MUST BE COMPLETED FOR ALL TYPES OF ACCREDITATION**

52 **MOTIVATION OF PURPOSE AND SCOPE FOR WHICH ACCREDITATION IS REQUIRED**

53 **DESCRIPTION OF THE MAIN PURPOSE OF THE BUSINESS**

54 **DESCRIPTION OF SECURITY MEASURES PERTAINING TO THE STORAGE, TRANSPORT AND SAFEKEEPING OF FIREARMS TO BE USED**

55 **DESCRIPTION OF HOW REGISTERS WILL BE KEPT**

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

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

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

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

60 **DESCRIPTION OF ACCESS CONTROL**

61 **DESCRIPTION OF DISPLAY MECHANISMS**

SAPS 519(a)

62

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

63

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

63.1

Name

63.2

Accreditation registration number

64

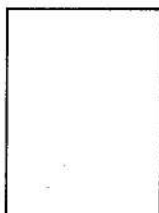
**DECLARATION BY APPLICANT**

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

F.

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

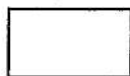
1



Right index fingerprint of applicant

2

Fingerprint designation



3.

Date

4

Name of applicant in block letters

5

Place

6

Signature of applicant

7

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

7.1

Name of police official in block letters

7.2

Persal number of police official

7.3

Rank of police official in block letters

7.4

Signature of police official

G.

**PARTICULARS OF INTERPRETER**

(This section must be completed only if the applicant cannot read or write, or does not understand the content of this form.)

1

Name and surname of interpreter

2

Identity/Passport number of interpreter

3

Residential address

5

Postal address

Postal Code

Postal Code

7

Telephone number

7.1 Home

( )

7.2 Work

( )

8

Cellphone number

9 Fax

( )

10

E-mail address

11

Interpreted from (language)

to

12

Date

13

Signature of interpreter

14

Place

15

Rank of police official in block letters (if applicable)

16

Persal number of police official (if applicable)



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

## RECOMMENDATION REGARDING THE APPLICATION

Recommended

Not recommended

Motivation

Recommended conditions

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

Place

Persal number of Designated Firearms Officer/Station Commissioner

SAPS 519(b)



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR ACCREDITATION AS AN OFFICIAL INSTITUTION**

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

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER WHEN THE APPLICATION IS CAPTURED											
1 Application reference No											

B. FOR OFFICIAL USE BY THE DECIDING OFFICER AT THE CENTRAL FIREARMS REGISTER (CFR)											
2 Outstanding/Additional information required											
3 Persal number								4 Date			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           4 Signature of police official           <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </div> <div style="width: 45%;">           5 Name in block letters           <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </div> </div>											
6 Application for accreditation approved (Indicate with an X) <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>											
7 Persal number								8 Date			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           9 Signature of deciding officer           <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </div> <div style="width: 45%;">           10 Officer code           <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </div> </div>											
11 Name in block letters <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>											
12 Application for accreditation refused (Indicate with an X) <div style="display: flex; align-items: center;"> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div>											
13 Reason(s) for refusal											
14 Persal number				C C Y Y - -				15 Date			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           16 Signature of deciding officer           <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </div> <div style="width: 45%;">           17 Officer code           <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> </div> </div>											
18 Name in block letters											

SAPS 519(b)

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

1	Name of government institution			
2	Physical address			
		3 Postal Code		
4	Postal address			
		5 Postal Code		
6	Contact telephone number	6.1 Work	( )	6.2 Fax ( )
7	E-mail address			

**RESPONSIBLE PERSON'S DETAILS**

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

**PROOF SIGNATURES OF RESPONSIBLE PERSON**

Signature of responsible person

Signature of responsible person

**OTHER DETAILS****MOTIVATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED****MOTIVATION REGARDING THE NEED FOR THE OFFICIAL INSTITUTION TO POSSESS FIREARMS**

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

24

PARTICULARS OF THE PLACE WHERE REGISTERS WILL BE KEPT FOR INSPECTION BY A POLICE OFFICIAL

25

DESCRIPTION OF THE LINKED WORKSTATION THAT MUST BE MAINTAINED

26

PURPOSE FOR WHICH FIREARMS ARE NEEDED

27

DETAILS OF THE TYPE OF FIREARMS AND THE NUMBER ROUNDS OF AMMUNITION THE OFFICIAL INSTITUTION INTENDS TO ACQUIRE

28

DESCRIPTION OF SAFETY CONTROL PROCEDURES REGARDING THE SAFEGUARDING OF FIREARMS AND THE SAFEKEEPING FACILITIES

29

DECLARATION BY APPLICANT

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

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D. SIGNATURE OF APPLICANT (Sign only if applicable)	
<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p style="text-align: center;">Right index fingerprint of applicant</p>	<div style="border: 1px solid black; width: 50px; height: 30px; margin: 0 auto;"></div> <p style="text-align: center;">Fingerprint designation</p>
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Date</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Name of applicant in block letters</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Place</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Signature of applicant</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Name of police official in block letters</p>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Persal number of police official</p>
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Rank of police official in block letters</p>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Signature of police official</p>
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">PARTICULARS OF WITNESS</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Name of witness in block letters</p>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Persal number of witness</p>
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Rank of witness in block letters</p>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Signature of witness</p>
E. PARTICULARS OF INTERPRETER (This section must only be completed if the applicant cannot read or write or does not understand the content of this form.)	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Name and surname of interpreter</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Identity/Passport number of interpreter</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Residential address</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Postal address</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Telephone number</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Cellphone number</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">E-mail address</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Interpreted from (language)</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Signature of interpreter</p>	
<div style="border: 1px solid black; width: 100%; height: 20px;"></div> <p style="text-align: center;">Rank of police official in block letters (if applicable)</p>	



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
DATE RECEIVED

<b>A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</b>	
<sup>1</sup> Application reference No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

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

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

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

**E. PARTICULARS OF APPLICANT****1 NATURAL PERSON'S DETAILS****2 Type of identification** (Indicate with an X)

2.1 SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>														
3 Identity number of natural person																	
4 Passport number of natural person																	
5 Surname																	
6 Initials																	
7 Full names																	
8 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 Name of employer/company																	
18 Business address																	
19 Postal Code																	
20 Telephone number	20.1 Home	( )	20.2 Work	( )													
20.3 Cellphone number																	
21 Fax																	
22 E-mail address																	

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

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

**25 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER** (if applicable)**25.1 Type of identification** (Indicate with an X)

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

**26 JURISTIC PERSON'S DETAILS**

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

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											SAPS 52											
											31 Postal Code											
32	Business address												33 Postal Code									
											33 Postal Code											
34	Business telephone number		34.1 Work		( )		34.2 Fax		( )													
35	E-mail address																					

**RESPONSIBLE PERSON'S DETAILS**

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

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

### NATURAL PERSON'S DETAILS

2	Surname											3 Initials					
4	Full names																
5	Identity number of natural person																
6	Passport number of natural person																
7	Residential address																
												8 Postal Code					
9	Postal address																
												10 Postal Code					
11	Telephone number	11.1 Home	( )		11.2 Work	( )											
11.3	Cellphone number					12 Fax	( )										
13	E-Mail address																

**JURISTIC PERSON'S DETAILS**

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

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

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

**RESPONSIBLE PERSON'S DETAILS**

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

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

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

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

7 Date on which the import/export will take place

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

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

9 Period for which permit is required

9.1	FROM	Date				-						TO	9.2	Date				-					
-----	------	------	--	--	--	---	--	--	--	--	--	----	-----	------	--	--	--	---	--	--	--	--	--

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

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

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



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**9**      **Validity of the transporter's permit**

FROM

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

TO

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

10	Transport route
----	-----------------

[illegible]

I.	DETAILS OF FIREARMS
----	---------------------

1

[illegible]

### DETAILS OF AMMUNITION

## 2.1

[illegible]

## 2.2

[illegible]



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

Name of person currently in possession in block letters

Signature of person currently in possession

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.

Name of applicant in block letters

.....  
Signature of applicant

4.2	Date					-		-	
-----	------	--	--	--	--	---	--	---	--

4.4	Place	
-----	-------	--

2	Date					-			-		
---	------	--	--	--	--	---	--	--	---	--	--

4	Place	
---	-------	--

2

Right index fingerprint of applicant

**2 Fingerprint designation**

Right index fingerprint of applicant

3	Date					-			-		
---	------	--	--	--	--	---	--	--	---	--	--

4. Name of applicant in block letters

5 

Place	
-------	--

Name of police official in block letters

Rank of police official in block letters

6.2 

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

  
Personal number of police official

6.4  
.....  
Signature of police official

Name of witness in block letters

Rank of witness in block letters

7.2

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

Persal number of witness

7.4  
.....  
Signature of witness

**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.)

Name and surname of interpreter

Identity/Passport number of interpreter

Residential address

<sup>4</sup> Postal Code

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6	Postal address	
		6 Postal Code
7	Telephone number	7.1 Home ( )
		7.2 Work ( )
8	Cellphone number	8 Fax ( )
10	E-mail address	
11	Interpreted from (language)	to
12	Date	- -
13	Signature of interpreter	
14	Place	
15	Rank of police official in block letters ( if applicable)	
16	Persal number of police official (if applicable)	-

M. PARENTAL CONSENT IN CASE OF A MINOR

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

5	Date					-			-			
7	Place											

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N. _____		IN CASE OF NOMINEE/AUTHORIZED PERSON											
1	Name and surname of nominee/authorized person												
2	Identity/Passport number of nominee/authorized person												
3	Date					-			-				
4	Signature of nominee/authorized person												
5	Place												

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

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

<b>c.</b>					
<b>FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER</b>					
<b>1</b>	RECOMMENDATION REGARDING THE APPLICATION				
<b>2</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 5px;">Recommended</td> <td style="width: 10%;"></td> <td style="width: 40%; text-align: center; padding: 5px;">Not recommended</td> <td style="width: 10%;"></td> </tr> </table> <p>Motivation regarding the application</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	Recommended		Not recommended	
Recommended		Not recommended			
<b>3</b>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Name of Designated Firearms Officer/Station Commissioner in block letters				
<b>4</b>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Rank of Designated Firearms Officer/Station Commissioner in block letters				
<b>5</b>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Signature of Designated Firearms Officer/Station Commissioner				
<b>6</b>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Date				
<b>7</b>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Place				
<b>8</b>	<div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Personal number of Designated Firearms Officer/Station Commissioner				

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**

**DATE RECEIVED**

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

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

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

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

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

# **E. PARTICULARS OF APPLICANT**

## **1 NATURAL PERSON'S DETAILS**

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

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

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

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

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

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

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

## **26 JURISTIC PERSON'S DETAILS**

27	Registered company name	
28	Trading as name	
29	FAR number	



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

**RESPONSIBLE PERSON'S DETAILS**

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

**F. PARTICULARS OF CURRENT OWNER OF THE FIREARM(S)****1 NATURAL PERSON'S DETAILS**

2	Surname										
		3 initials									
4	Full names										
5	Identity number of natural person										
6	Passport number of natural person										
7	Residential address										
		8 Postal Code									
9	Postal address										
		10 Postal Code									
11	Telephone number	11.1 Home	(		)	11.2 Work	(		)		
11.3	Cellphone number										
		12 Fax	(		)						
13	E-mail address										
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	FAR number										

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

**RESPONSIBLE PERSON'S DETAILS**

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

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

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

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

Date on which the import/export will take place:

Date

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

Period for which permit is required

FROM

Date

TO

Date

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

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

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

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9      **Validity of the transporter's permit**

FROM

Date \_\_\_\_\_

TO

Date \_\_\_\_\_

10	Transport route
----	-----------------

I.	DETAILS OF FIREARMS
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.
17.	17.
18.	18.
19.	19.
20.	20.
21.	21.
22.	22.
23.	23.
24.	24.
25.	25.
26.	26.
27.	27.
28.	28.
29.	29.
30.	30.
31.	31.
32.	32.
33.	33.
34.	34.
35.	35.
36.	36.
37.	37.
38.	38.
39.	39.
40.	40.
41.	41.
42.	42.
43.	43.
44.	44.
45.	45.
46.	46.
47.	47.
48.	48.
49.	49.
50.	50.
51.	51.
52.	52.
53.	53.
54.	54.
55.	55.
56.	56.
57.	57.
58.	58.
59.	59.
60.	60.

1

[illegible]

[illegible]

## 2.1

## 2.2

[illegible]

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.

