



Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID-AFRIKA

Regulation Gazette

No. 7926

Regulasiekoerant

Vol. 465

Pretoria, 26 March
Maart 2004

No. 26156

PART 2 OF 4



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

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					11 Postal Code
12.3	12.1 Home	()	12.2 Work	()		
14	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					
22	Business address					21 Postal Code
24	Business telephone number					23 Postal Code
25	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)					
29	SA ID		Passport number			
30	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.

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

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

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

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

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

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

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

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

40 **DECLARATION BY APPLICANT**

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

SAPS 518(a)

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

Signature of interpreter

15

Rank of police official in block letters (if applicable)

16

Persal number of police official (if applicable)

G. IN CASE OF NOMINEE/AUTHORIZED PERSON

1	Name and surname of nominee/authorized person	<input type="text"/>
2	Identity/Passport number of nominee/authorized person	<input type="text"/>

3 Date

6 Place

Signature of nominee/authorized person

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

.....

.....

.....

.....

.....

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

.....

.....

.....

1

Name of Designated Firearms Officer/Station Commissioner in block letters

2 Date

3

Rank of Designated Firearms Officer/Station Commissioner in block letters

4 Place

5

Signature of Designated Firearms Officer/Station Commissioner

6

Persal number of Designated Firearms Officer/Station Commissioner



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												
1 Application reference No												

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

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

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

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

JURISTIC PERSON'S DETAILS

7	Registered company name													
8	Trading as name													
9	FAR number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Postal address									11 Postal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Business address									12 Postal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/> SA citizen				<input type="checkbox"/> Non-SA citizen with permanent residence*								
18	Identify number of responsible person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19	Cellphone number													
20	Physical address									21 Postal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Postal address									23 Postal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

.....

.....

.....

.....

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

* 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**

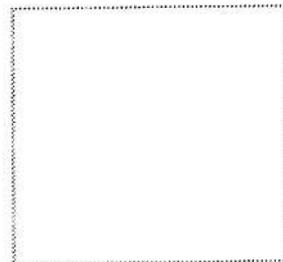
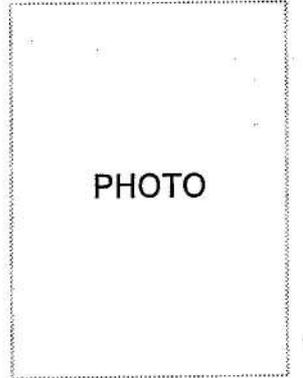
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

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.



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 surnams of interpreter

2 Identity/Passport number of interpreter

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												
1 Application reference No												

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

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

D. TYPE OF ACCREDITATION (Indicate with an X)

1	As a sports-shooting and hunting association	<input type="checkbox"/>
2	As a sports-shooting association	<input type="checkbox"/>
3	As a hunting association	<input type="checkbox"/>
4	As a collectors association	<input type="checkbox"/>
5	Other (submit description of association)	<input type="checkbox"/>

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														
39	Postal address											38 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														
50	Postal address											49 Postal Code			
												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 REGION THAT IS COVERED BY THE ORGANIZATION

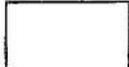
62 PARTICULARS OF HOW REGISTERS WILL BE KEPT

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

64 DECLARATION BY APPLICANT

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

F. SIGNATURE OF APPLICANT (Sign only if applicable)

1  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 ⁴ Postal Code

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

5	Postal address				
			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

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

14 Place

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

13 Signature of interpreter

15

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

Rank of police official (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	
-------------	--	-----------------	--

2 Motivation

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

3 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

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	Identify 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											12 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

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		2	Fingerprint designation 	3.	Date	<input type="text"/>
	Right index fingerprint of applicant			4	<input type="text"/> Name of applicant in block letters	
				5	Place	<input type="text"/>
				6	Signature of applicant	

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

7.1	<input type="text"/>	7.2	<input type="text"/>
	Name of police official in block letters		Personal number of police official
7.3	<input type="text"/>	7.4	<input type="text"/>
	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		<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)		to		<input type="text"/>	
	Signature of interpreter		<input type="text"/>			
12	Date	<input type="text"/>				
13	Place		<input type="text"/>			
15	Rank of police official in block letters (if applicable)		<input type="text"/>			
16	Personal number of police official (if applicable)		<input type="text"/>			

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

1	Name of government institution			
2	Physical address			
		³ Postal Code		
4	Postal address			
		³ Postal Code		
6	Contact telephone number	⁴ Work ()		⁵ 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			
		¹⁴ Postal Code		

PROOF SIGNATURES OF RESPONSIBLE PERSON

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

OTHER DETAILS

21	MOTIVATION OF PURPOSE FOR WHICH ACCREDITATION IS REQUIRED

22	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.



