

## FIREARMS CONTROL REGULATIONS, 2004

### Published under

GN R345 in GG 26156 of 26 March 2004

[with effect from 1 July 2004]

### ANNEXURE 'A' FORMS

[Annexure 'A' amended by GN R696 of 16 September 2005 and by Proc R9 of 17 February 2012 (wef 1 March 2012).]

<b>FORMS</b>		<b>New SAPS numbers</b>
1	Application for licence to possess a firearm	SAPS 271
[SAPS 271 amended by Proc R9 of 17 February 2012 (wef 1 March 2012).]		
2	Application for a competency certificate	SAPS 517
[SAPS 517 amended by Proc R9 of 17 February 2012 (wef 1 March 2012).]		
3	Application for a further competency certificate	SAPS 517(a)
4	Application for a duplicate licence, permit, certificate or authorisation for lost, stolen and defaced licences	SAPS 517(b)
5	Application for licence issued to particular categories of persons - dealers, manufacturers and gunsmiths	SAPS 517(c)
6	Application to manufacture a new firearm or ammunition type	SAPS 517(d)
7	Application for renewal of licence(s) in terms of the previous Act	SAPS 517(e)
8	Application to declare premises a firearm free zone	SAPS 517(f)
9	Application for a temporary authorisation to possess a firearm	SAPS 518
[SAPS 518 amended by Proc R9 of 17 February 2012 (wef 1 March 2012).]		
10	Application for the renewal of a licence, permit or authorisation	SAPS 518(a)
11	Application for a temporary authorisation to trade in firearms and ammunition, to conduct business as a gunsmith and to display firearms and ammunition on premises other than those specified in dealer's, manufacturer's or gunsmith's licence	SAPS 518(b)
12	Application for accreditation as an association	SAPS 519
13	Application for a accreditation for business purposes	SAPS 519(a)
14	Application for accreditation for official institutions	SAPS 519(b)
15	Application for a multiple import or export permit/permanent import or export permit/temporary import or export permit/in-transit permit for personal use (Individuals and Companies)	SAPS 520
16	Application for a multiple import or export permit/permanent import or export permit/temporary import or export permit/in-transit permit for dealers, manufacturers and gunsmiths	SAPS 520(a)
17	Application for permit to transport firearms and ammunition	SAPS 520(b)
18	Application for a permit to collect ammunition	SAPS 520(c)
19	Application for compensation	SAPS 520(d)
20	Notification of lost or stolen licences, permits, certificates or authorisations	SAPS 521
21	Notification of ceasing to carry on business	SAPS 521(a)
22	Notification of change of address	SAPS 521(b)
23	Notification of change of circumstances	SAPS 521(c)
24	Notification of change of commercial agent premises	SAPS 521(d)

25	Notification on assignment of a new responsible person for juristic person	SAPS 521(e)
26	Notification of lost/stolen/found firearms	SAPS 521(f)
27	Notification of incorrect information	SAPS 521(g)
28	Notification of requirement to deactivate a firearm	SAPS 521(h)
29	Cancellation of an application for a licence, permit, certificate or authorisation	SAPS 522
30	Surrendering of firearm item(s)	SAPS 522(a)
31	Forfeiture of firearm item(s)	SAPS 522(b)
32	Acknowledgement of receipt of firearm documentation	SAPS 523
33	Remittance advice for firearm applications	SAPS 523(a)
34	Notice of Appeal	SAPS 530
35	Request to alter a firearm by a gunsmith	SAPS 531
36	Infringement Notice	SAPS 532
37	Response to infringement notice	SAPS 532(a)
38	Request to cancel a licence, permit, certificate or authorisation	SAPS 533
39	Request to suspend a licence, permit, certificate or authorisation	SAPS 533(a)
40	Transfer of firearm ownership	SAPS 534
41	Forwarding schedule	SAPS 535
42	Application for authorisation to possess more than 2 400 primers	SAPS 536
43	List of firearms in possession of government departments and other bodies which are exempt from licensing	SAPS 349
44	Dealer's return: stock received	SAPS 350(a)
45	Dealer's return: stock supplied	SAPS 350(b)
46	Manufacturer's return: stock manufactured	SAPS 350(c)
47	Manufacturer's return: stock supplied	SAPS 350(d)
48	Gunsmith return: stock received	SAPS 350(e)
49	Gunsmith return: stock supplied	SAPS 350(f)
50	Application for authorisation to possess more than 200 rounds of ammunition	SAPS 540
50 [sic]	Application for renewal of competency certificate	SAPS 517(g)
[Item 50[sic] inserted by GN R1208 of 17 December 2010 (wef 10 January 2011).]		
51	Application for acquisition of firearms by official institutions	SAPS 349(a)

**SAPS 271**  
**APPLICATION FOR LICENCE TO POSSESS A FIREARM**  
 [Form SAPS 271 amended by Proc R9 of 17 February 2012 (wef 1 March 2012).]

SAPS 271



SOUTH AFRICAN POLICE SERVICE  
 APPLICATION FOR LICENCE TO POSSESS A FIREARM  
 Section 12, 13, 14, 15, 16, 17, 19 and 20 of the Act, 2000 (Act 60 of 2000)

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

A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED											
1 Application reference No	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table>										
2 Number of application	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 15px;"> </td> <td style="width: 50%; text-align: center;">of</td> <td style="width: 50%; height: 15px;"> </td> </tr> </table>		of								
	of										

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																	
<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table>											<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 15px;"> </td> <td style="width: 50%; text-align: center;">2 Persal number</td> </tr> </table>		2 Persal number	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 15px;"> </td> <td style="width: 50%; text-align: center;">3 Date</td> </tr> </table>		3 Date	
	2 Persal number																
	3 Date																
..... 4 Signature of police official		<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 60%;"> </td> <td style="width: 40%; text-align: center;">5 Name in block letters</td> </tr> </table>			5 Name in block letters												
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..... 9 Signature of police official		<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 15px;"> </td> <td style="width: 50%; text-align: center;">11 Name in block letters</td> </tr> </table>			11 Name in block letters												
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12 Application for licence refused (Indicate with an X)	<input type="checkbox"/>																
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	15 Date																
..... 16 Signature of police official		<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; height: 15px;"> </td> <td style="width: 50%; text-align: center;">18 Name in block letters</td> </tr> </table>			18 Name in block letters												
	18 Name in block letters																
..... 17 Officer code																	

[Part D substituted by Proc R9 of 17 February 2012 (wef 1 March 2012).]