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## 4 SIGNATURE OF PERSON CURRENTLY IN POSSESSION

4.1   
Name of person currently in possession in block letters

4.2 Date     -

4.3   
Signature of person currently in possession

4.4 Place

## 5 DECLARATION OF APPLICANT

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

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

1   
Name of applicant in block letters

2 Date     -

3   
Signature of applicant

4 Place

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

1   
Right index fingerprint of applicant

2 Fingerprint designation

3 Date     -

4   
Name of applicant in block letters

5 Place

## 6 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

6.1   
Name of police official in block letters

6.2       -   
Persal number of police official

6.3   
Rank of police official in block letters

6.4   
Signature of police official

## 7 PARTICULARS OF WITNESS

7.1   
Name of witness in block letters

7.2       -   
Persal number of witness

7.3   
Rank of witness in block letters

7.4   
Signature of witness

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

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



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7	Telephone number	7.1 Home	( )	7.2 Work	( )
8	Cellular phone			8 Fax	( )
10	E-mail address				
11	Interpreted from language		to		
12	Date	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div>-</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div>-</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> </div>			
14	Place				
13	<div style="border-bottom: 1px dashed black; height: 1.2em; margin-bottom: 0.2em;"></div> Signature of interpreter				
15	<div style="border: 1px solid black; height: 2.5em; margin-bottom: 0.2em;"></div> Rank of police official in block letters (if applicable)				
16	<div style="display: flex; justify-content: space-between;"> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> <div><div>-</div></div> <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div> </div> Persal number of police official (if applicable)				

## M. PARENTAL CONSENT IN CASE OF A MINOR

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

6	<div style="border: 1px solid black; height: 30px; width: 250px;"></div>	Signature of parent/guardian	5	Date	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	-	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	-	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
				7	Place	<div style="border: 1px solid black; height: 30px; width: 250px;"></div>								

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N.	IN CASE OF NOMINEE/AUTHORIZED PERSON
1	Name and surname of nominee/authorized person
2	Identity/Passport number of nominee/authorized person
3	Date
4	Signature of nominee/authorized person
5	Place

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

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

FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER	
1	RECOMMENDATION REGARDING THE APPLICATION
	<div style="width: 45%; background-color: #cccccc; text-align: center; padding: 5px;">Recommended</div> <div style="width: 10%;"></div> <div style="width: 45%; background-color: #cccccc; text-align: center; padding: 5px;">Not recommended</div> <div style="width: 10%;"></div>
2	<div style="background-color: #cccccc; padding: 2px 5px;">Motivation regarding the application</div> <div style="border: 1px solid black; min-height: 300px; margin-top: 2px;"></div>
3	<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <div style="font-size: 0.8em;">Name of Designated Firearms Officer/Station Commissioner in block letters</div>
5	<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <div style="font-size: 0.8em;">Rank of Designated Firearms Officer/Station Commissioner in block letters</div>
7	<div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <div style="font-size: 0.8em;">Signature of Designated Firearms Officer/Station Commissioner</div>
4	<div style="display: flex; align-items: center;"> <div style="background-color: #cccccc; padding: 2px 5px; font-size: 0.8em;">Date</div> <div style="border: 1px solid black; flex-grow: 1; display: flex;"> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> <div style="width: 20px; height: 20px;"></div> </div> </div>
6	<div style="display: flex; align-items: center;"> <div style="background-color: #cccccc; padding: 2px 5px; font-size: 0.8em;">Place</div> <div style="border: 1px solid black; flex-grow: 1; height: 20px;"></div> </div>
8	<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> <div style="width: 20px; height: 20px; border: 1px solid black;"></div> </div> <div style="font-size: 0.8em; margin-top: 2px;">Personal number of Designated Firearms Officer/Station Commissioner</div>

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P.	<b>FOR OFFICIAL USE BY THE SCRUTINY COMMITTEE</b> <small>(In the case of multiple import or export permit/permanent export permit)</small>
----	---

1	RECOMMENDATION REGARDING THE APPLICATION	
	Recommended	Not recommended
2	Recommendation from Scrutiny Committee <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Q.	<b>FOR OFFICIAL USE BY THE NCACC</b> <small>(In the case of multiple import or export permit/permanent export permit)</small>
----	--

1	RECOMMENDATION REGARDING THE APPLICATION	
	Recommended	Not recommended
2	Recommendation from NCACC <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

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
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED												
<sup>1</sup> Application reference No												

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

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

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**D. PARTICULARS OF APPLICANT****NATURAL PERSON'S DETAILS****Type of identification (Indicate with an X)**

2.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
3	Identity number of natural person			
4	Passport number of natural person			
5	Surname			6 Initials
7	Full names			
8	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	Name of employer/company			
18	Business address			
	19 Postal Code			
20	Telephone number	20.1 Home ( )	20.2 Work ( )	
20.3	Cellphone number	21 Fax ( )		
22	E-mail address			

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

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

**PARTICULARS OF THE APPLICANT'S SPOUSE/PARTNER (If applicable)****Type of identification (Indicate with an X)**

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

**JURISTIC PERSON'S DETAILS****OTHER BODIES (eg body corporate, close corporation or company)**

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



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34	Business address				
		35 Postal Code			
36	Business telephone number	36.1 Work	( )	36.2 Fax	( )
37	E-mail address				

### 38 RESPONSIBLE PERSON'S DETAILS

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

### E. OTHER DETAILS

1	HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA? (Indicate with an X)				
	YES		NO		If yes, submit the following details
1.1	Police station (1)				1.2 CAS/Case number
1.3	Charge				
1.4	Outcome				
1.5	Police station (2)				1.6 CAS/Case number
1.7	Charge				
1.8	Outcome				

2	ARE THERE ANY CASES PENDING AGAINST YOU? (Indicate with an X)				
	YES		NO		If yes, submit the following details
2.1	Police station (1)				2.2 CAS/Case number
2.3	Offence				
2.4	Police station (2)				2.5 CAS/Case number
2.6	Offence				

3	HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN? (Indicate with an X)				
	YES		NO		If yes, submit the following details
3.1	Police station (1)				3.2 CAS/Case number
3.3	Circumstances				
3.7	Details of firearm				
3.5	Police station (2)				3.6 CAS/Case number
3.7	Circumstances				
3.8	Details of firearm				

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

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

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

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

[illegible]

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9

**DESCRIPTION OF SECURITY PRECAUTIONS**

10

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

11

**DECLARATION BY APPLICANT**

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

F.

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

Note:

The requirements of the photo:

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

**PHOTO**

2

Signature

1

3

<sup>4</sup> Fingerprint designation

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5   
Name of applicant in block letters

6 Date     -

7 Place

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

8.1   
Name of police official in block letters

8.2        -   
Persal number of police official

8.3   
Rank of police official in block letters

8.4 .....  
Signature of police official

9 **PARTICULARS OF WITNESS**

9.1   
Name of witness in block letters

9.2        -   
Persal number of witness

9.3   
Rank of witness in block letters

9.4 .....  
Signature of witness

**G. PARTICULARS OF INTERPRETER**

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

1	Name and surname of interpreter		<input type="text"/>									
2	Identity/Passport number of interpreter		<input type="text"/>									
3	Residential address		<input type="text"/>									
			4 Postal Code		<input type="text"/>							
5	Postal address		<input type="text"/>									
			6 Postal Code		<input type="text"/>							
7	Telephone number	7.1 Home	( )	7.2 Work	( )							
8	Cellphone number				8 Fax	( )						
10	E-mail address		<input type="text"/>									
11	Interpreted from (language)				to	<input type="text"/>						

12 Date     -

13 .....  
Signature of interpreter

14 Place

15   
Rank of police official in block letters (if applicable)

16        -   
Persal number of police official (if applicable)

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

1	Recommended				Not recommended			
2	Name and surname of parent/guardian		<input type="text"/>					
3	Identity/Passport number of parent/guardian		<input type="text"/>					
6	Comment of parent/guardian		<input type="text"/>					
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								



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Blank lined paper with horizontal ruling lines.

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

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

6

Signature of parent/guardian

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

## RECOMMENDATION REGARDING THE APPLICATION

Recommended

Not recommended

2

## Motivation

### Recommended conditions

4

Name of Designated Firearms Officer/Station Commissioner in block letters

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

6

Rank of Designated Firearms Officer/Station Commissioner in block letters

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

8

Signature of Designated Firearms Officer/Station Commissioner

9							-	
---	--	--	--	--	--	--	---	--

Persal number of Designated Firearms Officer/Station Commissioner





## SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR A PERMIT TO COLLECT AMMUNITION**

Section 18 and 19 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

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

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED			
1 Province			
2 Area			
3 Police station			
4 Component code			
5 Firearm applications register reference number	SAPS 66	NO	YEAR

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)			
1 Outstanding/Additional information required			
	2 Persal number		3 Date
4 Signature of police official		5 Name in block letters	
6 Application for a permit approved (Indicate with an X)			
	7 Persal number		8 Date
9 Signature of 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
16 Signature of CFR officer		17 Officer code	18 Name in block letters

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**D. PARTICULARS OF APPLICANT****1 NATURAL PERSON'S DETAILS****2 Type of identification (Indicate with an X)**

2.1	SA ID	Passport	Non-SA citizen with permanent residence*									
3	Identity number											
4	Passport number											
5	Surname										6 Initials	
7	Full names											
8	Residential address											
9											9 Postal Code	
10	Postal address										11 Postal Code	
12	Telephone number		12.1 Home		( )			12.2 Work		( )		
12.3	Cellphone number		13 Fax		( )							
14	E-mail address											
15	Description of type of residence (eg shack, flat, caravan, cottage, house, hostel)											
16	Trade or profession										17 If self-employed, specify	
18	Name of employer/company											
19	Business address										20 Postal Code	
21	Telephone number		21.1 Home		( )			21.2 Work		( )		
21.3	Cellphone number		22 Fax		( )							
23	E-mail address											

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

24.1	Single	Married	Divorced	Widow	Widower
	Other (specify)				

**25 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable)****25.1 Type of identification (Indicate with an X)**

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

**26 JURISTIC PERSON'S DETAILS****27 OTHER BODIES (eg body corporate, close corporation or company)**

28	Registered company name
29	Trading as name

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



SAPS 520(c)

51 **COMPLETE IN CASE OF A PRIVATE COLLECTOR** (Indicate with an X)[illegible]60 **COMPLETE IN CASE OF A PUBLIC COLLECTOR**

61 WHERE WILL THE AMMUNITION BE DISPLAYED?	
61.1	Name of the accredited museum
61.2	<div> <div>Accreditation number of the museum</div> <div>61.3 Date issued</div> </div>
61.4	Manner in which the ammunition will be displayed



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

63 <b>HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?</b> (Indicate with an X)			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes, submit the following details			
63.1 Police station (1)			63.2 CAS/Case number
63.3 Charge			
63.4 Outcome			
63.5 Police station (2)			63.6 CAS/Case number
63.7 Charge			
63.8 Outcome			

64 <b>ARE THERE ANY CASES PENDING AGAINST YOU?</b> (Indicate with an X)			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes, submit the following details			
64.1 Police station (1)			64.2 CAS/Case number
64.3 Offence			
64.4 Police station (2)			64.5 CAS/Case number
64.6 Offence			

65 <b>HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?</b> (Indicate with an X)			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes, submit the following details			
65.1 Police station (1)			65.2 CAS/Case number
65.3 Circumstances			
65.4 Details of firearm			
65.5 Police station (2)			65.6 CAS/Case number
65.7 Circumstances			
65.8 Details of firearm			

66 <b>WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM?</b> (Indicate with an X)			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes, submit the following details			
66.1 Police station (1)			66.2 CAS/Case number
66.3 Charge			66.4 Outcome
66.5 Police station (2)			66.6 CAS/Case number
66.7 Charge			66.8 Outcome

67 <b>HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM?</b> (Indicate with an X)			
YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If yes, submit the following details			
67.1 Police station (1)			67.2 CAS/Case number
67.3 Charge			
67.4 Date from			67.5 Period
67.6 Police station (2)			67.7 CAS/Case number
67.8 Charge			
67.9 Date from			67.10 Period



SAPS 520(c)

68 HAS A FIREARM THAT WAS IN YOUR POSSESSION BEEN CONFISCATED? (Indicate with an X)			
YES <input type="checkbox"/>		NO <input type="checkbox"/> If yes, submit the following details	
68.1 Police station (1)			68.2 CAS/Case number
68.3 Circumstances			68.4 Outcome
68.5 Police station (2)			68.5 CAS/Case number
68.7 Circumstances			68.8 Outcome

69 **DECLARATION BY APPLICANT**

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

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

Note:

The requirements of the photo:

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

PHOTO

2

Signature

<sup>4</sup> Fingerprint designation

5

Name of applicant in block letters

6

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

7

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

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

8.1

Name of police official in block letters

8.2

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

Personal number of police official

8.3

Rank of police official in block letters

8.4

Signature of police official



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

## RECOMMENDATION WITH REGARD TO THE APPLICATION

Recommended

Not recommended

Motivation

Additional conditions

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

Place

Persal number of Designated Firearms Officer/Station Commissioner



SAPS 520(d)