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

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 APPLICATION IS RECEIVED												
1	Province											
2	Area											
3	Police station											
4	Component code											
5	Firearm applications register reference number	SAPS 86	NO	YEAR								

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

D. TYPE OF PERMIT (Indicate with an X)

1 Multiple import or export permit	2 Import permit	3 Export permit	4 In-transit permit	5 Temporary import or export permit
------------------------------------	-----------------	-----------------	---------------------	-------------------------------------

E. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1 SA ID	Passport			
3 Identity number of 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	Married	Divorced	Widow	Widower
Other (specify)				

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

25.1 Type of identification (Indicate with an X)	
25.1.1 SA ID	Passport
25.2 Identity number of spouse/partner	
25.3 Passport number of spouse/partner	
25.4 Full Name and Surname	

26 JURISTIC PERSON'S DETAILS

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

SAPS 520

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

RESPONSIBLE PERSON'S DETAILS

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

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

7	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

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

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

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

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

3 DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM(S)

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

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 be completed only if the applicant cannot read or write)

1

Right index fingerprint of applicant

2

Fingerprint designation

3 Date -

4

Name of applicant in block letters

5 Place

6 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

6.1

Name of police official in block letters

6.2 -

Personal number of police official

6.3

Rank of police official in block letters

6.4

Signature of police official

7 PARTICULARS OF WITNESS

7.1

Name of witness in block letters

7.2 -

Personal number of witness

7.3

Rank of witness in block letters

7.4

Signature of witness

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

2 Identity/Passport number of interpreter

3 Residential address

⁴ Postal Code

N. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date

4 Signature of nominee/authorized person

5 Place

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

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

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

1 RECOMMENDATION REGARDING THE APPLICATION

2 Motivation regarding the application

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

4 Date

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

6 Place

7 Signature of Designated Firearms Officer/Station Commissioner

8 Persal number of Designated Firearms Officer/Station Commissioner

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"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<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	Identify 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	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	Identify 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													

SAPS 520(a)

30	Postal address										
32	Business address										
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										
											46 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)

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											
											5 Postal Code	
9	Postal address											
											10 Postal Code	
11	Telephone number					11.1 Home	()	11.2 Work	()			
11.3	Cellphone number					12 Fax	()					
13	E-mail address											
14	Are there any additional firearm licence holders for this firearm? (indicate with an X)											
	YES					NO						

JURISTIC PERSON'S DETAILS

16	Registered company name										
17	Trading as name										
18	FAR number										

SAPS 520(a)

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"/>
3	Residential address	<input type="text"/>
		⁴ Postal Code <input type="text"/>
5	Postal address	<input type="text"/>
		⁵ Postal Code <input type="text"/>

SAPS 520(a)

N. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date

4 Signature of nominee/authorized person

5 Place

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

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

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

1 RECOMMENDATION REGARDING THE APPLICATION

2 Motivation regarding the application

Recommended

Not recommended

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

4 Date

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

6 Place

7 Signature of Designated Firearms Officer/Station Commissioner

8 Personal number of Designated Firearms Officer/Station Commissioner

SAPS 520(a)

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

1	RECOMMENDATION REGARDING THE APPLICATION			
	Recommended	<input type="checkbox"/>	Not recommended	<input type="checkbox"/>
2	Recommendation from Scrutiny Committee	..... ..... ..... ..... ..... ..... .....	

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

1	RECOMMENDATION REGARDING THE APPLICATION			
	Recommended	<input type="checkbox"/>	Not recommended	<input type="checkbox"/>
2	Recommendation from NCACC	..... ..... ..... ..... ..... ..... .....	