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

1 Main firearm licence holder

2 Additional firearm license holder

(Indicate with an X)

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

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

1

Rifle  Shotgun  Handgun  Combination

Other, specify (armament/ indeterminable design type)

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

1.1 **Action**

Semi-automatic  Automatic  Manual

Other action (specify)

1.2 Names and addressed engraved in the metal

1.3 Calibre

1.4 Calibre code

1.5 Make

1.6 Model

Firearm component type:

1.7 Barrel serial number

1.8 Make

1.9 Frame serial number

1.10 Make

1.11 Receiver serial number

1.12 Make

**F PARTICULARS OF CURRENT OWNER**

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

1.2

A Private owner  B Firearm dealer  C Company  D Imported firearm  E Estate

2

**NATURAL PERSON'S DETAILS**

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3

**TYPE A** (Private owner)

4	Surname		6 Initials	<input type="text"/>	
6	Full names				
7	Identity number	<input type="text"/>			
8	Residential address				
		9 Postal Code	<input type="text"/>		
10	Postal address				
		11 Postal Code	<input type="text"/>		
12	Telephone number	12.1 Home ( )	12.2 Work ( )		
12.3	Cellphone number	13 Fax ( )			
14	E-mail address				
15	Are there any additional firearm licence holders for this firearm? (Indicate with an X)			YES <input type="checkbox"/>	NO <input type="checkbox"/>

16

**JURISTIC PERSON'S DETAILS**

17

**TYPE B** (Firearm dealer)

18	Registered company name			
19	Trading as name			
20	FAR number	<input type="text"/>		
21	Postal address			
		22 Postal Code	<input type="text"/>	
23	Business address			
		24 Postal Code	<input type="text"/>	
25	Business telephone number	25.1 Work ( )	25.2 Fax ( )	
26	E-mail address			
27	Responsible person (Name and surname)			
28	Type of identification (Indicate with an X)	SA citizen <input type="checkbox"/>	Non-SA citizen with permanent residence * <input type="checkbox"/>	
29	Identity number of responsible person	<input type="text"/>		
30	Cellphone number			
31	Physical address			
		32 Postal Code	<input type="text"/>	
33	Postal address			
		34 Postal Code	<input type="text"/>	

35

**SAP 350 (A) DETAILS**

	Firearm received from			
36	Name			
37	Identification number or FAR number	<input type="text"/>		
38	Address			

39	22 Postal Code	<input type="text"/>	40 Date received	<input type="text"/>
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\* In case of a non-SA citizen proof of permanent residence must be submitted.

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41 **TYPE B** (Firearm dealer)

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

59 **TYPE D** (Imported firearms)

60	Import permit number	<input type="text"/>
61	Date issued	<input type="text"/> - <input type="text"/> - <input type="text"/>
62	Expiry date	<input type="text"/> - <input type="text"/> - <input type="text"/>

63 **TYPE E** (Estate)

64 **Type of estate** (Indicate with an X)

65 Executorship  Administration  Curatorship  Trust

66	Surname	67 Initials	<input type="text"/>
68	Full names		
69	Identity number of person handling the estate	<input type="text"/>	
70	Name and surname of executor, administrator, curator, trustee or liquidator		
71	Type of identification (Indicate with an X)	Non-SA citizen with permanent residence *	SA citizen

72	Identity number of executor, administrator, curator, trustee or liquidator		<input type="text"/>			
73	Telephone number	73.1 Home ( )	73.2 Work ( )			
73.3	Cellphone number			74 Fax ( )		
75	Physical address					
					76 Postal Code	<input type="text"/>
77	Postal address					
					78 Postal Code	<input type="text"/>

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

79	Physical address where firearm(s) is kept					
					80 Postal Code	<input type="text"/>

**81 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 sell or supply it to the applicant once the necessary licence(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate. I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this application.

82	Name and surname of current owner/authorised person					
83	Identification number of current owner/authorised person		<input type="text"/>			

84	Designation	<input type="text"/>	85	Date	<input type="text"/>
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86	.....	87	Place
	Signature of current owner/authorised person		<input type="text"/>

[Part G amended by Proc R9 of 17 February 2012 (wef 1 March 2012).]

**1G PARTICULARS OF APPLICANT (Complete only the section that has bearing on you)**

PARTICULARS OF EXISTING COMPETENCY CERTIFICATE (Indicate with an X)

1.1	A	Competency certificate to trade in firearms	<input type="checkbox"/>
1.2	B	Competency certificate to manufacture firearms	<input type="checkbox"/>
1.3	C	Competency certificate to conduct business as a gunsmith	<input type="checkbox"/>
1.4	D	Competency certificate to possess a firearm	<input type="checkbox"/>
		Handgun	<input type="checkbox"/>
		Rifle	<input type="checkbox"/>
		Shotgun	<input type="checkbox"/>
		Hand machine Carbine	<input type="checkbox"/>

Competency certificate number	<input type="text"/>
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Date of issue	<input type="text"/>	Expiry date	<input type="text"/>
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**2 DETAILS OF FIREARMS IN YOUR POSSESSION AND FOR WHICH YOU HAVE A LICENCE, PERMIT OR AUTHORISATION**

2.1	Type	Calibre	Make	Barrel Serial No	Frame-receiver Serial No	Licence/permit Authorisation No

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3 **NATURAL PERSON'S DETAILS**4 **PRIVATE PERSON**

5	SA citizen	<input type="checkbox"/>	Non-SA citizen with permanent residence *	<input type="checkbox"/>
5.1	Identity number of private person		<input type="text"/>	
7	Surname	<input type="text"/>		8 Initials <input type="text"/>
9	Full names			
10	Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/>	11 Age <input type="text"/>	12 Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
13	Residential address			
			14 Postal Code	<input type="text"/>
15	Postal address			
			16 Postal Code	<input type="text"/>
17	Type of residence (eg shack, flat, caravan, cottage, house, hostel or homeless)			
18	Trade or profession	19 If self-employed, specify <input type="text"/>		
20	Name of employer/company			
21	Business address			
			22 Postal Code	<input type="text"/>
23	Telephone number	23.1 Home ( <input type="text"/> )	23.2 Work ( <input type="text"/> )	
23.3	Cellphone number		24 Fax ( <input type="text"/> )	
25	E-mail address <input type="text"/>			

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

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

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

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28 **PARTICULARS OF APPLICANT'S SPOUSE/PARTNER**29 **Type of identification** (Indicate with an X)29.1 SA ID  Passport 30 Identity number of spouse 31 Passport number of spouse 32 Name and surname 33 **JURISTIC PERSON'S DETAILS**34 **OTHER BODIES** (eg body corporate, close corporation or company)

35	Registered company name	<input type="text"/>		
36	Trading as name	<input type="text"/>		
37	FAR number	<input type="text"/>		
38	Postal address	<input type="text"/>		
		39 Postal Code	<input type="text"/>	
40	Business address	<input type="text"/>		
		41 Postal Code	<input type="text"/>	
42	Business telephone number	42.1 Work ( )	42.2 Fax ( )	
43	E-mail address	<input type="text"/>		
44	Number of firearms already registered to the business	<input type="text"/>		
45	Number of persons employed by the business to handle firearms	<input type="text"/>		
46	Responsible person (Name and surname)	<input type="text"/>		
47	Type of identification (Indicate with an X)	SA citizen <input type="checkbox"/>	Non-SA citizen with permanent residence * <input type="checkbox"/>	
48	Identity number of responsible person	<input type="text"/>		
49	Cellphone number	<input type="text"/>		
50	Physical address	<input type="text"/>		
		51 Postal Code	<input type="text"/>	
52	Postal address	<input type="text"/>		
		53 Postal Code	<input type="text"/>	

54 **OTHER DETAILS** (Applicable to dedicated hunters, dedicated sports-persons or collectors only.)