## D. PARTICULARS OF APPLICANT

## NATURAL PERSON'S DETAILS

## Type of identification (Indicate with an X)

2.1	SA ID		Passport		Non-SA citizen with permanent residence <sup>a</sup>																				
3	Identity number of natural person										-					-				-					
4	Passport number of natural person																								
5	Surname																	<sup>b</sup> Initials							
7	Full name																								
8	Residential address																								
																				<sup>c</sup> Postal Code					
10	Postal address																								
																				<sup>d</sup> Postal Code					
12	Business telephone number:	<sup>12.1</sup> Home	( )														<sup>12.2</sup> Work	( )							
12.3	Cellphone number																	<sup>13</sup> Fax	( )						
14	E-mail address																								

### JURISTIC PERSON'S DETAILS

16	Registered company name													
17	Trading as name													
18	EPR number													
19	Postal address													
										20 Postal Code				
21	Business address													
										22 Postal Code				
23	Business telephone number	23.1 Work	(		)	23.2 Fax	(		)					
24	E-mail address													

**RESPONSIBLE PERSON'S DETAILS**

26	Responsible person (full name and surname)																								
27	Type of identification (indicate with an X)		SA ID						Passport number																
28	Identity number of responsible person									-							-								
29	Passport number of responsible person																								
30	Cellphone number																								
31	Physical address																								
																			12 Postal Code						
33	Postal address																								
																			14 Postal Code						

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



SAPS 520(d)

### REPRESENTATIVE'S DETAILS

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

## PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

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

### DETAILS OF FIREARM

Type	
Calibre	
Make	
Model	

Firearm component type:

Barrel serial number		60.1	Make	
Frame serial number		51.1	Make	
Receiver serial number		62.1	Make	

### OTHER PARTICULARS

[illegible]

SAPS 520(d)

60 **BANK PARTICULARS**

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

67 **DECLARATION BY APPLICANT**

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

**E. SIGNATURE OF APPLICANT** (Sign only if applicable)1 **SIGNATURE OF APPLICANT**

2

Name of applicant in block letters

3 Date     -

4 Signature of applicant

5 Place

6 **SIGNATURE OF REPRESENTATIVE**

7

Name of representative in block letters

8 Date     -

9 Signature of representative

10 Place

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

1

2 Fingerprint designation

Right index fingerprint of applicant

3 Date     -

4

Name of applicant in block letters

5 Place

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

6.1

Name of police official in block letters

6.2        -

Persal number of police official

6.3

Rank of police official in block letters

6.4

Signature of police official

7 **PARTICULARS OF WITNESS**

7.1

Name of witness in block letters

7.2        -

Persal number of witness

7.3

Rank of witness in block letters

7.4

Signature of witness

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 surname of interpreter											
2	Identity/Passport number of interpreter											
3	Residential address											
			Postal Code									
5	Postal address											
			Postal Code									
7	Telephone number	7.1 Home	( )		7.2 Work	( )						
8	Cellphone number					5 Fax	( )					
10	E-mail address											
11	Interpreted from (language)				to							
12	Date											
13	Signature of interpreter											
14	Place											
15	Rank of police official in block letters (if applicable)											
16	Persal number of police official (if applicable)											

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

1	<b>RECOMMENDATION REGARDING THE APPLICATION</b>	
	Recommended	Not recommended
2	Motivation	
3	Name of Designated Firearms Officer/Station Commissioner in block letters	
4	Date	
5	Rank of Designated Firearms Officer/Station Commissioner in block letters	
6	Place	
7	Signature of Designated Firearms Officer/Station Commissioner	
8	Persal number of Designated Firearms Officer/Station Commissioner	



## SOUTH AFRICAN POLICE SERVICE

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

Section 29(1), 44(1), 58(1), 72(1) and 82(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED									
1 Notification reference No									

B. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS RECEIVED									
1	Province								
2	Area								
3	Police station								
4	Component code								
5	General firearm transactions register number								

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

continue



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

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

8				
DETAILS OF FIREARM(S)				
In case of a licence or temporary authorization to possess a firearm, submit the details of the firearm(s)				
	(1)	(2)	(3)	(4)
8.1	Type			
8.2	Calibre			
8.3	Make			
8.4	Model			
Firearm component type:				
8.5	Barrel serial number			
8.6	Frame serial number			
8.7	Receiver serial number			

9	Lost	Stolen	(Indicate the circumstances with an X)
10	Describe incident		

11	Date on which loss or theft was discovered								
12	Notification time								
	Notification date								



SAPS 521

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

## **1 NATURAL PERSON'S DETAILS**

1.1	SA ID		Passport	
2	Identity number of natural person			
3	Passport number of natural person			
4	Surname			5 Initials
6	Residential address			
7	Postal Code			
8	Postal address			
9	Postal Code			
10	Telephone number	10.1 Home	( )	10.2 Work
11	Cellphone number			12 Fax
13	E-mail address			

## **14 JURISTIC PERSON'S DETAILS**

## **15 OTHER BODIES**

16	Registered company name			
17	Trading as name			
18	FAR number			
19	Postal address			
20	Postal Code			
21	Business address			
22	Postal Code			
23	Business telephone number	23.1 Work	( )	23.2 Fax
24	E-mail address			

## **25 RESPONSIBLE PERSON'S DETAILS**

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

**DECLARATION BY REPORTING PERSON**

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

Signature of reporting person

Name of reporting person in block letters

Identity/Passport number of reporting person

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

**E. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO COMPLETES THE NOTIFICATION**

Name of police official in block letters

Date

Rank of police official in block letters

Place

Signature of police official

Persal number of police official

**F. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO CAPTURES THE NOTIFICATION**

Name of police official in block letters

Date

Rank of police official in block letters

Place

Signature of police official

Persal number of police official

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
DATE RECEIVED

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

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE NOTIFICATION IS RECEIVED												
1	Province											
2	Area											
3	Police station											
4	Component code											
5	SAPS 13 reference number											
6	General firearm transactions register number											

C. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION												
---	--	--	--	--	--	--	--	--	--	--	--	--

## 1 NATURAL PERSON'S DETAILS

1.1	SA ID		Passport																
2	Identity number of natural person																		
3	Passport number of natural person																		
4	Surname												<sup>5</sup> Initials						
6	Residential address																		
8	Postal address												<sup>7</sup> Postal Code						
10	Telephone number	<sup>10.1</sup> Home	( )	<sup>10.2</sup> Work	( )														
10.3	Cellphone number												<sup>11</sup> Fax	( )					
12	E-mail address																		

## 13 JURISTIC PERSON'S DETAILS

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

SAPS 521(a)

19	Business address					20 Postal Code				
21	Business telephone number	21.1 Work	( )	21.2 Fax	( )					
22	E-mail address									

**RESPONSIBLE PERSON'S DETAILS**

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

33	<div data-bbox="252 938 571 945">Reason for ceasing to carry on as a business</div> <div data-bbox="571 938 1200 983"></div>
----	--

34 Date of ceasing to carry on as a business

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

35	Address where firearms will be stored until they are disposed of												
									36 Postal Code				

37

Particulars of the manner in which the firearm(s) will be disposed of

SAPS 521(a)

D. LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION DETAILS

Details of licence, permit, certificate or authorization	
Type of licence, permit, certificate or authorization	Licence, permit, certificate or authorization number
1.1	
1.2	
1.3	
1.4	
1.5	
1.6	
1.7	
1.8	
1.9	
1.10	
1.11	
1.12	
1.13	
1.14	
1.15	
1.16	
1.17	
1.18	
1.19	
1.20	
1.21	
1.22	
1.23	
1.24	
1.25	
1.26	
1.27	
1.28	
1.29	
1.30	
1.31	
1.32	
1.33	
1.34	
1.35	
1.36	
1.37	
1.38	
1.39	



SAPS 521(a)

2 **DECLARATION BY REPORTING PERSON**

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

**E. SIGNATURE OF REPORTING PERSON** (Sign only if applicable)

1   
Name of reporting person

2 Date     -

3   
Signature of reporting person

4 Place

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

1   
Right index fingerprint of reporting person

2 Fingerprint designation

3 Date     -

4   
Name of reporting person in block letters

5 Place

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

6.1   
Name of police official in block letters

6.2        -   
Persal number of police official

6.3   
Rank of police official in block letters

6.4   
Signature of police official

7 **PARTICULARS OF WITNESS**

7.1   
Name of witness in block letters

7.2        -   
Persal number of witness

7.3   
Rank of witness in block letters

7.4   
Signature of witness

**G. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the reporting person cannot read or write or does not understand the contents of this form.)

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

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

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

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

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

10 E-mail address

11 Interpreted from (language)  to

12 Date     -     D

SAPS 521(a)

13

Signature of interpreter

14

Place

15

Rank of police official in block letters (if applicable)

16

Persal number of police official (if applicable)

H.

FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1

Results of inspection of firearms

2

Address where firearms are stored

3

Comments

4

Name of Designated Firearms Officer/Station Commissioner in block letters

5

Date

6

Rank of Designated Firearms Officer/Station Commissioner in block letters

7

Place

8

Signature of Designated Firearms Officer/Station Commissioner

9

Persal number of Designated Firearms Officer/Station Commissioner

## NOTIFICATION OF CHANGE OF ADDRESS

Section 25(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

Page 1 of 4

SAPS 521(b)

**Details of new address**

18	Postal address			
		19 Postal Code		
20	Business address			
		21 Postal Code		
22	Business telephone number	22.1 Work	( )	22.2 Fax
23	E-mail address			

**RESPONSIBLE PERSON'S DETAILS**

25	Responsible person (full name and surname)			
26	Type of identification (indicate with an X)	SA ID		Passport number
27	Identity number of responsible person			
28	Passport number of responsible person			
29	Cellphone number			
30	Physical address			
		31 Postal Code		
32	Postal address			
		33 Postal Code		
34	Are there additional firearm licence holder(s) licenced to your name?			
	YES		NO	
	If yes, submit full details			

**ADDITIONAL LICENCE HOLDER(S) PARTICULARS**

35.1	SA ID		Passport	
36	Identity number of natural person			
37	Passport number of natural person			
38	Surname			39 Initials

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

**DID THE ADDITIONAL LICENCE HOLDER ALSO MOVE TO THE NEW ADDRESS?**YES ☐ NO ☐**DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)**YES ☐ NO ☐**IF YES, SUBMIT FULL DETAILS****DECLARATION BY REPORTING PERSON**

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

SAPS 521(b)

**D. SIGNATURE OF REPORTING PERSON**

(Sign only if applicable)

1   
Name of reporting person in block letters

2 Date     -

3   
Signature of reporting person

4 Place

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

1   
Right index fingerprint of reporting person

2 Fingerprint designation

3 Date     -

4   
Name of reporting person in block letters

5 Place

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

6.1   
Name of police official in block letters

6.2       -   
Persal number of police official

6.3   
Rank of police official in block letters

6.4   
Signature of police official

**7 PARTICULARS OF WITNESS**

7.1   
Name of witness in block letters

7.2       -   
Persal number of witness

7.3   
Rank of witness in block letters

7.4   
Signature of witness

**F. PARTICULARS OF INTERPRETER**

(This section must be completed only if the reporting person cannot read or write or does not understand the contents of this form.)

1	Name and surname of interpreter		<input type="text"/>									
2	Identity/Passport number of interpreter		<input type="text"/>									
3	Residential address		<input type="text"/>									
			Postal Code		<input type="text"/>							
5	Postal address		<input type="text"/>									
			Postal Code		<input type="text"/>							
7	Telephone number	7.1 Home	( )		7.2 Work	( )						
8	Cellphone number					5 Fax	( )					
10	E-mail address		<input type="text"/>									
11	Interpreted from (language)		<input type="text"/>				to	<input type="text"/>				



SAPS 521(b)

13

Signature of Interpreter

15

Rank of police official (if applicable)

12

Date

14

Place

16

Persal number of police official (if applicable)

G.

FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1

Name of Designated Firearms Officer/Station Commissioner in block letters

3

Rank of Designated Firearms Officer/Station Commissioner in block letters

5

Signature of Designated Firearms Officer/Station Commissioner

2

Date

4

Place

6

Persal number of Designated Firearms Officer/Station Commissioner

## 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)

<p><b>OFFICIAL DATE STAMP</b></p>          <p><b>DATE RECEIVED</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center; vertical-align: top;"><b>A.</b></td> <td style="text-align: center; vertical-align: top;"> <b>FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED</b> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;"> <sup>1</sup> Notification reference No </td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table> </td> </tr> </table>	<b>A.</b>	<b>FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;"> <sup>1</sup> Notification reference No </td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>		<sup>1</sup> Notification reference No									
<b>A.</b>	<b>FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED</b>														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;"> <sup>1</sup> Notification reference No </td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> </table>		<sup>1</sup> Notification reference No													
<sup>1</sup> Notification reference No															

<b>B. FOR OFFICIAL USE BY POLICE STATION WHERE THE NOTIFICATION IS RECEIVED</b>							
<b>Province</b>							
<b>Area</b>							
<b>Police station</b>							
<b>Component code</b>							
<b>General firearm transactions register number</b>							

C. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

#### NATURAL PERSON'S DETAILS

SA ID		Passport														
Identity number of natural person																
Passport number of natural person																
Surname											5 Initials					
Residential address																
												7 Postal Code				
Postal address																
												9 Postal Code				
Telephone number	10.1 Home	( )					10.2 Work	( )								
Cellphone number							11 Fax	( )								
E-mail address																

#### JURISTIC PERSON'S DETAILS

**OTHER BODIES**

Registered company name										
Trading as name										
FAR number										
Postal address										

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			19 Postal Code					
20	Business address							
			21 Postal Code					
22	Business telephone number	22.1 Work	( )	22.2 Fax	( )			
23	E-mail address							

**RESPONSIBLE PERSON'S DETAILS**

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

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

[illegible]

### OTHER INFORMATION

[illegible]

38

**DECLARATION OF REPORTING PERSON**

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

**D. SIGNATURE OF REPORTING PERSON**  
(Sign only if applicable)

1   
Name of reporting person in block letters

2 Date     -   -

3   
Signature of reporting person

4 Place

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

1   
Right index fingerprint of reporting person

2 Fingerprint designation

3 Date     -   -

4   
Name of reporting person in block letters

5 Place

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

6.1   
Name of police official in block letters

6.2        -   
Persal number of police official

6.3   
Rank of police official in block letters

6.4   
Signature of police official

**7 PARTICULARS OF WITNESS**

7.1   
Name of witness in block letters

7.2        -   
Persal number of witness

7.3   
Rank of witness in block letters

7.4   
Signature of witness

**F. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the reporting person cannot read or write or does not understand the contents of this form.)

1	Name and surname of interpreter		<input type="text"/>									
2	Identity/Passport number of interpreter		<input type="text"/>									
3	Residential address		<input type="text"/>									
			4 Postal Code		<input type="text"/>							
5	Postal address		<input type="text"/>									
			5 Postal Code		<input type="text"/>							
7	Telephone number	7.1 Home	( )				7.2 Work	( )				
8	Cellphone number					5 Fax	( )					
10	E-mail address		<input type="text"/>									
11	Interpreted from (language)		<input type="text"/>				to	<input type="text"/>				

SAPS 521(c)

12	Date					-			-		
----	------	--	--	--	--	---	--	--	---	--	--

13

Signature of interpreter

15

Rank of police official in block letters (if applicable)

14	Place	
----	-------	--

16								
----	--	--	--	--	--	--	--	--

Persal number of police official (if applicable)

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

1

Name of Designated Firearms Officer/Station Commissioner in block letters

2	Date					.		.		
---	------	--	--	--	--	---	--	---	--	--

3

Rank of Designated Firearms Officer/Station Commissioner in block letters

4	Place	
---	-------	--

5

Signature of Designated Firearms Officer/Station Commissioner

6								
---	--	--	--	--	--	--	--	--

Persal number of Designated Firearms Officer/Station Commissioner





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 firearms	
1.4	To manufacture ammunition	
1.5	To conduct business as a gunsmith	

**E. PARTICULARS OF APPLICANT****1 NATURAL PERSON'S DETAILS**

1.1	SA ID		Passport	
2	Identity number of natural person			
3	Passport number of natural person			
4	Surname			5 Initials
6	Residential address			
				7 Postal Code
8	Postal address			
				8 Postal Code
10	Telephone number	10.1 Home	( )	10.2 Work
10.3	Cellphone number			11 Fax
12	E-mail address			

**13 JURISTIC PERSON'S DETAILS****14 OTHER BODIES**

15	Registered company name			
16	Trading as name			
17	FAR number			
18	Company registration or CC number			
19	Postal address			
				20 Postal Code
21	Business address			
				22 Postal Code
23	Business telephone number	23.1 Work	( )	23.2 Fax
24	E-mail address			

**25 RESPONSIBLE PERSON'S DETAILS**

26	Responsible person (full name and surname)			
27	Type of identification (Indicate with an X)	SA ID		Passport number
28	Identity/Passport number of responsible person			

SAPS 521(d)

29	Cellphone number				
30	Physical address				
		31 Postal Code			
32	Postal address				
		33 Postal Code			

**F. DETAILS OF EXISTING LICENCE**

1	Licence type	Licence number	Date issued	Expiry date

**2 DETAILS OF PREMISES**

3	<b>FULL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED</b>				
	Address				
		Postal Code			

4	<b>CLASSIFICATION OF PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL, ETC)</b>				

5	<b>DESCRIPTION OF THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS</b>				

6	<b>DESCRIPTION OF THE ALARM SYSTEM</b>				

7	<b>LOCATION AND DETAILS OF SAFE OR STRONGROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT</b>				

8	<b>DESCRIPTION OF THE BURGLAR PROOFING</b>				

9	<b>DESCRIPTION OF OTHER SECURITY FEATURES</b>				

SAPS 521(d)

10

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

Submit a description of the workstation which will link your registers to the Central Database

In case of a dealer or a gunsmith, submit the reason(s) why the Registrar must exempt you from maintaining a linked workstation


11

Date of commencement of business on new premises

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

12

**DECLARATION BY APPLICANT**

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

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

1

--

Name of applicant in block letters

2

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

3

Signature of applicant

4

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

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

1

--

Right index fingerprint of applicant

2

Fingerprint designation

--

3

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

4

--

Name of applicant in block letters

5

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

6

**PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION**

6.1

--

Name of police official in block letters

6.2

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

Persal number of police official

6.3

--

Rank of police official in block letters

6.4

Signature of police official

7

**PARTICULARS OF WITNESS**

7.1

--

Name of witness in block letters in block letters

7.2

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

Persal number of witness

7.3

--

Rank of witness in block letters

7.4

Signature of witness

SAPS 521(d)

## PARTICULARS OF INTERPRETER

(This section must be completed only if the applicant cannot read or write or does not understand the contents of this form.)

1	Name and surname of interpreter	
2	Identity/Passport number of interpreter	
3	Residential address	
		Postal Code
5	Postal address	
		Postal Code
7	Telephone number	Home ( ) Work ( )
8	Cellphone number	Fax ( )
10	E-mail address	
11	Interpreted from (language)	to
12	Date	- -
14	Place	
15	Rank of police official in block letters (if applicable)	
16	Personal number of police official (if applicable)	-

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

[illegible]



4

[illegible]

**5**

\_\_\_\_\_

6

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

7

\_\_\_\_\_

8

[illegible]

9

10

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

Persal number of Designated Firearms Officer/Station Commissioner



## SOUTH AFRICAN POLICE SERVICE

# NOTIFICATION ON ASSIGNMENT OF NEW RESPONSIBLE PERSON FOR JURISTIC PERSON

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

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED											
1 Notification reference No											

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE NOTIFICATION IS RECEIVED											
1	Province										
2	Area										
3	Police station										
4	Component code										
5	General firearm transactions register number										

C. PARTICULARS OF THE JURISTIC PERSON											
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--

1	JURISTIC PERSON'S DETAILS
---	---------------------------

2	OTHER BODIES
---	--------------

3	Registered company name										
4	Trading as name										
6	FAR number										
6	Company registration or CC number										
7	Postal address										
		8 Postal Code									
9	Business address										
		10 Postal Code									
11	Business telephone number	11.1 Work	( )	11.2 Fax	( )						
12	E-mail address										

13	PARTICULARS OF THE NEW RESPONSIBLE PERSON
----	---

14	Responsible person (full name and surname)										
15	Type of identification (indicate with an X)	SA ID			Passport number						
16	Identity number of responsible person					-				-	
17	Passport number of responsible person										

SAPS 521(e)

18	Cellphone number							
19	Physical address							
		20 Postal Code						
21	Postal address							
		22 Postal Code						
23	Competency certificate number							
24	Date of issue					-		
		25 Expiry date					-	
26	Reason for appointment of a new responsible person for the juristic person							

27 **PROOF SIGNATURES OF THE NEW RESPONSIBLE PERSON**

28 .....  
Signature of the new responsible person

29 .....  
Signature of the new responsible person

30 **DECLARATION OF REPORTING PERSON**

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

**D. SIGNATURE OF REPORTING PERSON**  
(Sign only if applicable)



1 .....  
Name of reporting person in block letters

2 Date .....  
Date

3 .....  
Signature of reporting person

4 Place .....  
Place

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

1  2 Fingerprint designation   
Right index fingerprint of reporting person

3 Date .....  
Date

4 .....  
Name of reporting person in block letters

5 Place .....  
Place

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

6.1 .....  
Name of police official in block letters

6.2 .....  
Persal number of police official

6.3 .....  
Rank of police official in block letters

6.4 .....  
Signature of police official

SAPS 521(e)

7 **PARTICULARS OF WITNESS**7.1   
Name of witness in block letters7.2   
Personal number of witness7.3   
Rank of witness in block letters7.4 .....  
Signature of witness

F.

**PARTICULARS OF INTERPRETER**

(This section must be completed only if the reporting person cannot read or write or does not understand the content of this form.)

1	Name and surname of interpreter											
2	Identity/Passport number of interpreter											
3	Residential address											
			Postal Code									
5	Postal address											
			Postal Code									
7	Telephone number	7.1 Home	( )				7.2 Work	( )				
8	Cellphone number					7.3 Fax	( )					
10	E-mail address											
11	Interpreted from (language)						to					

12 **Date** 13 .....  
Signature of interpreter14 **Place** 15   
Rank of police official in block letters (if applicable)16   
Personal number of police official (if applicable)

G.

**PARTICULARS OF DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER**

1	Name of Designated Firearms Officer/Station Commissioner in block letters		2	<b>Date</b>	C	C	Y	Y	-	M	M	-	D	D
3	Rank of Designated Firearms Officer/Station Commissioner in block letters		4	<b>Place</b>										
5	Signature of Designated Firearms Officer/Station Commissioner		6	<input type="text"/>										
				Personal number of Designated Firearms Officer/Station Commissioner										

SAPS 521(f)



SOUTH AFRICAN POLICE SERVICE

## NOTIFICATION OF LOST/STOLEN/FOUND FIREARMS

Section 120(11) of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	A.
	FOR OFFICIAL USE BY POLICE STATION WHERE THE INCIDENT IS REPORTED
	<sup>1</sup> Province
	<sup>2</sup> Area
	<sup>3</sup> Police station
	<sup>4</sup> Component code
	<sup>5</sup> Case ref No (CAS No/ CR No/Eng No)
	<sup>6</sup> SAPS 13 register reference No
DATE RECEIVED	

7 Description of case (robbery/theft etc)	
---	--

8. PARTICULARS OF CURRENT OWNER OF THE FIREARM

### NATURAL PERSON'S DETAILS

SA ID		Passport											
Identity number													
Passport number													
Surname											<sup>8</sup> Initials		
Residential address													
										<sup>9</sup> Postal Code			
Postal address													
										<sup>10</sup> Postal Code			
Telephone number	<sup>11.1</sup> Home	(      )				<sup>11.2</sup> Work	(      )						
Cellphone number						<sup>12</sup> Fax	(      )						
E-mail address													

**JURISTIC PERSON'S DETAILS**

## OTHER BODIES

Registered company name															
Trading as name															
FAR number															
Postal address															
											2 <sup>nd</sup> Postal Code				



SAPS 521(f)

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

**RESPONSIBLE PERSON'S DETAILS**

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

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

1	<b>DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORIZATION</b>			
2	Type of licence, permit or authorization	Licence, permit or authorization number	Date issued	Expiry date

**DETAILS OF FIREARM**

4	Type			
5	Calibre			
6	Make			
7	Model			
Firearm component type:				
8	Barrel serial number		8.1 Make	
9	Frame serial number		9.1 Make	
10	Receiver serial number		10.1 Make	

**D. CIRCUMSTANCES (Indicate with an X)**

1	Lost	2 Stolen	3 Found (manner in which the firearm was found)	3.1 Seized	3.2 Abandoned
4	Description of incident				

SAPS 521(f)

[illegible]

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

5.1 Location where firearm was found

[illegible]

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

YES

NC

If yes, submit the following details

6.1	Police station
-----	----------------

62 CAS/Case number

7 Date on which loss/theft was discovered

				.			.		
--	--	--	--	---	--	--	---	--	--

8	Notification time
---	-------------------

S. Notification date

[illegible]**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  
.....  
Signature of reporting person

12   
Name of reporting person in block letters

13 Identity number/Passport number of reporting person

[illegible]

<sup>14</sup> Persal number of reporting person in case of police official

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

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

[illegible]

SAPS 521(f)

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

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

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

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

SAPS 521(g)



SOUTH AFRICAN POLICE SERVICE

## NOTIFICATION OF INCORRECT INFORMATION

OFFICIAL DATE STAMP
DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED											
1 Notification reference No											

B. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS RECEIVED											
1	Province										
2	Area										
3	Police station										
4	Component code										
5	General firearms transactions register number										

C. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION											
---	--	--	--	--	--	--	--	--	--	--	--

1	NATURAL PERSON'S DETAILS
---	--------------------------

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

2.1	SA ID		Passport number		Non-SA citizen with permanent residence*										
3	Identity number														
4	Passport number														
5	Surname											6 Initials			
7	Full names														
8	Residential address														
9	Postal address											9 Postal Code			
10	Postal address											11 Postal Code			
12	Business telephone number	12.1 Home	( )	12.2 Work	( )										
13	Cellphone number											14 Fax	( )		
15	E-mail address														

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

SAPS 521(g)

## 16 JURISTIC PERSON'S DETAILS

## 17 OTHER BODIES

18	Registered company name										
19	Trading as name										
20	FAR number										
21	Postal address										
		22 Postal Code									
23	Business address										
		24 Postal Code									
25	Business telephone number	25.1 Work	( )	25.2 Fax	( )						
26	E-mail address										

## 27 RESPONSIBLE PERSON'S DETAILS

28	Responsible person (full names and surname)											
29	Type of identification indicate with an X)	SA ID		Passport number								
30	Identity number of responsible person											
31	Passport number of responsible person											
32	Cellphone number											
33	Physical address											
		34 Postal Code										
35	Postal address											
		36 Postal Code										

## D. DETAILS OF INCORRECT LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

1	Licence, permit, certificate or authorization type	Licence, permit, certificate or authorization number	Date licence, permit, certificate or authorization was issued

## 2 OTHER INFORMATION

2.1	Description of incorrect information	2.2	Description of correct information

3	Incorrect firearm particulars		4	Correct firearm particulars	
3.1	Type		4.1	Type	
3.2	Calibre		4.2	Calibre	
3.3	Make		4.3	Make	
3.4	Model		4.4	Model	



SAPS 521(g)

Firearm component type:		Firearm component type:	
3.5	Barrel serial number	4.5	Barrel serial number
3.6	Make	4.6	Make
3.7	Frame serial number	4.7	Frame serial number
3.8	Make	4.8	Make
3.9	Receiver serial number	4.9	Receiver serial number
3.10	Make	5.10	Make

### 5 DECLARATION OF REPORTING PERSON

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

### E. SIGNATURE OF REPORTING PERSON (Sign only if applicable)

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

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

1	<input type="text"/>	2	Fingerprint designation <input type="text"/>
Right index fingerprint of reporting person		3	Date <input type="text"/>
		4	<input type="text"/>
		Name of reporting person in block letters	
		5	Place <input type="text"/>

### 6 PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION

6.1	<input type="text"/>	6.2	<input type="text"/>
Name of police official in block letters		Persal number of police official	
6.3	<input type="text"/>	6.4	<input type="text"/>
Rank of police official in block letters		Signature of police official	

### 7 PARTICULARS OF WITNESS

7.1	<input type="text"/>	7.2	<input type="text"/>
Name of witness in block letters		Persal number of witness	
7.3	<input type="text"/>	7.4	<input type="text"/>
Rank of witness in block letters		Signature of witness	

### G. PARTICULARS OF INTERPRETER (This section must be completed only if the reporting person cannot read or write or does not understand the contents of this form.)

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

SAPS 521(g)

5	Postal address				F Postal Code					
7	Telephone number	7.1 Home	( )	7.2 VWork	( )					
8	Cellphone number				5 Fax	( )				
10	E-mail address									
11	Interpreted from (language)				to					

12	Date																
----	------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

13  
Signature of Interpreter

14	Place															
----	-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

15  
Rank of police official in block letters (if applicable)

16	Persal number of police official (if applicable)																
----	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

#### H. PARTICULARS OF DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1  
Name of Designated Firearms Officer/Station Commissioner in block letters

2	Date																
---	------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3  
Rank of Designated Firearms Officer/Station Commissioner in block letters

4	Place															
---	-------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

5  
Signature of Designated Firearms Officer/Station Commissioner

6	Persal number of Designated Firearms Officer/Station Commissioner																
---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



## NOTIFICATION OF REQUIREMENT TO DEACTIVATE A FIREARM

**OFFICIAL DATE STAMP**

**DATE RECEIVED**

[illegible]Page 1 of 5

SAPS 521(h)

D PARTICULARS OF THE HOLDER OF THE LICENCE	
<b>1 NATURAL PERSON'S DETAILS</b>	
2 SA ID	Passport
3 Identify number of natural person	
4 Passport number of natural person	
5 Surname	6 Initials
7 Residential address	
	8 Postal Code
9 Postal address	
	10 Postal Code
11 Telephone number	11.1 Home ( ) 11.2 Work ( )
11.3 Cellphone number	12 Fax ( )
13 E-mail address	
<b>14 JURISTIC PERSON'S DETAILS</b>	
<b>15 OTHER BODIES</b>	
16 Registered company name	
17 Trading as name	
18 FAR number	
19 Postal address	
	20 Postal Code
21 Business address	
	22 Postal Code
23 Business telephone number	23.1 Work ( ) 23.2 Fax ( )
24 E-mail address	
<b>25 RESPONSIBLE PERSON'S DETAILS</b>	
26 Responsible person (full name and surname)	
27 Type of identification (indicate with an X)	SA ID Passport number
28 Identify number of responsible person	
29 Passport number of responsible person	
30 Cellphone number	
31 Physical address	
	32 Postal Code
33 Postal address	
	34 Postal Code

SAPS 521(h)

E	PARTICULARS OF FIREARM

1

Licence number

2

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

(indicate with an X)

3

Rifle

## Shotgun

Handgun

Other, specify \_\_\_\_\_

4

Calibre

**S**

**Make**

6

Model

Firearm component type:

7

Barrel serial number

7.1 Make

9

Frame serial number

B f Make

3

Receiver serial number

### 9.1 Make

### GUNSMITH'S DETAILS

14

Gunsmith's trading as name

2

FAR number

<sup>13</sup> Licence number of gunsmith

4

Reason for deactivation

15

Name of gunsmith in block letters

16

Date \_\_\_\_\_

17

.....  
Signature of gunsmith

18

Place

### 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.



SAPS 521(h)

20 **PARTICULARS OF THE HOLDER OF THE LICENCE**21   
Name of the holder of the licence in block letters22 Date     -    24   
Signature of the holder of the licence25 Place **F.** (This section must be completed only if the surrendering person cannot read or write.)1   
2 Fingerprint designation  
  
Right index fingerprint of surrendering person3 Date     -    4   
Name of surrendering person in block letters5 Place 6 **PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION**6.1   
Name of police official in block letters6.2         -   
Persal number of police official6.3   
Rank of police official in block letters6.4   
Signature of police official7 **PARTICULARS OF WITNESS**7.1   
Name of witness in block letters7.2         -   
Persal number of witness7.3   
Rank of witness in block letters7.4   
Signature of witness**G.** **PARTICULARS OF INTERPRETER**  
(This section must be completed only if the surrendering person cannot read or write or does not understand the contents of this form.)

1	Name and surname of interpreter		<input type="text"/>									
2	Identity/Passport number of interpreter		<input type="text"/>									
3	Residential address		<input type="text"/>									
			Postal Code		<input type="text"/>							
5	Postal address		<input type="text"/>									
			Postal Code		<input type="text"/>							
7	Telephone number	7.1 Home	( )				7.2 Work	( )				
8	Cellphone number					9 Fax	( )					
10	E-mail address		<input type="text"/>									
11	Interpreted from (language)		<input type="text"/>				to		<input type="text"/>			

12 Date     -    13   
Signature of Interpreter14 Place 15   
Rank of police official in block letters (if applicable)16         -   
Persal number of police official (if applicable)

SAPS 521(h)

**H. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER****1 RECOMMENDATION REGARDING THE NOTIFICATION****2 Motivation regarding the notification****3**   
Name of Designated Firearms Officer/Station Commissioner in block letters**5**   
Rank of Designated Firearms Officer/Station Commissioner in block letters**7**   
Signature of Designated Firearms Officer/Station Commissioner**4** **Date**     -    **6** **Place** **8**        -   
Personal number of Designated Firearms Officer/Station Commissioner

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

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

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

1	<b>Competency certificates</b>	4.3	Application for accreditation as an official institution
1.1	Application for a competency certificate	5	<b>Permits</b>
1.2	Application for a further competency certificate	5.1	Application for a permit to collect ammunition in a private collection
2	<b>Licences</b>	5.2	Application for a permit to collect ammunition in a public collection
2.1	Application for a licence to possess a firearm	5.3	Application for multiple import or export permit
2.2	Application for a licence to deal in firearms and/or ammunition	5.4	Application for permanent import or export permit
2.3	Application for a licence to manufacture firearms and/or ammunition	5.5	Application for a temporary import or export permit
2.4	Application for a licence to conduct business as a gunsmith	5.6	Application for an in-transit permit
3	<b>Temporary authorizations</b>	5.7	Application for permit to transport firearms and ammunition
3.1	Application for a temporary authorization to possess a firearm	6	Application for a duplicate licence, permit, certificate or authorization for lost, stolen and defaced licences
3.2	Application for a temporary authorization to trade in firearms and ammunition	7	Application for the renewal of a licence, permit or authorization
3.3	Application for a temporary authorization to conduct business as a gunsmith	8	Application to declare premises a firearm-free zone
3.4	Application for a temporary authorization to display firearms and ammunition	9	Application to manufacture a new firearm or ammunition type
4	<b>Accreditations</b>	10	Application for compensation
4.1	Application for accreditation as an association	11	Application for authorization to possess more than 2 400 primers
4.2	Application for accreditation for business purposes	12	Other (specify)

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**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	Surname			Initials
7	Full names			
8	Residential address			
				Postal Code
10	Postal address			
				Postal Code
12	Business telephone number	12.1 Home	( )	12.2 Work
12.3	Cellphone number			13 Fax
14	E-mail address			

**15 JURISTIC PERSON'S DETAILS****16 OTHER BODIES**

17	Registered company name			
18	Trading as name			
19	FAR number			
20	Postal address			
				Postal Code
22	Business address			
				Postal Code
24	Business telephone number	24.1 Work	( )	24.2 Fax
25	E-mail address			

**26 RESPONSIBLE PERSON'S DETAILS**

27	Responsible person (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	Cellphone number (if applicable)			
32	Physical address			
				Postal Code
34	Business address			
				Postal Code

2	Reason why cancellation of application is requested
<div style="border: 1px solid black; height: 75px;"></div>	

[illegible]

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 cancellation.

1		2	Date					-			-		
	Name of reporting person in block letters												
3	Signature of reporting person	4	Place										

1		2	Fingerprint designation		3	Date													
					4														
						Name of reporting person in block letters													
					5	Place													

6.1	<input type="text"/>	6.2	<input type="text"/>
	Name of police official in block letters		Personal number of police official
6.3	<input type="text"/>	6.4	<input type="text"/>
	Rank of police official in block letters		Signature of police official

7.1	<div></div>	7.2	<div></div> <div></div>
	Name of witness in block letters		Persal number of witness
7.3	<div></div>	7.4	<div></div>
	Rank of witness in block letters		Signature of witness



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## PARTICULARS OF INTERPRETER

(This section must be completed only if the reporting person cannot read or write or does not understand the content of this form.)

1	Name and surname of interpreter	
2	Identity/Passport number of interpreter	
3	Residential address	
5	Postal address	
7	Telephone number	
8	Cellphone number	
10	E-mail address	
11	Interpreted from (language)	To
12	Date	
14	Place	
15	Rank of police official in block letters (if applicable)	
16	Persal number of police official (if applicable)	

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

1	<input type="text"/>	2	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
	Name of Designated Firearms Officer/Station Commissioner in block letters												
3	<input type="text"/>	4	Place	<input type="text"/>									
	Rank of Designated Firearms Officer/Station Commissioner in block letters												
5	Signature of Designated Firearms Officer/Station Commissioner												
		6	<input type="text"/>										
			Personal number of Designated Firearms Officer/Station Commissioner										



## SOUTH AFRICAN POLICE SERVICE

**SURRENDERING OF FIREARM ITEM(S)**

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

OFFICIAL DATE STAMP
DATE RECEIVED

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

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

<b>C. PARTICULARS OF SURRENDERING PERSON</b>											
--	--	--	--	--	--	--	--	--	--	--	--

<b>1 NATURAL PERSON'S DETAILS</b>																					
2	SA ID		Passport																		
3	Identity number of natural person																				
4	Passport number of natural person																				
5	Surname											6 Initials									
7	Residential address											8 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																				

<b>14 JURISTIC PERSON'S DETAILS</b>											
-------------------------------------	--	--	--	--	--	--	--	--	--	--	--

<b>15 OTHER BODIES</b>											
------------------------	--	--	--	--	--	--	--	--	--	--	--

16	Registered company name																				
17	Trading as name																				
18	FAR number																				

SAPS 522(a)

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

**RESPONSIBLE PERSON'S DETAILS**

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

If the firearm item is not being surrendered by the holder of the licence, permit, certificate or authorization, describe the relationship of the surrendering person with the holder of the licence, permit, certificate or authorization.