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											
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 88	NO YEAR

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)			
1 Outstanding/Additional information required			
		2 Peral number	3 Date
4 Signature of police official		5 Name in block letters	
6 Application for a permit approved (indicate with an X)			
		7 Peral 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 Peral number	15 Date
16 Signature of CFR officer		17 Officer code	18 Name in block letters

D. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
3	Identity number of natural person			
4	Passport number of natural person			
5	Surname			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 THE APPLICANT'S SPOUSE/PARTNER (if applicable)

25.1 Type of identification (Indicate with an X)

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

26 JURISTIC PERSON'S DETAILS

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

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

SAPS 520(b)

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	Identify 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.

SAPS 520(b)

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

12 Date --

13
Signature of Interpreter

14 Place

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

16 -
Persal number of police official (if applicable)

H. PARENTAL CONSENT IN CASE OF A MINOR

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

2	Name and surname of parent/guardian		<input type="text"/>									
3	Identity/Passport number of parent/guardian		<input type="text"/>									
6	Comment of parent/guardian		<input type="text"/>									
.....												
.....												

SAPS 520(c)

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				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				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)**

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

53 Name of accredited association

54 FAR number of accredited association

55 Membership number

56 Date joined

57 Expiry date

58 Description of the place where the ammunition will be stored

59 Manner in which the ammunition will be displayed

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

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

61.1 Name of the accredited museum

61.2 Accreditation number of the museum

61.3 Date issued

61.4 Manner in which the ammunition will be displayed

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

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
63.1	Police station (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 **ARE THERE ANY CASES PENDING AGAINST YOU?** (Indicate with an X)

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

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
65.1	Police station (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 **WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
66.1	Police station (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 **HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM?** (Indicate with an X)

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

9 **PARTICULARS OF WITNESS**

9.1
Name of witness in block letters

9.2
Persal number of witness

9.3
Rank of witness in block letters

9.4
Persal number of witness

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

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

12 Date - - D D

13
Signature of interpreter

14
Place

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

16
Persal number of police official (if applicable)

G. PARENTAL CONSENT IN CASE OF A MINOR

1 Recommended Not recommended

2	Name and surname of parent/guardian		<input type="text"/>									
3	Identity/Passport number of parent/guardian		<input type="text"/>									
4	Comments of parent/guardian		<input type="text"/>									
<hr/>												
<hr/>												
<hr/>												
<hr/>												
<hr/>												
<hr/>												
<hr/>												

5 Date - -

6
Signature of parent/guardian

7
Place

35 **REPRESENTATIVE'S DETAILS**

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

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

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

45 **DETAILS OF FIREARM**

46	Type	
47	Calibre	
48	Make	
49	Model	

Firearm component type:

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

53 **OTHER PARTICULARS**

54	Police station name																	
55	SAPS 13 register reference number																	
56	Case reference number																	
57	Motivation for compensation																	
58	Expected compensation amount	R																65 Amount in words

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 -

Personal number of police official

6.3

Rank of police official in block letters

6.4
Signature of police official

7 **PARTICULARS OF WITNESS**

7.1

Name of witness in block letters

7.2 -

Personal number of witness

7.3

Rank of witness in block letters

7.4
Signature of witness

G. PARTICULARS OF INTERPRETER
 (This section must be completed only if the 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									5 Postal Code		
7	Telephone number	7.1 Home	()	7.2 Work	()							
8	Cellphone number					6 Fax	()					
10	E-mail address											
11	Interpreted from (language)		to									

12 Date

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

13 Signature of interpreter

14 Place

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

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

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

16 Persal number of police official (if applicable)

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

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

1 **RECOMMENDATION REGARDING THE APPLICATION**

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

2 Motivation

.....

.....

.....

.....

.....

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

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

4 Date

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

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

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

6 Place

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

7 Signature of Designated Firearms Officer/Station Commissioner

8 Persal number of Designated Firearms Officer/Station Commissioner

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

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			
8	Postal address			⁷ 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			
21	Business address			²⁰ Postal Code
23	Business telephone number	^{23.1} Work ()	^{23.2} Fax ()	²² Postal Code
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			
33	Postal address			³² Postal Code
				³⁴ Postal Code

35 **DECLARATION BY REPORTING PERSON**

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

36
Signature of reporting person

37
Name of reporting person in block letters

38 Identity/Passport number of reporting person

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

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

1
Name of police official in block letters

2 Date

3
Rank of police official in block letters

4 Place

5
Signature of police official

6
Persal number of police official

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

1
Name of police official in block letters

2 Date

3
Rank of police official in block letters

4 Place

5
Signature of police official

6
Persal number of police official

SAPS 521(a)

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

23 RESPONSIBLE PERSON'S DETAILS

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

33 Reason for ceasing to carry on as a business

.....