55	Are you a member of an accredited association? (Indicate with an X)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, submit the following details
56	State name of accredited association	<input type="text"/>		
57	FAR number of accredited association	<input type="text"/>		
58	Membership number	59 Date joined	<input type="text"/> - <input type="text"/> - <input type="text"/>	
		60 Expiry date	<input type="text"/> - <input type="text"/> - <input type="text"/>	

## 61 Motivation of purpose for which the firearm is required (Applicable to all types of applications)

<input type="text"/>
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In case of a non-SA citizen proof of permanent residence must be submitted.

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

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

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

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

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

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

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67.5	Police station (2)		67.6 CAS/Case number	
67.7	Circumstances		67.8 Outcome	

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

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

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

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

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

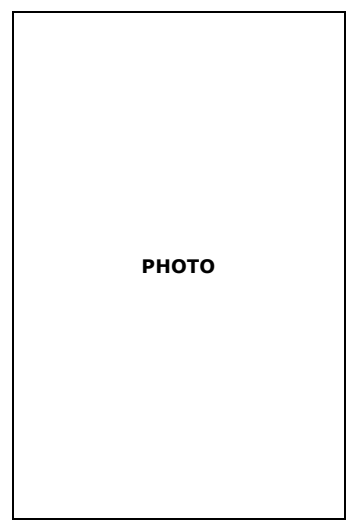
Wall	<input type="checkbox"/>	Floor	<input type="checkbox"/>
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70 **DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this application.

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

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



2

Signature

4 Fingerprint designation

3

5  6

Name of applicant in block letters

Date  -  -

Place

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

8.1  8.2

Name of police official in block letters

Persal number of police official

8.3  8.4 .....

Rank of police official in block letters

Signature of police official

9 **PARTICULARS OF WITNESS**

9.1   
Name of witness in block letters

9.2   
Persal number of witness

9.3   
Rank of witness in block letters

9.4 .....  
Signature of witness

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

1	Name and surname of interpreter			
2	Identify/Passport number of interpreter			
3	Residential address			4 Postal Code
5	Postal address			6 Postal Code
7	Telephone number	7.1 Home ( )	7.2 Work ( )	
8	Cellphone number		9 Fax ( )	
10	E-mail address			
11	Interpreted from (language)		to	

12 Date  -  -

13 .....  
Signature of interpreter

14 Place

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

16   
Persal number of police official (if applicable)

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

1 Recommended  Not recommended

2	Name and surname of parent/guardian			
3	Identity/Passport number of parent/guardian			
4	Comment of parent/guardian			

5 Date  -  -

6 ..... 7 

Place	
-------	--

  
Signature of parent/guardian

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

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

**K FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER**

1 **REPORT OF DESIGNATED FIREARMS OFFICER IN THE CASE OF A RESTRICTED FIREARM FOR SELF-DEFENCE**  
2 Place where the application resides (Indicate with an X) 

urban area	<input type="checkbox"/>	rural area	<input type="checkbox"/>	farm	<input type="checkbox"/>	smallholding	<input type="checkbox"/>
other							

3 If the applicant resides in a rural area/on a farm or smallholding, state the following  
3.1 Distance to nearest neighbours 

		metre/kilometre
--	--	-----------------

  
3.2 Distance to nearest police station 

		metre/kilometre
--	--	-----------------

4 Does the applicant reside near/not near a high-risk/crime-rated area? if the applicant resides near a crime-rated area submit motivation  

--

5 Does the applicant reside or work in a dangerous area or a high-risk/ area? If yes, submit motivation.  

--

6 Is the applicant a (Indicate with an X) 

dedicated hunter	<input type="checkbox"/>	dedicated sports-person	<input type="checkbox"/>	private collector	<input type="checkbox"/>	public collector	<input type="checkbox"/>
------------------	--------------------------	-------------------------	--------------------------	-------------------	--------------------------	------------------	--------------------------

  
6.1 How many firearms does the applicant possess? 

--

7 **L RECOMMENDATION REGARDING THE APPLICATION (Applicable to all types of applications)**  
7.1 

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

  
Motivation regarding the application  

--

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

--

8 

--

 9 Date 

<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
----------------------	---	----------------------	---	----------------------

Name of Designated Firearms Officer/Station Commissioner in block letters  
10 

--

 11 Place 

--

12 Rank of Designated Firearms Officer/Station Commissioner in block letters  
..... 13 

--

  
Signature of Designated Firearms Officer/Station Commissioner      Persal number of Designated Firearms Officer/ Station

Commissioner

Page 12 of 12

**SAPS 517  
APPLICATION FOR A COMPETENCY CERTIFICATE**

[Form SAPS 517 amended by Proc R9 of 17 February 2012 (wef 1 March 2012).]

SAPS 517



SOUTH AFRICAN POLICE SERVICE  
Section 9 of the Firearms Control Act, 2000 (Act 60 of 2000)

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

A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED											
1 Application reference No	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										

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

C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)																								
1 Outstanding/Additional information required																								
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											2 Persal number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											3 Date	
.....		.....																						
4 Signature of police official		5 Name in block letters																						
6 Application for licence approved (Indicate with an X)																								
<input type="checkbox"/>																								
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											7 Persal number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											8 Date	
.....		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																						
9 Signature of CFR officer		10 Officer code	11 Name in block letters																					
12 Application for competency certificate refused (Indicate with an X)		13 Reason(s) for refusal																						
<input type="checkbox"/>																								
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											14 Persal number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											15 Date	
.....		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																						
16 Signature of CFR officer		17 Officer code	18 Name in block letters																					

[Part D substituted by Proc R9 of 17 February 2012 (wef 1 March 2012).]

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

1	A	To trade in firearms					
2	B	To manufacture firearms					
3	C	To conduct business as a gunsmith					
4	D	To possess a firearm (indicate with an X)					
		Handgun	Rifle	Shotgun		Hand machine Carbine	
5	E	To possess a muzzle loading firearm					

**E PARTICULARS OF APPLICANT**

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

1.1 SA citizen  Non-SA citizen with permanent residence \*

2 Identity number of private person

3 Surname  4 Initials

5 Full names

6 Age  7 Gender Male  Female  (Indicate with an X)

8 Date of birth  -  -

9 Residential address

10 Postal Code

11 Postal address

12 Postal Code

13 Description of type of residence (eg shack, flat, caravan, cottage, house, hostel or homeless)

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  Married  Divorced  Widow  Widower   
 Other (specify)

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

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

23.1 SA ID  Passport

23.2 Identity number of spouse

23.3 Passport number of spouse

**F APPLICATION FOR A COMPETENCY CERTIFICATE TO TRADE IN FIREARMS AND/OR AMMUNITION OR TO MANUFACTURE FIREARMS AND/OR AMMUNITION, OR TO CONDUCT BUSINESS AS A GUNSMITH**

(THIS APPLIES TO FIREARM DEALERS, MANUFACTURERS AND GUNSMITHS ONLY.)

1	Have you successfully completed the prescribed test on the knowledge of this Act? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2	Have you successfully completed the prescribed training and practical test for dealers, manufacturers or gunsmiths? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
3	In the case of dealers, manufacturers or gunsmiths, submit details of relevant qualifications/experience			

**G APPLICATION FOR A COMPETENCY CERTIFICATE TO POSSESS A FIREARM**

(THIS APPLIES TO PRIVATE PERSONS ONLY.)