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

37	Surrendering of a firearm licence, permit, certificate or authorization	Surrendering of firearm item
----	---	------------------------------

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

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

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

Type of licence	
Licence number	
Date issued	
Expiry date	

[illegible]

Type
Calibre
Make
Model

[illegible]

Barrel serial number
Frame serial number
Receiver serial number


Description of part
Associated firearm make
Associated firearm model

(1)	(2)	(3)	(4)

Calibre	
Quantity	

(1)	(2)	(3)	(4)

\_\_\_\_\_  
Name of person surrendering in block letters

2	Date					-			-		
---	------	--	--	--	--	---	--	--	---	--	--


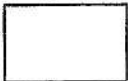
Signature of person surrendering \_\_\_\_\_

4 Place

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.

SAPS 522(a)

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

1		2	Fingerprint designation 	3	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
				4	<input type="text"/> Name of person surrendering block letters
				5	Place <input type="text"/>

Right index fingerprint of person surrendering

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

6.1	<input type="text"/> Name of police official in block letters	6.2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> Persal number of police official
6.3	<input type="text"/> Rank of police official in block letters	6.4	..... Signature of police official

**7 PARTICULARS OF WITNESS**

7.1	<input type="text"/> Name of witness in block letters	7.2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> Persal number of witness
7.3	<input type="text"/> Rank of witness in block letters	7.4	..... Signature of witness

**H. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the person surrendering the item(s) cannot read or write or does not understand the content of this form.)

1	Name and surname of interpreter		<input type="text"/>									
2	Identity/Passport number of interpreter		<input type="text"/>									
3	Residential address		<input type="text"/>									
			Postal Code		<input type="text"/>							
5	Postal address		<input type="text"/>									
			Postal Code		<input type="text"/>							
7	Telephone number	7.1 Home	( )		7.2 Work	( )						
8	Cellphone number					3 Fax	( )					
10	E-mail address		<input type="text"/>									
11	Interpreted from: (language)		<input type="text"/>				to	<input type="text"/>				
							12 Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
13	..... Signature of interpreter											
			14 Place		<input type="text"/>							
15	<input type="text"/> Rank of police official in block letters (if applicable)											
			16		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> Persal number of police official (if applicable)							



SAPS 522(a)

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

1   
Name of police official in block letters

2 Date 

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

3   
Rank of police official in block letters

4 Place

5 .....  
Signature of police official

6 

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

  
Persal number of police official

SAPS 522(b)



SOUTH AFRICAN POLICE SERVICE

**FORFEITURE OF FIREARM ITEM(S)**

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

**OFFICIAL DATE STAMP**

**DATE RECEIVED**

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE FIREARM ITEM IS KEPT									
1 Province									
2 Area									
3 Police station									
4 Component code									
5 Property (SAPS 13) register reference number									

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

### NATURAL PERSON'S DETAILS

SA ID		Passport	
Identity number of natural person			
Passport number of natural person			
Surname			Initials
Residential address			
			Postal Code
Postal address			
			Postal Code
Telephone number	11.1 Home	( )	11.2 Work
Cellphone number			12 Fax
E-mail address			

**JURISTIC PERSON'S DETAILS**

## OTHER BODIES

Registered company name																	
Trading as name																	
FAR number																	
Postal address																	
													20 Postal Code				
Business address																	
													22 Postal Code				
Business telephone number	23.1 Work	( )				23.2 Fax	( )										
E-mail address																	

**RESPONSIBLE PERSON'S DETAILS**

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

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

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

**DETAILS OF PARTS**

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

**DETAILS OF AMMUNITION**

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

**Reason(s) for forfeiture**

16				

SAPS 522(b)

[illegible]

18	Forfeiture date	Date				-		-	
----	-----------------	------	--	--	--	---	--	---	--

D. FOR OFFICIAL USE BY THE POLICE STATION

1   
Name of police official in block letters

2	Date					-			-		
---	------	--	--	--	--	---	--	--	---	--	--

3   
Rank of police official in block letters

4	Place	
---	-------	--

5  
.....  
Signature of police official

6 

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

Persal number of police official



SOUTH AFRICAN POLICE SERVICE

ACKNOWLEDGEMENT OF RECEIPT OF FIREARM DOCUMENTATION

A. PARTICULARS OF POLICE STATION	
1	Police station where documentation was received
2	Telephone number ( ) <sup>3</sup> Fax ( )
4	Reference No

B. TYPE OF ACKNOWLEDGEMENT OF RECEIPT OF FIREARM DOCUMENTATION	
1	Type of firearm documentation received:

C. PARTICULARS OF THE PERSON FROM WHOM THE FIREARM DOCUMENTATION IS RECEIVED (Fill in if applicable)	
1 NATURAL PERSON'S DETAILS	
2	Identity number
3	Passport number
4	Surname <sup>5</sup> Initials
6 JURISTIC PERSON'S DETAILS	
7	Registered company name
8	Trading as name
9	FAR number
10 RESPONSIBLE PERSON'S DETAILS	
11	Responsible person (full names and surname)
12	Type of identification (Indicate with an X) SA ID Passport number
13	Identity number of responsible person
14	Passport number of responsible person
15 GOVERNMENT INSTITUTION'S DETAILS	
16	Institution name
17	Institution FAR number



SAPS 523

18

**RESPONSIBLE PERSON'S DETAILS**

19

Responsible person (full names and surname)

20

Type of identification (indicate with an X)

SA ID

Passport number

21

Identify number of responsible person

22

Passport number of responsible person

D.

**PARTICULARS OF DESIGNATED FIREARMS OFFICER**

1

Name of Designated Firearms Officer in block letters

2

Rank of Designated Firearms Officer in block letters

5

OFFICIAL DATE STAMP

3

Personal number of Designated Firearms Officer

4

Signature of Designated Firearms Officer

**REMITTANCE ADVICE FOR FIREARM APPLICATIONS**1/2

SAPS 523(a)

**D. PAYMENT DETAILS**

1	FCS application reference No																			
2	Amount to be paid	R								-										

**E. PARTICULARS OF DESIGNATED FIREARMS OFFICER**

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

## NOTICE OF APPEAL

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

OFFICIAL DATE STAMP

DATE RECEIVED

Page 1 of 5

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**B. PARTICULARS OF APPLICANT****1 NATURAL PERSON'S DETAILS**

2	SA ID	Passport
3	Identity number	
4	Passport number	
5	Surname	Initials
7	Residential address	
9	Postal address	Postal Code
11	Telephone number	11.1 Home ( ) 11.2 Work ( )
11.3	Cellphone number	12 Fax ( )
13	E-mail address	

**14 JURISTIC PERSON'S DETAILS****15 OTHER BODIES**

16	Registered company name	
17	Trading as name	
18	FAR number	
19	Postal address	
21	Business address	Postal Code
23	Business telephone number	23.1 Work ( ) 23.2 Fax ( )
24	E-mail address	

**25 RESPONSIBLE PERSON'S DETAILS**

26	Responsible person (full 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	
33	Postal address	Postal Code
		Postal Code

**35 REPRESENTATIVE'S DETAILS**

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



[illegible]

C. TYPE OF APPEAL (Indicate with an X)

1	Refusal of a licence, permit, certificate or authorization
2	An administrative decision
3	Declaration of unfitness
4	Cancellation of a licence, permit, certificate or authorization

5	Reference number(s)	
6	Licence, permit, certificate or authorization application number(s)	
7	Licence, permit, certificate or authorization number(s)	

[illegible]

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

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

Firearm component type:

5 Barrel serial number				
6 Frame serial number				
7 Receiver serial number				

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

1 SA ID		Passport	
2 Identity number			
3 Passport number			
4 Surname		5 Initials	
6 Residential address			
		7 Postal Code	
8 Postal address			
		8 Postal Code	
10 Telephone number	10.1 Home	( )	10.2 Work
10.3 Cellphone number			11 Fax
12 E-mail address			

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

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


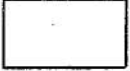
**F. SIGNATURE OF APPLICANT (Sign only if applicable)**

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

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

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

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H. (This section must only be completed if the applicant cannot read or write)															
<p>1 </p> <p>2  Fingerprint designation</p> <p>Right index fingerprint of applicant</p>	<p>3 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px;">Date</td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td></tr></table></p> <p>4 <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Name of applicant in block letters</p> <p>5 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 40px;">Place</td><td style="width: 960px;"></td></tr></table></p>	Date												Place	
Date															
Place															
<p>6 <b>PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTICE</b></p>															
<p>6.1 <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Name of police official in block letters</p> <p>6.3 <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Rank of police official in block letters</p>	<p>6.2 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td></tr></table> Persal number of police official</p> <p>6.4 ..... Signature of police official</p>														
<p>7 <b>PARTICULARS OF WITNESS</b></p>															
<p>7.1 <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Name of witness in block letters</p> <p>7.3 <div style="border: 1px solid black; height: 30px; width: 100%;"></div> Rank of witness in block letters</p>	<p>7.2 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td></tr></table> Persal number of witness</p> <p>7.4 ..... Signature of witness</p>														

<b>4. PARTICULARS OF INTERPRETER</b> <small>(This section must only be completed if the applicant cannot read or write, or does not understand the content of this form.)</small>	
1	Name and surname of interpreter
2	Identity/Passport number of interpreter
3	Residential address
	Postal Code
5	Postal address
	Postal Code
7	<div style="display: flex; justify-content: space-between;"> <div>Telephone number</div> <div>2.1 Home ( )</div> <div>2.2 Work ( )</div> </div>
8	<div style="display: flex; justify-content: space-between;"> <div>Cellphone number</div> <div>3 Fax ( )</div> </div>
10	E-mail address
11	<div style="display: flex; justify-content: space-between;"> <div>Interpreted from (language)</div> <div>to</div> </div>
12	Date
13	Signature of interpreter
14	Place
15	Rank of police official in block letters (if applicable)
16	Personal number of police official (if applicable)

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## SOUTH AFRICAN POLICE SERVICE

## REQUEST TO ALTER FIREARM BY A GUNSMITH

Section 59 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP
DATE RECEIVED

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

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

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

1	Alteration to the mechanism of a firearm so that more than one shot can be discharged with a single depression of the trigger	
2	Alteration to the calibre of a firearm	
3	Alteration to the barrel length of a firearm	
4	Alteration to remove the serial number or any other identifying mark of a firearm	
5	Other, specify	

[illegible]

7	<b>Date of request</b>	
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**DETAILS OF FIREARM(S) THAT MUST BE ALTERED**

		(1)	(2)	(3)	(4)
9	Type of licence				
10	Licence number				
11	Expiry date				

12	Calibre				
13	Make				
14	Model				

Firearm component type:

15	Barrel serial number				
15.1	Make				
16	Frame serial number				
16.1	Make				
17	Receiver serial number				
17.1	Make				



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**E. PARTICULARS OF THE REQUESTER****1 NATURAL PERSON'S DETAILS**

2	SA ID		Passport	
3	Identity number			
4	Passport number			
5	Surname			Initials
7	Residential address			
				Postal Code
9	Postal address			
				Postal Code
11	Telephone number	11.1 Home	( )	11.2 Work
11.3	Cellphone number			12 Fax
13	E-mail address			

**14 JURISTIC PERSON'S DETAILS****15 OTHER BODIES**

16	Registered company name			
17	Trading as name			
18	FAR number			
19	Postal address			
				Postal Code
21	Business address			
				Postal Code
23	Business telephone number	23.1 Work	( )	23.2 Fax
24	E-mail address			

**25 RESPONSIBLE PERSON'S DETAILS**

26	Responsible person (full 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			
				Postal Code
33	Postal address			
				Postal Code

**F. PARTICULARS OF GUNSMITH**

1	Gunsmith's name			
2	Gunsmith's FAR number			

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



**DECLARATION BY REQUESTER**

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

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

1											2	Date										
	Name of requester in block letters																					
3	Signature of requester										4	Place										
5	<b>DETAILS OF GUNSMITH</b>																					
6											7	Date										
	Name of gunsmith in block letters																					
8	Signature of gunsmith										9	Place										

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

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

**PARTICULARS OF POLICE OFFICIAL DEALING WITH REQUEST**

6.1											6.2										
	Name of police official in block letters											Personal number of police official									
6.3											6.4	Signature of police official									
	Rank of police official in block letters																				
7	<b>PARTICULARS OF WITNESS</b>																				
7.1											7.2										
	Name of witness in block letters											Personal number of witness									
7.3											7.4	Signature of witness									
	Rank of witness in block letters																				