.....

.....

.....

.....

.....

.....

.....

34 Date of ceasing to carry on as a business

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

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

.....

.....

.....

36 Postal Code

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

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

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

SAPS 521(a)

D. LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION DETAILS

1	
Details of licence, permit, certificate or authorization	
Type of licence, permit, certificate or authorization	Licence, permit, certificate or authorization number
1.1	
1.2	
1.3	
1.4	
1.5	
1.6	
1.7	
1.8	
1.9	
1.10	
1.11	
1.12	
1.13	
1.14	
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	

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 2 Fingerprint designation
Right index fingerprint of reporting person

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											
			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 - - D

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				

44	DID THE ADDITIONAL LICENCE HOLDER ALSO MOVE TO THE NEW ADDRESS?		
	YES	NO	
45	DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)		
	YES	NO	
45.1	IF YES, SUBMIT FULL DETAILS		

DECLARATION BY REPORTING PERSON

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

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

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

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

1 <input type="text"/> Right index fingerprint of reporting person	2 Fingerprint designation <input type="text"/> 3 Date <input type="text"/> - <input type="text"/> - <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"/> Name of police official in block letters 6.3 <input type="text"/> Rank of police official in block letters	6.2 <input type="text"/> - <input type="text"/> Persal number of police official 6.4 Signature of police official
--	--

7 PARTICULARS OF WITNESS

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

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

1 Name and surname of interpreter					
2 Identity/Passport number of interpreter	<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)			to	<input type="text"/>	



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CHANGE IN CIRCUMSTANCES

Section 26(1), 38(1), 52(1) and 66(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

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

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 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											
8	Postal address											
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	Postal address												

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

2 Fingerprint designation

Right index fingerprint of reporting person

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	Identify/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(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				
				9 Postal Code	
10	Telephone number	10.1 Home	()	10.2 Work	()
10.3	Cellphone number			11 Fax	()
12	E-mail address				

13 JURISTIC PERSON'S DETAILS

14 OTHER BODIES

15	Registered company name				
16	Trading as name				
17	FAR number				
18	Company registration or 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	Telephone number				
30	Physical address				
		Postal Code			
32	Postal address				
		Postal Code			

F. DETAILS OF EXISTING LICENCE

1	Licence type	Licence number	Date issued	Expiry date

2 DETAILS OF PREMISES

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

3	Address				
		Postal Code			

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

4					

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

5					

6 DESCRIPTION OF THE ALARM SYSTEM

6					

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

7					

8 DESCRIPTION OF THE BURGLAR PROOFING

8					

9 DESCRIPTION OF OTHER SECURITY FEATURES

9					

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

--

 2 Date

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

Name of applicant in block letters

3 4 Place

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

Signature of applicant

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

1

--

 2 Fingerprint designation

--

 3 Date

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

Right index fingerprint of applicant

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



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)

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

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(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	Identify 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 DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORIZATION			
2 Type of licence, permit or authorization	3 Licence, permit or authorization number	4 Date issued	5 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	1.1 Lost	2 Stolen	3 Found (manner in which the firearm was found)	3.1 Seized	3.2 Abandoned
4	Description of incident				

E. PARTICULARS OF POLICE OFFICIAL WHO COMPLETES THE NOTIFICATION

1

Name of police official in block letters

2 Date -

3

Rank of police official in block letters

4 Place

5

Signature of police official

6 -

Persal number of police official

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

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 521(g)



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF INCORRECT INFORMATION

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

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	Identify number									
4	Passport number									
5	Surname								6 Initials	
7	Full names									
8	Residential address									
9									9 Postal Code	
10	Postal address									
11									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

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	3.5	Barrel serial number
3.6	Make	3.6	Make
3.7	Frame serial number	3.7	Frame serial number
3.8	Make	3.8	Make
3.9	Receiver serial number	3.9	Receiver serial number
3.10	Make	3.10	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"/>	3	Date	<input type="text"/>						
	Right index fingerprint of reporting person				4	<input type="text"/>							
					5	Place	<input type="text"/>						