1	Have you successfully completed the prescribed test on this Act? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2	Have you successfully completed the prescribed training and practical tests on the safe and efficient handling of a firearm? (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
3	For which firearm(s) did you receive the prescribed training? (Indicate with an X)			
	Pistol	<input type="checkbox"/>	Revolver	<input type="checkbox"/>
			Rifle	<input type="checkbox"/>
				Shotgun <input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>		

**H OTHER INFORMATION**

1	<b>DO YOU HAVE A TRAINING CERTIFICATE ISSUED BY AN ACCREDITED TRAINING INSTITUTION?</b> (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
2	Name of accredited training institution			
3	Serial number on training certificate issued			
4	Date issued			
5	<b>HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?</b> (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
5.1	Police station (1)		5.2 CAS/Case number	
5.3	Charge			
5.4	Outcome			
5.5	Police station (2)		5.6 CAS/Case number	
5.7	Charge			
5.8	Outcome			

Page 3 of 11

6	<b>ARE THERE ANY CASES PENDING AGAINST YOU?</b> (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
62.1	Police station (1)		62.2 CAS/Case number	
62.3	Offence			
62.4	Police station (2)		62.5 CAS/Case number	
62.6	Offence			

7	<b>HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?</b> (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			

7.1	Police station (1)		7.2 CAS/Case number	
7.3	Circumstances			
7.7	Details of firearm			
7.5	Police station (2)		7.6 CAS/Case number	
7.7	Circumstances			
7.8	Details of firearm			

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

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

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

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

Page 4 of 11

12	<b>IN THE PAST FIVE YEARS HAVE YOU BEEN DENIED A LICENCE, PERMIT OR AUTHORISATION REGARDING A FIREARM?</b>			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit details			

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

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

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

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

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

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

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

17.1 \*Compelling reasons (Indicate with an X)

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

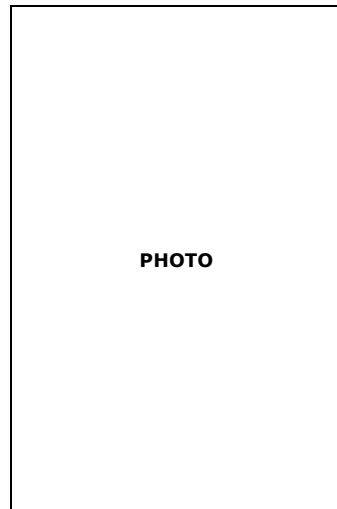
17.2 Submit full details

18 **DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this application.

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

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



1

2

Signature

4 Fingerprint designation

3

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

\* Submit proof of that indicated in par 11.1.

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

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

**K PARENTAL CONSENT IN CASE OF A MINOR**

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

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

--	--

5 Date    -   -

6 .....  
Signature of parent/guardian

7 Place

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

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

1.1	SA ID	<input type="text"/>	Passport	<input type="text"/>	(Indicate with an X)
2	Identity number of interviewee		<input type="text"/>		
3	Passport number of interviewee		<input type="text"/>		
4	Surname	<input type="text"/>		5 Initials	<input type="text"/>
6	Full names				
7	Age	<input type="text"/>	8 Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
				(Indicate with an X)	
9	Address				10 Postal code
	<input type="text"/>				<input type="text"/>
11	Telephone number	11.1 Home	( )	11.2 Work	( )
11.3	Cellphone number	<input type="text"/>		12 Fax	( )
13	The interviewee's relation to the applicant? (eg neighbour, employer, parents)				
14	Comments of the interviewee				
	<input type="text"/>				

15 Date    -   -   16 Time

17 Comments of the police official who conducted the interview

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

19 Date    -   -   20 Time

21

Name of police official in blocks letters

23

Rank of police official in blocks letters

22

Persal number of police official

24 .....

Signature of official

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

25.1	SA ID	Passport	(Indicate with an X)	
26	Identity number of interviewee		<input type="text"/>	
27	Passport number of interviewee		<input type="text"/>	
28	Surname			29 Initials <input type="text"/>
30	Full names			
31	Age <input type="text"/>	32 Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/> (Indicate with an X)
33	Address		34 Postal	<input type="text"/>
35	Telephone number	25.1 Home ( )	11.2 Work ( )	

35.3	Cellphone number	38 Fax ( )
37	The interviewee's relation to the applicant? (eg neighbour, employer, parents)	
38	Comments of the interviewee	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	Date <input type="text"/>	40 Time <input type="text"/>
	Comments of the police official after the interview	
	<input type="text"/>	
	In what manner was the interview conducted? (eg in person, by telephone)	
	Date <input type="text"/>	44 Time <input type="text"/>

45

46

Name of police official in block letters

Persal number of police official

47

48 .....

Rank of police official in block letters

Signature of official

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

49.1	SA ID	Passport	(Indicate with an X)	
	Identity number of spouse/partner		<input type="text"/>	
	Passport number of spouse/partner		<input type="text"/>	
	Surname			53 Initials <input type="text"/>
	Full names			
	Age <input type="text"/>	32 Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/> (Indicate with an X)
	Address			

				58 Postal Code	<input type="text"/>
Telephone number	59.1 Home	( )	59.2 Work	( )	
Cellphone number			60 Fax	( )	
Comments of spouse/partner					
Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
					63 Time

Comments of the police official who conducted the interview	

Page 9 of 11

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

66 Date  -  -

67

68

69 Name of police official in block letters

70

71 Rank of police official in block letters

70 Signature of police official

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

72 Describe the health and physical fitness of the applicant

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

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

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

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

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

Page 10 of 11

78 Describe the applicant's knowledge of the Firearms Control Act, 2000 (Act 60 of 2000) and Regulations, as well as his or her knowledge of the safe handling of a firearm

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

79.1 Compelling reasons (Indicate with an X)

Conduct a business		Gainfully employed		Dedicated hunter		Dedicated sports-person		Private collector	
Other									

79.2 Confirmation of compelling reasons

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

1.1

RECOMMENDATION REGARDING THE APPLICATION	
Recommended	Not recommended
Motivation	

2  3 Date  -  -

Name of Designated Firearms Officer/Station Commissioner in block letters

4  5 Place

Rank of Designated Firearms Officer/Station Commissioner

6 ..... 7

Signature of Designated Firearms Officer/Station Commissioner

Persal number of Designated Firearms Officer/Station Commissioner



**SAPS 517 (a)  
APPLICATION FOR A FURTHER COMPETENCY CERTIFICATE**

SAPS 517 (a)



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR A FURTHER COMPETENCY CERTIFICATE**

Section 9(6)(a) of the Firearms Control Act, 2000 (Act 60 of 2000)

<b>OFFICIAL DATE STAMP</b>	<b>A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</b>		
<b>DATE RECEIVED</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; padding: 2px;">1 Application reference No</td> <td style="padding: 2px;"> <input style="width:100%; height: 15px;" type="text"/> </td> </tr> </table>	1 Application reference No	<input style="width:100%; height: 15px;" type="text"/>
1 Application reference No	<input style="width:100%; height: 15px;" type="text"/>		