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

1	Name and surname of interpreter																					
2	Identity/Passport number of interpreter																					

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3	Residential address			4	Postal Code				
5	Postal address			6	Postal Code				
7	Telephone number	7.1 Home	( )	7.2 Work	( )				
8	Cellphone number			8	Fax	( )			
10	E-mail address								
11	Interpreted from (language)			to					
12	Date					-		-	
13	Signature of interpreter								
14	Place								
15	Rank of police official in block letters (if applicable)								
16	Persal number of police official (if applicable)					-			

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

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

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

1	<b>RECOMMENDATION REGARDING THE REQUEST</b>	
2	Recommended	Not recommended
3	Motivation	
4		
5		
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24	E-mail address	
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25 RESPONSIBLE PERSON'S DETAILS

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

## 35 PARTICULARS OF LICENCES, PERMITS, CERTIFICATES OR AUTHORIZATIONS

[illegible][illegible]

39	Administrative fine payable	R							-	
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SAPS 532(a)



## SOUTH AFRICAN POLICE SERVICE

## RESPONSE TO INFRINGEMENT NOTICE

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

<p style="text-align: center;"><b>OFFICIAL DATE STAMP</b></p>          <p style="text-align: center;"><b>DATE RECEIVED</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">A. FOR OFFICIAL USE BY POLICE STATION WHERE THE RESPONSE FORM WAS ISSUED</th> </tr> <tr> <td style="width: 30%;">1 Province</td> <td></td> </tr> <tr> <td>2 Area</td> <td></td> </tr> <tr> <td>3 Police station</td> <td></td> </tr> <tr> <td>4 Component code</td> <td></td> </tr> <tr> <td>5 Address of police station</td> <td></td> </tr> <tr> <td>6 Telephone number</td> <td></td> </tr> <tr> <td>7 Fax number</td> <td></td> </tr> <tr> <td>8 Infringement notice reference number</td> <td> <div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div> </td> </tr> </table>	A. FOR OFFICIAL USE BY POLICE STATION WHERE THE RESPONSE FORM WAS ISSUED		1 Province		2 Area		3 Police station		4 Component code		5 Address of police station		6 Telephone number		7 Fax number		8 Infringement notice reference number	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>
A. FOR OFFICIAL USE BY POLICE STATION WHERE THE RESPONSE FORM WAS ISSUED																			
1 Province																			
2 Area																			
3 Police station																			
4 Component code																			
5 Address of police station																			
6 Telephone number																			
7 Fax number																			
8 Infringement notice reference number	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>																		

	B. PARTICULARS OF INFRINGER
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1	<b>NATURAL PERSON'S DETAILS</b>	
2	SA ID <input type="checkbox"/>	Passport <input type="checkbox"/>
3	Identity number of natural person	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>
4	Passport number of natural person	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>
5	Surname	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>
7	Residential address	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>
9	Postal address	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>
11	Telephone number	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>
11.3	Cellphone number	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>
13	E-mail address	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>

14	<b>JURISTIC PERSON'S DETAILS</b>
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15	<b>OTHER BODIES</b>
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16	Registered company name	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>
17	Trading as name	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>
18	FAR number	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>
19	Postal address	<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>
		<div style="display: flex; justify-content: space-between;"> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> <div style="width: 10px;"></div> </div>

SAPS 532(a)

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

**RESPONSIBLE PERSON'S DETAILS**

26	Responsible person (full 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																			
																42 Postal Code				
33	Postal address																			
																34 Postal Code				

[illegible][illegible]

37 **Infringer's option** (Indicate with an X)

Pay the administrative fine
Pay the administrative fine in instalments
Trail in court


38   
Name of infringer in block letters

39	Date					-			-	
----	------	--	--	--	--	---	--	--	---	--

40  
.....  
Signature of infringer

41	Place	
----	-------	--

SAPS 532(a)

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

1   
Name and surname of police official in block letters

3   
Rank of police official in block letters

5 .....  
Signature of police official

2 Date     -

4 Place

6        -   
Persal number of police official



## SOUTH AFRICAN POLICE SERVICE

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

Section 28, 42, 56, 70, 81 and 88(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

<p style="text-align: center;"><b>OFFICIAL DATE STAMP</b></p>          <p style="text-align: center;"><b>DATE RECEIVED</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: center; padding: 2px;">A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE REQUEST IS CAPTURED</th> </tr> <tr> <td style="padding: 2px;">1 Request Reference No</td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> <td style="width: 20px;"></td> </tr> </table>	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE REQUEST IS CAPTURED										1 Request Reference No									
A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE REQUEST IS CAPTURED																					
1 Request Reference No																					

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED			
1 Province			
2 Area			
3 Police station			
4 Component code			
5 Firearm applications register reference number	SAPS 66	NO	YEAR

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)			
Outstanding/Additional information required			
<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <p style="margin: 0;">4 Signature of police official</p>	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <p style="margin: 0;">5 Name in block letters</p>	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <p style="margin: 0;">6 Cancellation of firearm licence, permit, certificate or authorization approved (Indicate with an X)</p>	
<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <p style="margin: 0;">9 Signature of CFR officer</p>	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <p style="margin: 0;">10 Officer code</p>	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <p style="margin: 0;">11 Name in block letters</p>	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <p style="margin: 0;">12 Cancellation of firearm licence, permit, certificate or authorization refused (Indicate with an X)</p>
Reason(s) for refusal			
<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <p style="margin: 0;">16 Signature of CFR officer</p>	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <p style="margin: 0;">17 Officer code</p>	<div style="border-bottom: 1px solid black; width: 100%; height: 1.2em; margin-bottom: 2px;"></div> <p style="margin: 0;">18 Name in block letters</p>	



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## D. PARTICULARS OF THE REQUESTER

1	SA ID		Passport		Personal number	
2	Identity number of the requester					
3	Passport number of the requester					
4	Personal number					Rank
6	Surname				Initials	
8	Residential address					
					Postal Code	
10	Postal address					
					Postal Code	
12	Telephone number		12.1 Home	( )	12.2 Work	( )
12.3	Cellphone number				13 Fax	( )
14	E-mail address					
15	Trade or profession		16 if self-employed, specify			
17	Name of employer/company					
18	Business address					
					Postal Code	
20	Telephone number		20.1 Home	( )	20.2 Work	( )
20.3	Cellphone number				21 Fax	( )
22	E-mail address					

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

[illegible]

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

### NATURAL PERSON'S DETAILS

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

SAPS 533

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

**JURISTIC PERSON'S DETAILS**

## OTHER BODIES

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

**RESPONSIBLE PERSON'S DETAILS**

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

33

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

34	Date on which cancellation is requested	Date						-			-		
----	---	------	--	--	--	--	--	---	--	--	---	--	--

## 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.

SAPS 533

G. SIGNATURE OF REQUESTER

1

Name of requester in block letters

2	Date					-			-		
---	------	--	--	--	--	---	--	--	---	--	--

3

Rank of requester in block letters

4	Place	
---	-------	--

5 .....  
Signature of requester

5 

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

Personal number of requester

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

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

Recommended

Not recommended

1.1	Motivation
-----	------------

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

3	Date					-			-	
---	------	--	--	--	--	---	--	--	---	--

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

5	Place	
---	-------	--

6

Signature of Designated Firearms Officer/Station Commissioner

7									-	
---	--	--	--	--	--	--	--	--	---	--

Persal number of Designated Firearms Officer/  
Station Commissioner



SOUTH AFRICAN POLICE SERVICE

# 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)

<p style="text-align: center;"><b>OFFICIAL DATE STAMP</b></p>          <p style="text-align: center;"><b>DATE RECEIVED</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: center;">A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE REQUEST IS CAPTURED</th> </tr> <tr> <td style="width: 30%;">1 Request reference No</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE REQUEST IS CAPTURED										1 Request reference No									
A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE REQUEST IS CAPTURED																					
1 Request reference No																					

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

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)										
Outstanding/Additional information required										
					2 Persal number				3 Date	
4 Signature of police official					5 Name in block letters					
6 Suspension of firearm licence, permit, certificate or authorization approved (indicate with an X)					7 Reason(s) for suspension					
					8 Period of suspension					
					9 Persal number				10 Date	
11 Signature of CFR officer					12 Officer code		13 Name in block letters			
14 Suspension of firearm licence, permit, certificate or authorization refused (indicate with an X)					15 Reason(s) why suspension is unnecessary					
					16 Persal number				17 Date	
18 Signature of CFR officer					19 Officer code		20 Name in block letters			

SAPS 533(a)

**D. PARTICULARS OF THE REQUESTER****1 NATURAL PERSON'S DETAILS**

1	SA ID		Passport		Persal number	
2	Identity number of the requester					
3	Passport number of the requester					
4	Persal number				5 Rank	
6	Surname				7 Initials	
8	Residential address					
					9 Postal Code	
10	Postal address					
					11 Postal Code	
12	Telephone number	12.1 Home	( )	12.2 Work	( )	
12.3	Cellphone number			13 Fax	( )	
14	Email 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 address					
					23 Postal Code	
24	Business telephone number	24.1 Work	( )	24.2 Fax	( )	
25	E-mail address					

**26 RESPONSIBLE PERSON'S DETAILS**

27	Responsible person (names and surname)					
28	Type of identification (indicate with an X)	SA ID		Passport number		
29	Identity number of responsible person					
30	Passport number of responsible person					
31	Cellphone number					
32	Physical address					
					33 Postal Code	
34	Postal address					
					35 Postal Code	



SAPS 533(a)

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

[illegible]

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

5.1	Alleged offence
5.1.1	Police station
5.1.2	Reference number
5.1.3	Description of case

5.2	Firearm lost/stolen
5.2.1	Police station
5.2.2	Reference number
5.2.3	Description of case

6 Date on which suspension is requested

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

## DECLARATION BY REQUESTER

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

\_\_\_\_\_  
SIGNATURE OF REQUESTER

1

Name of requester in block letters

2	Date					-			-		
---	------	--	--	--	--	---	--	--	---	--	--

3   
Rank of requester in block letters

4 Place

5  
.....  
Signature of requester

6								-	
---	--	--	--	--	--	--	--	---	--

Persal number of requester

SAPS 533(a)

**G. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER****RECOMMENDATION REGARDING THE SUSPENSION OF THE FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION**

Recommended

Not recommended

Motivation regarding the request for suspension

Name of Designated Firearms Officer/Station Commissioner in block letters

Date 

Rank of Designated Firearms Officer/Station Commissioner in block letters

Place 

Signature of Designated Firearms Officer/Station Commissioner

Persal number of Designated Firearms Officer/Station Commissioner



## SOUTH AFRICAN POLICE SERVICE

**TRANSFER OF FIREARM OWNERSHIP**

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

OFFICIAL DATE STAMP
DATE RECEIVED

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

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED		
1 Province		
2 Area		
3 Police station		
4 Component code		
5 SAPS 13 register reference number		
6 General firearm transactions register ref no	NO	YEAR

C. PARTICULARS OF CURRENT OWNER	
---------------------------------	--

1 **NATURAL PERSON'S DETAILS**

2 SA ID	Passport										
3 Identify number of natural person											
4 Passport number of natural person											
5 Surname									6 Initials		
7 Residential address											
9 Postal address											
11 Telephone number	11.1 Home	( )	11.2 Work	( )							
11.3 Cellphone number					12 Fax	( )					
13 E-mail address											

14 **JURISTIC PERSON'S DETAILS**15 **OTHER BODIES**

16 Registered company name											
17 Trading name											



SAPS 534

E. PARTICULARS OF DEALER/GUNSMITH TO WHOM THE FIREARM IS TRANSFERRED														
Registered company name														
Trading as name														
FAR number														
Postal address														
										Postal Code				
Business address														
										Postal Code				
Business telephone number	8.1 Work	( )				8.2 Fax	( )							
E-mail address														

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

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

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

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

SIGNATURE OF CURRENT OWNER	
Name of current owner in block letters	
Signature of current owner	
SIGNATURE OF DEALER/GUNSMITH	
Name of dealer/gunsmith in block letters	
Signature of dealer/gunsmith	

3	Date						-			-		
5	Place											
8	Date							-			-	
10	Place											

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

<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p style="text-align: center;">2</p>	<p>Fingerprint designation</p> <div style="border: 1px solid black; width: 100px; height: 50px; margin: 0 auto;"></div>	<p>3</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Date</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%;"></td> </tr> </table> <p>4</p> <div style="border: 1px solid black; height: 30px; margin-bottom: 5px;"></div> <p style="text-align: center;">Name of current owner in block letters</p> <p>5</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;">Place</td> <td style="width: 85%;"></td> </tr> </table>	Date					-		-		Place	
Date					-		-						
Place													

Right index fingerprint of current owner

## PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
Name of police official in block letters	Rank of police official in block letters	Personal number of police official



SAPS 534

7	<b>PARTICULARS OF WITNESS</b>	
7.1	<input type="text"/>	7.2 <input type="text"/>
	Name of witness in block letters	Persal number of witness
7.3	<input type="text"/>	7.4 <input type="text"/>
	Rank of witness in block letters	Signature of witness