6 PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION

6.1	<input type="text"/>	6.2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	<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 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														
2	Identity/Passport number of interpreter														
3	Residential address														
											4 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SAPS 521(h)

E. PARTICULARS OF FIREARM

1 Licence number

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

3

Rifle	Shotgun	Handgun
Other, specify <input type="text"/>		

4 Calibre

5 Make

6 Model

Firearm component type:

7 Barrel serial number

8 Frame serial number

9 Receiver serial number

7.1 Make	<input type="text"/>
8.1 Make	<input type="text"/>
9.1 Make	<input type="text"/>

10 **GUNSMITH'S DETAILS**

11 Gunsmith's trading as name

12 FAR number

14 Reason for deactivation

13 Licence number of gunsmith

15

Name of gunsmith in block letters

16 Date

17

Signature of gunsmith

18 Place

19 **DECLARATION BY THE HOLDER OF THE LICENCE**

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

20 PARTICULARS OF THE HOLDER OF THE LICENCE

21
Name of the holder of the licence in block letters

22 Date --

24
Signature of the holder of the licence

25 Place

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

1

2 Fingerprint designation

3 Date --

4
Name of surrendering person in block letters

Right index fingerprint of surrendering person

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 surrendering person cannot read or write or does not understand the contents of this form.)

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

3 Residential address Postal Code

5 Postal address Postal Code

7 Telephone number 7.1 Home () 7.2 Work ()

8 Cellphone number 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)

SAPS 522

C. PARTICULARS OF THE APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
3	Identify number			
4	Passport number			
5	Surname			⁶ Initials
7	Full names			
8	Residential address			
				⁸ Postal Code
10	Postal address			
				¹¹ Postal Code
12	Business telephone number	^{12.1} Home ()	^{12.2} Work ()	
12.3	Cellphone number		¹³ Fax ()	
14	E-mail address			

15 JURISTIC PERSON'S DETAILS

16 OTHER BODIES

17	Registered company name			
18	Trading as name			
19	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 (full names and surname)			
28	Type of identification (Indicate with an X)	SA ID	<input type="checkbox"/>	Passport number
29	Identify number of responsible person			
30	Passport number of responsible person			
31	Cellphone number (if applicable)			
32	Physical address			
				³³ Postal Code
34	Business address			
				³⁴ Postal Code

SAPS 522

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

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

12 Date

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

13
 Signature of interpreter

14 Place

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

15

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

 Rank of police official in block letters (if applicable)

16

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

 Persal number of police official (if applicable)

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

1

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

 Name of Designated Firearms Officer/Station Commissioner in block letters

2 Date

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

3

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

 Rank of Designated Firearms Officer/Station Commissioner in block letters

4 Place

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

5
 Signature of Designated Firearms Officer/Station Commissioner

6

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

 Persal number of Designated Firearms Officer/Station Commissioner

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

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

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

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

DETAILS OF PARTS

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

DETAILS OF AMMUNITION

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

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

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

DECLARATION OF PERSON SURRENDERING THE ITEM(S)

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

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

4
Name of person surrendering block letters

5
Place

Right index fingerprint of person surrendering

6 PARTICULARS OF POLICE OFFICIAL DEALING WITH THE SURRENDERING

6.1
Name of police official in block letters

6.2
Persal number of police official

6.3
Rank of police official in block letters

6.4
Signature of police official

7 PARTICULARS OF WITNESS

7.1
Name of witness in block letters

7.2
Persal number of witness

7.3
Rank of witness in block letters

7.4
Signature of witness

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

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

3 Residential address

4 Postal Code

5 Postal address

6 Postal Code

7 Telephone number: 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)

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

1
Name of police official in block letters

2 Date - -

3
Rank of police official in block letters

4 Place

5
Signature of police official

6 -
Persal number of police official



SOUTH AFRICAN POLICE SERVICE

FORFEITURE OF FIREARM ITEM(S)

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

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

1 NATURAL PERSON'S DETAILS

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

14 JURISTIC PERSON'S DETAILS

15 OTHER BODIES

16 Registered company name															
17 Trading as name															
18 FAR number															
19 Postal address															
												20 Postal Code			
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			