- 1
- 2
- 3
- 4
- 5

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

C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)			
<b>1 Outstanding/Additional information required</b>			
<input style="width:100%; height: 15px;" type="text"/>	2 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/>	3 Date
.....		<input style="width:100%; height: 15px;" type="text"/>	
4 Signature of police official		5 Name in block letters	
<b>6 Application for a further competency certificate approved</b> (Indicate with an X)			
<input style="width:100%; height: 15px;" type="text"/>	7 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/>	8 Date
.....		<input style="width:100%; height: 15px;" type="text"/>	
9 Signature of CFR officer		10 Officer code    11 Name in block letters	
<b>12 Application for a further competency certificate refused</b> (Indicate with an X)		<b>13 Reason(s) for refusal</b>	
<input style="width:100%; height: 15px;" type="text"/>	14 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/>	15 Date

..... 16 Signature of CFR officer	<input type="text"/> <input type="text"/> <input type="text"/> 17 Officer code	<input style="width: 100%;" type="text"/> 18 Name in block letters
--------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------

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

A	To trade in firearms	
B	To manufacture firearms	
C	To conduct business as a gunsmith	
D	To possess a firearm (Indicate with an X)	
	Handgun	
	Rifle	
	Shotgun	

**E PARTICULARS OF APPLICANT**

1 **NATURAL PERSON'S DETAILS**

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

2.1	SA citizen		Non-SA citizen with permanent residence *	
3	Identity number of private person		<input style="width: 100%;" type="text"/>	
4	Surname			5 Initials <input style="width: 40px;" type="text"/>
6	Full names			
7	Residential address			
				8 Postal Code <input style="width: 40px;" type="text"/>
9	Postal address			10 Postal Code <input style="width: 40px;" type="text"/>
11	Telephone number	11.1 Home		11.1 Work ( )
11.3	Cellphone number		12 Fax	( )
13	E-mail address			
14	Trade or profession		15 If self-employed, specify	
16	Name of employer/company		<input style="width: 100%;" type="text"/>	
17	Business address			18 Postal Code <input style="width: 40px;" type="text"/>
19	Telephone number	19.1 Home	( )	19.2 Work ( )
19.3	Cellphone number		20 Fax	( )
21	E-mail address			

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

Type of competency certificate			
Competency certificate number			
Date of issue	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	4 Expiry date	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

5 **ARE YOU A MEMBER OF AN ACCREDITED ASSOCIATION?** (Indicate with an X)

YES		NO		If yes, submit the following details	
Name of accredited association					
Membership number				8 Date joined	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>

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

9 **OTHER INFORMATION**

<b>HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE, COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?</b> (Indicate with an X)			
YES	NO	If yes, submit the following details	
10.1	Police station (1)	10.2 CAS/Case number	
10.3	Charge		
10.5	Outcome		
10.7	Police station (2)	10.6 CAS/Case number	
10.8	Charge		
	Outcome		

<b>ARE THERE ANY CASES PENDING AGAINST YOU?</b> (Indicate with an X)			
YES	NO	If yes, submit the following details	
11.1	Police station (1)	11.2 CAS/Case number	
11.3	Offence		
11.4	Police station (2)	11.5 CAS/Case number	
11.6	Offence		

<b>HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?</b> (Indicate with an X)			
YES	NO	If yes, submit the following details	
12.1	Police station (1)	12.2 CAS/Case number	
12.3	Circumstances		
12.7	Details of firearm		
12.5	Police station (2)	12.6 CAS/Case number	
12.7	Circumstances		
12.8	Details of firearm		

<b>WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM?</b> (Indicate with an X)			
YES	NO	If yes, submit the following details	
13.1	Police station (1)	13.2 CAS/Case number	
13.3	Charge	13.4 Outcome	
13.5	Police station (2)	13.6 CAS/Case number	
13.7	Charge	13.8 Outcome	

<b>HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM</b> (Indicate with an X)			
YES	NO	If yes, submit the following details	
14.1	Police station (1)	14.2 CAS/Case number	
14.3	Charge		
14.4	Date from	14.5 Period	
14.6	Police station (2)	14.7 CAS/Case number	
14.8	Charge		
14.9	Date from	14.10 Period	

<b>HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED?</b> (Indicate with an X)			
YES	NO	If yes, submit the following details	
15.1	Police station (1)	15.2 CAS/Case number	

15.3	Circumstances	15.4 Outcome
15.5	Police station (2)	15.6 CAS/Case number
15.7	Circumstances	15.8 Outcome

**16 DECLARATION BY APPLICANT**

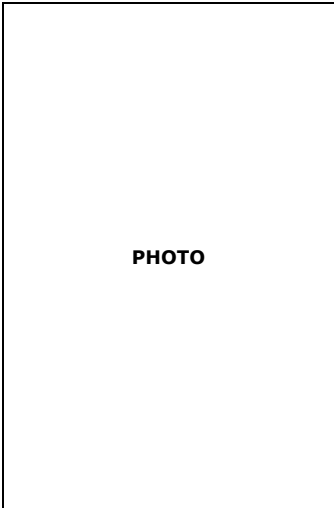
I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this application

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

Note:

The requirements of the photo:

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



2

Signature

4 Fingerprint designation

3

5

Name of applicant in block letters

6  Date  -  -

7  Place

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

8.1

Name of police official in block letters

8.2

Persal number of police official

8.3

Rank of police official in block letters

8.4 .....

Signature of police official

**9 PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.2

Persal number of witness

9.3

Rank of witness in block letters

9.4 .....

Signature of witness

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

1	Name and surname of interpreter			
2	Identify/Passport number of interpreter	<input style="width: 100%; height: 20px;" type="text"/>		
3	Residential address			
		4 Postal Code	<input style="width: 40px; height: 20px;" type="text"/>	
5	Postal address			
		6 Postal Code	<input style="width: 40px; height: 20px;" type="text"/>	
7	Telephone number	7.1 Home ( )	7.2 Work ( )	
	Cellphone number		9 Fax ( )	
	E-mail address			
	Interpreted from (language)	<input style="width: 60px; height: 20px;" type="text"/>	to	<input style="width: 60px; height: 20px;" type="text"/>

	12	Date	<input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/>
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	13		14	Place	<input style="width: 60px; height: 20px;" type="text"/>
	15		16		<input style="width: 60px; height: 20px;" type="text"/>

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

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

2	Name and surname of parent/guardian			
3	Identity/Passport number of parent/guardian	<input style="width: 100%; height: 20px;" type="text"/>		
4	Comments of parent/guardian			

	5	Date	<input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/>
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	6		7	Place	<input style="width: 60px; height: 20px;" type="text"/>
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**J RECOMMENDATION (To be completed by the Designated Firearms Officer/Station Commissioner)**

RECOMMENDATION REGARDING THE APPLICATION				
	Recommended		Not recommended	
	Motivation			

3   
Name of Designated Firearms Officer in block letters

5   
Rank of Designated Firearms Officer in block letters

7   
Signature of Designated Firearms Officer

4 

Date	<input style="width: 30px; height: 15px;" type="text"/> - <input style="width: 30px; height: 15px;" type="text"/> - <input style="width: 30px; height: 15px;" type="text"/>
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6 