<b>H. PARTICULARS OF INTERPRETER</b>	
(This section must be completed only if the current owner cannot read or write or does not understand the content of this form.)	
1	Name and surname of interpreter
2	Identity/Passport number of interpreter
3	Residential address
	Postal Code
5	Postal address
	Postal Code
7	Telephone number
8	Cellphone number
10	E-mail address
11	Interpreted from (language)
	to
12	Date
13	Signature of interpreter
14	Place
15	Rank of police official in block letters (if applicable)
16	Persal number of police official (if applicable)

<b>I. PARTICULARS OF POLICE OFFICIAL</b>	
1	Name of police official in block letters
2	Date
3	Rank of police official in block letters
4	Place
5	Signature of police official
6	Persal number of police official



**SOUTH AFRICAN POLICE SERVICE**  
**FORWARDING SCHEDULE**

<sup>1</sup> Forwarding police station name

\_\_\_\_\_

<sup>2</sup> Name of destination police station

\_\_\_\_\_

<sup>3</sup> Component code of forwarding police station

[illegible]<sup>4</sup> Forwarding date

				-			H		
--	--	--	--	---	--	--	---	--	--

### Forwarding police station

[illegible]

**Recipient police station**

[illegible]

**<sup>13</sup> PARTICULARS OF FORWARDING DESIGNATED FIREARMS OFFICER**

14

\_\_\_\_\_

Name of Designated Firearms Officer in  
block letters

15

\_\_\_\_\_

Rank of Designated Firearms Officer  
in block letters

16

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

Persal number of Designated Firearms Officer

17

Signature of Designated Firearms Officer

## 1 Remarks

[illegible]

1 \_\_\_\_\_

Name of police official in block letters

2

Rank of police official in block letters

3								
---	--	--	--	--	--	--	--	--

Persal number of police official

Signature of police official

OFFICIAL DATE STAMP



## SOUTH AFRICAN POLICE SERVICE

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

Section 93 of the Firearms Control Act, 2000 (Act No 60 of 2000)

<p style="text-align: center;"><b>OFFICIAL DATE STAMP</b></p>          <p style="text-align: center;"><b>DATE RECEIVED</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</th> </tr> <tr> <td style="width: 60%;">1 Application reference No</td> <td style="width: 40%; text-align: center;"> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> </td> </tr> </table>	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED		1 Application reference No	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED					
1 Application reference No	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>				

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED	
1 Province	
2 Area	
3 Police station	
4 Component code	
5 General firearms transaction register number	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>

C. FOR OFFICIAL USE BY THE DECIDING OFFICER	
1 Outstanding/Additional information required <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
2 Peral number	3 Date
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           4 Signature of police official  <div style="border: 1px solid black; height: 30px; width: 100%;"></div> </div> <div style="width: 50%;">           5 Name in block letters  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div>	
6 Application for authorization to possess approved (Indicate with an X) <input type="checkbox"/>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
7 Peral number	8 Date
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           9 Signature of deciding officer  <div style="border: 1px solid black; height: 30px; width: 100%;"></div> </div> <div style="width: 50%;">           10 Officer code  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div>	
11 Name in block letters <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
12 Application for authorization to possess refused (Indicate with an X) <input type="checkbox"/>	
13 Reason(s) for refusal <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border: 1px solid black; height: 15px; width: 100%;"></div>
14 Peral number	15 Date
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           16 Signature of deciding officer  <div style="border: 1px solid black; height: 30px; width: 100%;"></div> </div> <div style="width: 50%;">           17 Officer code  <div style="border: 1px solid black; height: 20px; width: 100%;"></div> </div> </div>	
18 Name in block letters <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	

SAPS 536

**D. PARTICULARS OF APPLICANT****1 NATURAL PERSON'S DETAILS**

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

**14 JURISTIC PERSON'S DETAILS****15 OTHER BODIES**

16	Registered company name			
17	Trading as name			
18	FAR number			
19	Company registration or CC number			
20	Postal address			
				21 Postal Code
22	Business address			
				23 Postal Code
24	Business telephone number	24.1 Work	( )	24.2 Fax ( )
25	E-mail address			

**26 RESPONSIBLE PERSON'S DETAILS**

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



SAPS 536

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

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

Firearm component type:

5	Barrel serial number				
6	Frame serial number				
7	Receiver serial number				

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

Firearm 1

Firearm 2

Firearm 3

Firearm 4

SAPS 536

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

1   
Name of applicant in block letters

2 Date     -

3 .....  
Signature of applicant

4 Place

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

1   
Right Index fingerprint of applicant

2 Fingerprint designation

3 Date     -

4   
Name of applicant in block letters

5 Place

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

6.1   
Name of police official in block letters

6.2        -   
Persal number of police official

6.3   
Rank of police official in block letters

6.4 .....  
Signature of police official

**PARTICULARS OF WITNESS**

7.1   
Name of witness in block letters

7.2        -   
Persal number of witness

7.3   
Rank of witness in block letters

7.4 .....  
Signature of witness

**H. PARTICULARS OF INTERPRETER**

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

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

3 Residential address

4 Postal Code

5 Postal address

6 Postal Code

7 Telephone number 7.1 Home ( ) 7.2 Work ( )

8 Cellphone number 3 Fax ( )

10 E-mail address

11 Interpreted from (language)  to

12 Date     -

13 .....  
Signature of interpreter

14 Place

15   
Rank of police official in block letters (if applicable)

16        -   
Persal number of police official (if applicable)

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

RECOMMENDATION REGARDING THE APPLICATION

Recommended Not recommended

Motivation

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

3 Date

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

5 Place

6 Signature of Designated Firearms Officer/Station Commissioner

7 Persal number of Designated Firearms Officer/Station Commissioner



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

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

<sup>2</sup> DEPARTMENT/INSTITUTION .....

<sup>3</sup> IN POSSESSION ON 1 JULY 2003 OR OBTAINED THEREAFTER

**1 CODE OF BODY**  
To be completed by the  
SA Police

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

To be completed by the SA  
Police Service

[illegible]

11 \_\_\_\_\_  
Signature of person who completed the SAPS 349

12   
Name of person who completed the SAPS 349

13	Date					-			-		
----	------	--	--	--	--	---	--	--	---	--	--

\* Action (Indicate - bolt, automatic, semi-automatic, cylinder, lever, pump action, etc)

For Central Firearms Register use only

<sup>14</sup> Checked and captured by \_\_\_\_\_  
Signature

15

Name in block letters

Persal number

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

1

Office date stamp



SOUTH AFRICAN POLICE SERVICE

**DEALER'S RETURN: STOCK RECEIVED**

**Section 39(8) of the Firearms Control Act, 2000 (Act No 60 of 2000)**

<sup>1</sup> Period from

Date	C	C	Y	Y	-	M	M	-	D	D
------	---	---	---	---	---	---	---	---	---	---

to

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

A.		DEALER'S PARTICULARS	
----	--	----------------------	--

<sup>1</sup> Trading as name of dealer

\_\_\_\_\_

<sup>2</sup> Licence number of dealer

[illegible]

## B. DETAILS OF FIREARM(S) RECEIVED

C. FROM WHOM RECEIVED

[illegible]



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

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

E		PARTICULARS OF OFFICIAL RESPONSIBLE FOR THE REGISTRATION OF THE FIREARM DETAILS	
1	NAME	2	DESIGNATION
3	ADDRESS	4	TELEPHONE
5	CITY	6	STATE
7	COUNTRY	8	POSTAL CODE
9	DATE OF BIRTH	10	DATE OF DEATH
11	DATE OF ENTRY INTO SERVICE	12	DATE OF RETIREMENT
13	DATE OF DEATH	14	DATE OF RETIREMENT
15	DATE OF DEATH	16	DATE OF RETIREMENT
17	DATE OF DEATH	18	DATE OF RETIREMENT
19	DATE OF DEATH	20	DATE OF RETIREMENT
21	DATE OF DEATH	22	DATE OF RETIREMENT
23	DATE OF DEATH	24	DATE OF RETIREMENT
25	DATE OF DEATH	26	DATE OF RETIREMENT
27	DATE OF DEATH	28	DATE OF RETIREMENT
29	DATE OF DEATH	30	DATE OF RETIREMENT
31	DATE OF DEATH	32	DATE OF RETIREMENT
33	DATE OF DEATH	34	DATE OF RETIREMENT
35	DATE OF DEATH	36	DATE OF RETIREMENT
37	DATE OF DEATH	38	DATE OF RETIREMENT
39	DATE OF DEATH	40	DATE OF RETIREMENT
41	DATE OF DEATH	42	DATE OF RETIREMENT
43	DATE OF DEATH	44	DATE OF RETIREMENT
45	DATE OF DEATH	46	DATE OF RETIREMENT
47	DATE OF DEATH	48	DATE OF RETIREMENT
49	DATE OF DEATH	50	DATE OF RETIREMENT
51	DATE OF DEATH	52	DATE OF RETIREMENT
53	DATE OF DEATH	54	DATE OF RETIREMENT
55	DATE OF DEATH	56	DATE OF RETIREMENT
57	DATE OF DEATH	58	DATE OF RETIREMENT
59	DATE OF DEATH	60	DATE OF RETIREMENT
61	DATE OF DEATH	62	DATE OF RETIREMENT
63	DATE OF DEATH	64	DATE OF RETIREMENT
65	DATE OF DEATH	66	DATE OF RETIREMENT
67	DATE OF DEATH	68	DATE OF RETIREMENT
69	DATE OF DEATH	70	DATE OF RETIREMENT
71	DATE OF DEATH	72	DATE OF RETIREMENT
73	DATE OF DEATH	74	DATE OF RETIREMENT
75	DATE OF DEATH	76	DATE OF RETIREMENT
77	DATE OF DEATH	78	DATE OF RETIREMENT
79	DATE OF DEATH	80	DATE OF RETIREMENT
81	DATE OF DEATH	82	DATE OF RETIREMENT
83	DATE OF DEATH	84	DATE OF RETIREMENT
85	DATE OF DEATH	86	DATE OF RETIREMENT
87	DATE OF DEATH	88	DATE OF RETIREMENT
89	DATE OF DEATH	90	DATE OF RETIREMENT
91	DATE OF DEATH	92	DATE OF RETIREMENT
93	DATE OF DEATH	94	DATE OF RETIREMENT
95	DATE OF DEATH	96	DATE OF RETIREMENT
97	DATE OF DEATH	98	DATE OF RETIREMENT
99	DATE OF DEATH	100	DATE OF RETIREMENT

3 

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

 Personal number of official

4 \_\_\_\_\_ Signature of official

OFFICIAL DATE STAMP



**SOUTH AFRICAN POLICE SERVICE**  
**DEALER'S RETURN: STOCK SUPPLIED**  
Section 39(8) of the Firearms Control Act, 2000 (Act No 60 of 2000)

Section 39(8) of the Firearms Control Act, 2000 (Act No 60 of 2000)

<sup>1</sup> Period from

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

to

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

A.		DEALER'S PARTICULARS
----	--	----------------------

<sup>†</sup> Trading as name of dealer

\_\_\_\_\_

<sup>2</sup> Licence number of dealer[illegible]

### B. DETAILS OF FIREARM(S) SUPPLIED

**C. TO WHOM SUPPLIED**

[illegible]

6

7 \_\_\_\_\_

8	Date					-			-	
---	------	--	--	--	--	---	--	--	---	--

[illegible]

1	
---	--

2

3								
---	--	--	--	--	--	--	--	--

OFFICIAL DATE STAMP



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

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

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

3			
	Persal number of official	4	<hr/> Signature of official

Page 2 of 2





SOUTH AFRICAN POLICE SERVICE  
MANUFACTURER'S RETURN: STOCK SUPPLIED

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

<sup>1</sup> Period from

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

to

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

A.	MANUFACTURER'S PARTICULARS
----	----------------------------

<sup>1</sup> Trading as name of manufacturer<sup>2</sup> Licence number of manufacturer

## B. DETAILS OF FIREARM(S) SUPPLIED

**C. TO WHOM SUPPLIED**

[illegible]





### GUNSMITH'S RETURN: STOCK RECEIVED

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

<sup>1</sup> Period from

Date \_\_\_\_\_

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

to

Date \_\_\_\_\_

[illegible]

A.

### GUNSMITH'S PARTICULARS

<sup>1</sup> Trading as name of gunsmith

<sup>2</sup> Licence number of gunsmith.[illegible]

**B. DETAILS OF FIREARM(S) RECEIVED**

C. FROM WHOM RECEIVED

[illegible]

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

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

E		PARTICULARS OF OFFICIAL RESPONSIBLE FOR THE REGISTRATION OF THE FIREARM DETAILS	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

4 \_\_\_\_\_  
Signature of official

Page 2 of 2







**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