C. DETAILS OF THE FIREARM ITEM(S) FORFEITED

1 **DETAILS OF FIREARM**

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

Firearm component type:

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

9 **DETAILS OF PARTS**

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

13 **DETAILS OF AMMUNITION**

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

16	Reason(s) for forfeiture			
			
			
			
			

SAPS 523(a)

D. PAYMENT DETAILS

1	FCS application reference No																			
2	Amount to be paid	R																		

E. PARTICULARS OF DESIGNATED FIREARMS OFFICER

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



SOUTH AFRICAN POLICE SERVICE

NOTICE OF APPEAL

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

OFFICIAL DATE STAMP
DATE RECEIVED

A FOR OFFICIAL USE BY THE APPEAL BOARD	
¹ Outstanding/Additional information required	
.....	
.....	
.....	
.....	
Date	
.....	
³ Signature of the Secretary: Appeal Board	
⁴ Name in block letters	
² Appeal upheld (indicate with an X)	
⁵ Conditions	
.....	
.....	
.....	
.....	
Date	
.....	
⁸ Signature of the Chairperson: Appeal Board	
⁹ Name in block letters	
¹⁰ Appeal not upheld (indicate with an X)	
¹¹ Comments	
.....	
.....	
.....	
.....	
Date	
.....	
¹³ Signature of the Chairperson: Appeal Board	
¹⁴ Name in block letters	

SAPS 530

B. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

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

14 JURISTIC PERSON'S DETAILS

15 OTHER BODIES

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

25 RESPONSIBLE PERSON'S DETAILS

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

35 REPRESENTATIVE'S DETAILS

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

SAPS 530

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

SAPS 531

E. PARTICULARS OF THE REQUESTER

1 NATURAL PERSON'S DETAILS

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

14 JURISTIC PERSON'S DETAILS

15 OTHER BODIES

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

25 RESPONSIBLE PERSON'S DETAILS

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

F. PARTICULARS OF GUNSMITH

1	Gunsmith's name			
2	Gunsmith's FAR number			

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	<input type="text"/>	2	Date						
	Name of requester in block letters								
3	..... Signature of requester	4	Place	<input type="text"/>					
5	DETAILS OF GUNSMITH								
6	<input type="text"/>	7	Date						
	Name of gunsmith in block letters								
8	..... Signature of gunsmith	9	Place	<input type="text"/>					

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

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

PARTICULARS OF POLICE OFFICIAL DEALING WITH REQUEST

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

PARTICULARS OF WITNESS

7.1	<input type="text"/>	7.2	<input type="text"/>
	Name of witness in block letters		Personal number of witness
7.3	<input type="text"/>	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	<input type="text"/>
	Name and surname of interpreter
2	<input type="text"/>
	Identity/Passport number of interpreter

SAPS 531

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											
16	Rank of police official in block letters (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	RECOMMENDATION REGARDING THE REQUEST										
2	Recommended		Not recommended								
3	Motivation	<p>.....</p>									
4	Name of Designated Firearms Officer/Station Commissioner in block letters										
5	Rank of Designated Firearms Officer/Station Commissioner in block letters										
6	Date										
7	Place										
8	Signature of Designated Firearms Officer/Station Commissioner										
9	Persal number of Designated Firearms Officer/Station Commissioner										



SOUTH AFRICAN POLICE SERVICE

INFRINGEMENT NOTICE

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

OFFICIAL DATE STAMP
DATE RECEIVED

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

B. PARTICULARS OF INFRINGER

1 NATURAL PERSON'S DETAILS

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

14 JURISTIC PERSON'S DETAILS

15 OTHER BODIES

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

40 **Infringer's options**

The infringer may not later than 30 days after the date of service of the infringement notice -

- * pay the administrative fine;
- * make arrangements with the Registrar to pay the administrative fine in instalments; or
- * elect to be tried in court on a charge of having committed the alleged offence

41 **Statement of failure to comply**

If an infringer fails to comply with the requirements of a notice, the Registrar may file with the clerk or registrar of any competent court a statement certified by him or her as correct, setting forth the amount of the administrative fine payable by the infringer and such statement thereupon has all the affects of a civil judgement lawfully given in that court in favour of the Registrar for a liquid debt in the amount specified in the statement