Place	<input style="width: 250px; height: 20px;" type="text"/>
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8   
Persal number of Designated Firearms Officer

**SAPS 517 (b)**  
**APPLICATION FOR A DUPLICATE LICENCE, PERMIT, CERTIFICATES OR**  
**AUTHORISATION FOR LOST, STOLEN AND DEFACTED LICENCES**

SAPS 517 (b)



SOUTH AFRICAN POLICE SERVICE

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

Section 29(2), 44(2), 58(2), 72(2) and 82(2) of the Firearms Control Act, 2000 (Act 60 of 2000)

<b>OFFICIAL DATE STAMP</b>	<b>A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</b>																				
<b>DATE RECEIVED</b>	1 Application reference No <table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 20px; vertical-align: middle;"> <tr> <td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td> </tr> </table>																				

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

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

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

continue

Page 1 of 5

5	<b>Authorisations</b>	6.4	To provide security services for its own business
---	-----------------------	-----	---------------------------------------------------

5.1	Temporary authorisation to possess a firearm	6.5	As a sports-shooting and/or hunting association
5.2	Temporary authorisation to trade in firearms and ammunition	6.6	As a collector's association
5.3	Temporary authorisation to a manufacturer to display firearms and ammunition	6.7	As a museum
5.4	Temporary authorisation conduct business as a gunsmith	6.8	As a public collector of firearms and ammunition
6	<b>Accreditation</b>	6.9	As a game rancher
6.1	As a shooting range	6.10	As an official institution
6.2	To provide training	6.11	To provide firearms for use in theatrical, film or television productions
6.3	To conduct business in hunting		
7	State reason the application for a duplicate licence (Indicate with an X)	Lost	Stolen
7.1	Other reason(s)		Defaced

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

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

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

	Firearm component type:			
10.5	Barrel serial number			
10.6	Frame serial number			
10.7	Receiver serial number			

**D PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT OR AUTHORISATION**

**NATURAL PERSON'S DETAILS**

1	SA ID	Passport
1.1	Identity number of spouse/partner	

1.2	Passport number of spouse/partner	<input type="text"/>										
	Surname							4 Initials	<input type="text"/>			
	Residential address											
								8 Postal Code	<input type="text"/>			
	Postal address											
								10 Postal Code	<input type="text"/>			
	Telephone number	9.1 Home	( )				9.2 Work	( )				
	Cellphone number							10 Fax	( )			
	E-mail address											

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

14	Registered company name											
15	Trading as name											
16	FAR number	<input type="text"/>										
17	Postal address											
								18 Postal Code	<input type="text"/>			
19	Business address											
								20 Postal Code	<input type="text"/>			
21	Business telephone number	20 Fax	( )				20 Fax	( )				
22	E-mail address											

23 **RESPONSIBLE PERSON'S DETAILS**

24	Responsible person (Name and surname)											
25	Type of identification (Indicate with an X)	SA ID					Passport number					
26	Identity number of responsible person	<input type="text"/>										
27	Passport number of responsible person	<input type="text"/>										
28	Cellphone number											
29	Physical address											
								30 Postal Code	<input type="text"/>			

Page 3 of 5

31	Postal address											
								32 Postal Code	<input type="text"/>			

32 **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 60 of 2000), to make a false statement in this application.

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

Note:

The requirements of the photo:

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

**PHOTO**

1

2

Signature

4 Fingerprint designation

3

5

6

Name of applicant in block letters

7

Date	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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Place	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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8

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1

Name of police official in block letters

8.2

Persal number of police official

8.3

Rank of police official in block letters

8.4 .....

Signature of police official

9 **PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.2

Persal number of witness

9.3

Rank of witness in block letters

9.4 .....

Signature of witness

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

1	Name and surname of interpreter			
2	Identify/Passport number of interpreter	<input style="width: 100%; height: 100%;" type="text"/>		
3	Residential address			
5	Postal address		4 Postal Code	<input style="width: 100%; height: 100%;" type="text"/>

				4 Postal Code	<input type="text"/>
7	Telephone number	7.1 Home	( )	7.2 Work	( )
8	Cellphone number			4 Fax	( )
10	E-mail address				
11	Interpreted from (language)		to		
12				Date	<input type="text"/> - <input type="text"/> - <input type="text"/>
13	..... Signature of interpreter			14	Place
15	<input type="text"/>			16	<input type="text"/>
			Rank of police official in block letters (if applicable)		
			Persal number of police official (if applicable)		

**G FOR OFFICIAL USE BY THE POLICE STATION**

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

**SAPS 517 (c)**  
**APPLICATION FOR LICENCE ISSUED TO PARTICULAR CATEGORIES OF PERSONS - DEALERS, MANUFACTURERS OR GUNSMITHS**

SAPS 517(c)



SOUTH AFRICAN POLICE SERVICE

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

Section 34, 48 and 62 of the Firearms Control Act, 2000 (Act 60 of 2000)

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

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

<b>C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)</b>			
<b>1 Outstanding/Additional information required</b>			
<input style="width:100%; height: 15px;" type="text"/>	2 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/>	3 Date
..... 4 Signature of police official			
..... 5 Name in block letters			
<b>6 Application for licence approved</b> (Indicate with an X)			
<input style="width:100%; height: 15px;" type="text"/>	7 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/>	8 Date
..... 9 Signature of CFR officer			
..... 10 Officer code			
..... 11 Name in block letters			
<b>12 Application for licence refused</b> (Indicate with an X)		<b>13 Reason(s) for refusal</b>	
<input style="width:100%; height: 15px;" type="text"/>	14 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/>	15 Date

..... 16 Signature of CFR officer	<input type="text"/> 17 Officer code	<input type="text"/> 18 Name in block letters
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Page 1 of 6

**D PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH****1 Details of competency certificate**

2	Type of competency certificate	<input type="text"/>
3	Competency certificate number	<input type="text"/>
4	Date issued	<input type="text"/> - <input type="text"/> - <input type="text"/>
	5 Expiry date	<input type="text"/> - <input type="text"/> - <input type="text"/>

**Specify type of licence which is being applied for (Indicate with an X)**

6.1	To trade in firearms and ammunition	<input type="checkbox"/>
6.2	To trade in ammunition	<input type="checkbox"/>
6.3	To manufacture firearms	<input type="checkbox"/>
6.4	To manufacture ammunition	<input type="checkbox"/>
6.5	To conduct business as a gunsmith	<input type="checkbox"/>

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

2	Surname	<input type="text"/>	3 Initials	<input type="text"/>	
4	Full names	<input type="text"/>			
5	Identity number of natural person	<input type="text"/>			
6	Passport number of natural person	<input type="text"/>			
7	Business address	<input type="text"/>			
		8 Postal Code	<input type="text"/>		
9	Postal address	<input type="text"/>			
		10 Postal Code	<input type="text"/>		
11	Telephone number	11.1 Home	( )	11.2 Work	( )
11.3	Cellphone number	<input type="text"/>		12 Fax	( )
13	E-mail address	<input type="text"/>			

**14 JURISTIC PERSON'S DETAILS**

15	Registered company name	<input type="text"/>
16	Trading as name	<input type="text"/>
17	Name under which business is to be conducted	<input type="text"/>
18	FAR number	<input type="text"/>
19	CC or company registration No.	<input type="text"/>

**20 RESPONSIBLE PERSON'S DETAILS**



[Empty rectangular box]

41

**\* DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH AND MAINTAIN A WORKSTATION THAT LINKS THEIR REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS OR 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

[Empty rectangular box for description]

42

Date of commencement of business

[Date input grid: 8 boxes]

43

**DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this application.

70

**DECLARATION BY APPLICANT**

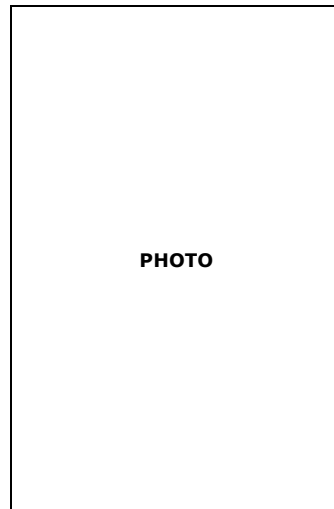
I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this application.

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

Note:

The requirements of the photo:

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



1

2

[Large rectangular box for signature]

Signature

4 Fingerprint designation

[Small rectangular box for fingerprint designation]

3

5

[Rectangular box for name]

6

Name of applicant in block letters

7

Date

[Date input grid: 4 boxes - 2 boxes - 2 boxes]

Place

[Place input grid: 8 boxes]

8

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1

Name of police official in block letters

8.3

Rank of police official in block letters

9 **PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.3

Rank of witness in block letters

8.2

Persal number of police official

8.4 .....

Signature of police official

9.2

Persal number of witness

9.4 .....

Signature of witness

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

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

11 Date  -  -

13 .....  
Signature of interpreter

13 Place

14

Rank of police official in block letters (if applicable)

15

Persal number of police official (if applicable)

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

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

3

<b>Additional conditions recommended</b>	

4

<b>Recommendation regarding the application</b>	

5

Name of Designated Firearms Officer/Station Commissioner in block letters
Rank of Designated Firearms Officer/Station Commissioner in block letters
.....
Signature of Designated Firearms Officer/Station Commissioner

6

<b>Date</b>	□□□□	-	□□	-	□□
-------------	------	---	----	---	----

7

Rank of Designated Firearms Officer/Station Commissioner in block letters

8

<b>Place</b>	
--------------	--

10

□□□□□□□□
Persal number of Designated Firearms Officer/Station Commissioner

**SAPS 517 (d)**  
**APPLICATION TO MANUFACTURE A NEW FIREARM OR AMMUNITION TYPE**

SAPS 517 (d)



SOUTH AFRICAN POLICE SERVICE

**APPLICATION TO MANUFACTURE A NEW FIREARM OR AMMUNITION TYPE**

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

A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED											
1 Application reference No	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										

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

C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)																							
<b>1 Outstanding/Additional information required</b>																							
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											2 Persal number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											3 Date
..... 4 Signature of police official																							
..... 5 Name in block letters																							
<b>6 Application for new type approved</b>	<b>6.1 New firearm type</b>	<b>6.2 New ammunition type</b>	(Indicate with an X)																				
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											7 Persal number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											8 Date
..... 9 Signature of CFR officer																							
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> 10 Officer code																							
..... 11 Name in block letters																							
<b>12 Application for new type refused</b>	<b>12.1 New firearm type</b>	<b>12.2 New ammunition type</b>	(Indicate with an X)																				
<b>13 Reason(s) for refusal</b>																							
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											14 Persal number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											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	SA ID	Non-SA citizen with permanent residence *															
3	Identity number of natural person		<table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>														
4	Surname	6 Initials <table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>															
5	Residential address		7 Postal Code <table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>														
8	Postal address		8 Postal Code <table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>														
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	<table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																	
18	CC or company registration No.	<table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																	
19	Postal address		20 Postal Code <table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																
21	Business address		22 Postal Code <table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>																
23	Business telephone number	21 Fax ( )	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	<table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>															
29	Passport number of responsible person	<table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>															
30	Cellphone number																
31	Physical address		32 Postal Code <table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td><td style="width: 15px; height: 15px;"></td></tr></table>														
33	Postal address																

	34 Postal Code	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> <td style="width: 20px; height: 15px;"></td> </tr> </table>				

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

Page 2 of 6

**E DETAILS OF EXISTING LICENCE**  
 Firearm manufacturer licence type (Indicate with an X)

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

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

1 **DETAILS OF PROPOSED TYPE OF FIREARM**

2	Type	
3	Calibre	
4	Make	
5	Model	

6 **PURPOSE OF DEVELOPMENT**

7 **INTENDED MARKET**

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

Page 3 of 6

9 **DETAILS OF PROPOSED TYPE OF AMMUNITION**

10	Calibre	
11	Purpose of development	

12

Intended market

13

State the specifications of the new type of ammunition

14

**DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this application.

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

1

Name of applicant in block letters

3

.....  
Signature of applicant

2

Date

 -  - 

4

Place

Page 4 of 6

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

1

Right index fingerprint of applicant

2

Fingerprint designation

3

Date

 -  - 

4

Name of applicant in block letters

5

Place

6

**PARTICULARS OF POLICE OFFICIAL DEALING WITH 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

**I PARTICULARS OF INTERPRETER**

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

1	Name and surname of interpreter				<input type="text"/>					
2	Identify/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		<input type="text"/>				

12 Date  -  -

13 .....  
Signature of interpreter

14 Place

15

Rank of police official in block letters (if applicable)

16

Persal number of police official (if applicable)

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

<b>RECOMMENDATION REGARDING THE APPLICATION</b>	
Recommended	Not recommended
2 Recommendation regarding the application	
3 Recommended conditions	

4  5

Name of Designated Firearms Officer/Station Commissioner in block letters

6  7

Rank of Designated Firearms Officer/Station Commissioner in block letters

8 ..... 9

Signature of Designated Firearms Officer/Station Commissioner

Date  -  -

Place

Persal number of Designated Firearms Officer/Station Commissioner

**SAPS 517 (e)  
APPLICATION FOR RENEWAL OF LICENCE(S) IN TERMS OF THE PREVIOUS  
ACT**

SAPS 517 (e)



SOUTH AFRICAN POLICE SERVICE  
**APPLICATION FOR RENEWAL OF LICENCE(S) IN TERMS OF THE PREVIOUS ACT  
(Transitional provisions)**

<b>OFFICIAL DATE STAMP</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</th> </tr> <tr> <td style="width:60%; padding: 2px;">1 Application reference No</td> <td style="padding: 2px;"> <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table> </td> </tr> </table>	A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED		1 Application reference No	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>										
A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED															
1 Application reference No	<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>														
<b>DATE RECEIVED</b>															