42 Response date Date

43 Place where administrative fine must be paid Place

C. FOR OFFICIAL USE BY THE POLICE OFFICIAL WHO ISSUES THE INFRINGEMENT NOTICE

1 2 Date issued
Name and surname of police official in block letters

3 4 Place issued
Rank of police official in block letters

5 6
Signature of police official Persal number of police official

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

1 2 Date served
Name and surname of police official in block letters

3 4 Place served
Rank of police official in block letters

5 6
Signature of police official Persal number of police official

E. ACKNOWLEDGMENT OF RECEIPT OF INFRINGEMENT NOTICE BY THE INFRINGER

1 2
Name and surname of infringer

2
Identity number of infringer

3 Date served Date

4 Place served Place

5 Time served Time

6
Signature of infringer

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														
									32 Postal Code						
33	Postal address														
									34 Postal Code						

36	Particulars of alleged offence	<p>.....</p>									
----	--------------------------------	---	--	--	--	--	--	--	--	--	--

36	Administrative fine payable	R							-			
----	-----------------------------	---	--	--	--	--	--	--	---	--	--	--

37	Infringer's option (Indicate with an X)	
	Pay the administrative fine	<input type="checkbox"/>
	Pay the administrative fine in instalments	<input type="checkbox"/>
	Trail in court	<input type="checkbox"/>

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

7	Postal address										
		⁸ Postal Code									
9	Telephone number	^{9.1} Home	()	^{9.2} Work	()						
9.3	Cellphone number				¹⁰ Fax	()					
11	E-mail address										

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										
		²¹ 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										
		³⁰ Postal Code									
31	Postal address										
		³² 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

6 -

Persal number of requester

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

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

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

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

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	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		
			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)

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

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

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

2 Motivation regarding the request for suspension

.....

.....

.....

.....

.....

.....

.....

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

4 Date - -

6
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

TRANSFER OF FIREARM OWNERSHIP

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

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

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

NATURAL PERSON'S DETAILS

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

JURISTIC PERSON'S DETAILS

OTHER BODIES

16 Registered company name	
17 Trading name	

SAPS 534

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

25 RESPONSIBLE PERSON'S DETAILS

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

35 Reason(s) for transfer of firearm:

.....

.....

.....

D. DETAILS OF FIREARM(S) TO BE TRANSFERRED

1 DETAILS OF FIREARM(S)

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

E. PARTICULARS OF DEALER/GUNSMITH TO WHOM THE FIREARM IS TRANSFERRED

1	Registered company name												
2	Trading as name												
3	FAR number												
4	Postal address												
										Postal Code			
6	Business address												
										Postal Code			
8	Business telephone number	8.1 Work	()	8.2 Fax	()								
9	E-mail address												

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

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

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

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

1	SIGNATURE OF CURRENT OWNER	
2		3 Date
	Name of current owner in block letters	
4	Signature of current owner	5 Place
6	SIGNATURE OF DEALER/GUNSMITH	
7		8 Date
	Name of dealer/gunsmith in block letters	
9	Signature of dealer/gunsmith	10 Place

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

1	<div style="border: 1px solid black; width: 100px; height: 100px; display: inline-block;"></div>	2 Fingerprint designation	3 Date
		<div style="border: 1px solid black; width: 80px; height: 40px; display: inline-block;"></div>	
	Right index fingerprint of current owner		4 Name of current owner in block letters
			5 Place

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

6.1		6.2
	Name of police official in block letters	Persal number of police official
6.3		6.4
	Rank of police official in block letters	Signature of police official

SAPS 534

7. **PARTICULARS OF WITNESS**

7.1
Name of witness in block letters

7.2
Persal number of witness

7.3
Rank of witness in block letters

7.4
Signature of witness

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

1 Name and surname of interpreter:

2 Identity/Passport number of interpreter:

3 Residential address:

⁴ Postal Code:

5 Postal address:

⁵ Postal Code:

7 Telephone number: ^{7.1} Home () ^{7.2} Work ()

8 Capphone 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. PARTICULARS OF POLICE OFFICIAL

1
Name of police official in block letters

2 Date:

3
Rank of police official in block letters

4 Place:

5
Signature of police official

6
Persal number of police official

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	

**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