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

1  
2  
3  
4  
5

C FOR OFFICIAL USE BY THE DECIDING OFFICER																							
<b>1 Outstanding/Additional information required</b>																							
<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>											2 Peral number	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>											3 Date
..... 4 Signature of police official		<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:100%;"></td> </tr> </table> 5 Name in block letters																					
<b>6 Application for licence approved</b> (Indicate with an X)																							
<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td><td style="width:12.5%;"></td> </tr> </table>											7 Peral number	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>											8 Date
..... 9 Signature of deciding officer		<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:100%;"></td> </tr> </table> 10 Officer code		<table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:100%;"></td> </tr> </table> 11 Name in block letters																			
<b>12 Application for licence refused</b> (Indicate with an X)		<b>13 Reason(s) for refusal</b>																					

<input style="width:100%; height:20px;" type="text"/>	14 Persal number	<input style="width:100%; height:20px;" type="text"/> - <input style="width:100%; height:20px;" type="text"/> - <input style="width:100%; height:20px;" type="text"/>	15 Date
..... 16 Signature of deciding officer		<input style="width:100%; height:20px;" type="text"/> 17 Officer code	<input style="width:100%; height:20px;" type="text"/> 18 Name in block letters

**D PARTICULARS OF APPLICANT**

**NATURAL PERSON'S DETAILS**

2	SA ID	<input style="width:100%; height:20px;" type="text"/>	Passport	<input style="width:100%; height:20px;" type="text"/>		
3	Identity number of natural person		<input style="width:100%; height:20px;" type="text"/>			
4	Passport number of natural person		<input style="width:100%; height:20px;" type="text"/>			
5	Surname			4 Initials		<input style="width:100%; height:20px;" type="text"/>
7	Residential address					8 Postal Code
						<input style="width:100%; height:20px;" type="text"/>
9	Postal address					10 Postal Code
						<input style="width:100%; height:20px;" type="text"/>
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 as name					
18	FAR number					<input style="width:100%; height:20px;" type="text"/>
19	Company registration or CC number					<input style="width:100%; height:20px;" type="text"/>
20	Postal address					21 Postal Code
						<input style="width:100%; height:20px;" type="text"/>
22	Business address					23 Postal Code
						<input style="width:100%; height:20px;" type="text"/>
24	Business telephone number	24.1 Work	( )	24.2 Fax	( )	
25	E-mail address					

**RESPONSIBLE PERSON'S DETAILS**

27	Responsible person (full name and surname)					
28	Type of identification (Indicate with an X)	SA ID	<input style="width:100%; height:20px;" type="text"/>	Passport number	<input style="width:100%; height:20px;" type="text"/>	
29	Identity number of responsible person		<input style="width:100%; height:20px;" type="text"/>			

30	Passport number of responsible person	<input type="text"/>
31	Cellphone number	<input type="text"/>
32	Physical address	<input type="text"/>
		33 Postal Code <input type="text"/>
34	Postal address	<input type="text"/>
		35 Postal Code <input type="text"/>

Page 2 of 6

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

37	Type of competency certificate	<input type="text"/>
38	Competency certificate number	<input type="text"/>
39	Date issued	<input type="text"/> - <input type="text"/> - <input type="text"/>
	40 Expiry date	<input type="text"/> - <input type="text"/> - <input type="text"/>

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

**IF YES, SUBMIT FULL DETAILS** (Indicate with an X, with short description)

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

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

**IF YES, SUBMIT FULL DETAILS** (Indicate with an X, with short description)

Wall	<input type="checkbox"/>	Floor	<input type="checkbox"/>
------	--------------------------	-------	--------------------------

**E DETAILS OF CURRENT LICENCE(S), PERMIT(S), AUTHORISATION(S) OF FIREARMS**

1 State the total number of firearms currently licenced in your name

2 **DETAILS OF FIREARM LICENCE(S) TO BE RENEWED**

2.1	Type of firearm	Calibre	Serial number	Make	Date licence was issued
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Page 3 of 6

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32

**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 60 of 2000), to make a false statement in this application.

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

Note:

The requirements of the photo:

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

**PHOTO**

1

2

Signature

4 Fingerprint designation

3

5

Name of applicant in block letters

6

7

Date    -   -

Place

8

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1

Name of police official in block letters

8.3

Rank of police official in block letters

9 **PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.3

Rank of witness in block letters

8.2

Persal number of police official

8.4 .....

Signature of police official

9.2

Persal number of witness

9.4 .....

Signature of witness

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

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

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

1	<b>COMMENTS REGARDING THE APPLICATION</b>	
2	Report of inspection of safe	

Page 5 of 6

Recommendation

4

Name of Designated Firearms Officer/Station Commissioner in block letters

6

Rank of Designated Firearms Officer/Station Commissioner in block letters

8

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

5

Date

-

-

7

Place

9

Persal number of Designated Firearms Officer/Station Commissioner

### SAPS 517 (f) APPLICATION TO DECLARE PREMISES A FIREARM FREE ZONE

SAPS 517 (f)



SOUTH AFRICAN POLICE SERVICE  
**APPLICATION TO DECLARE PREMISES A FIREARM FREE ZONE**  
Section 140 of the Firearms Control Act, 2000 (Act 60 of 2000)

<p style="text-align: center;"><b>OFFICIAL DATE STAMP</b></p>    <p style="text-align: center;"><b>DATE RECEIVED</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #cccccc;"> <th colspan="2" style="text-align: center;">A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED</th> </tr> <tr> <td style="width: 60%;">1 Province</td> <td></td> </tr> <tr> <td>2 Area</td> <td></td> </tr> <tr> <td>3 Police station</td> <td></td> </tr> <tr> <td>4 Component code</td> <td></td> </tr> <tr> <td>5 SAPS 86 reference No</td> <td style="text-align: center;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> </table>	A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED		1 Province		2 Area		3 Police station		4 Component code		5 SAPS 86 reference No	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED													
1 Province													
2 Area													
3 Police station													
4 Component code													
5 SAPS 86 reference No	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>												

B FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)	
1 Declared a Firearm Free Zone	
2 SAPS Head Office reference No.	
3 Date received	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
4 Date declared as a Firearm Free Zone	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
5 <i>Government Gazette</i> reference No.	
6 <b>Outstanding/Additional information required</b>	

C APPLICATION TO DECLARE PREMISES FIREARM FREE ZONE
Section 140 of the Firearms Control Act, 2000 (Act 60 of 2000)

1	Name of institution	
2	Name of person applying on behalf of the institution	
3	SA ID	Passport (Indicate with an X)
4	Identity number	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
5	Passport number	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
6	Capacity of person applying	
7	Names and surname of persons on the safety team	

8	<b>Physical address of institution</b>			<b>9 Postal Code</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10	<b>Postal address of institution</b>			<b>11 Postal Code</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12	<b>Temporary safe keeping facilities for firearms available (Indicate with an X)</b>			<b>YES</b>	<b>NO</b>
13	<b>If yes, submit a description of the safekeeping facilities</b>				
14	<b>Motivation regarding the application</b>				
15	<b>Contact particulars of person applying</b>				
15.1	<b>Emergency telephone No</b>	(   )	<b>15.2 Fax</b>	(   )	
16	<b>Cellphone number</b>				
17	<b>E-mail address</b>				

18	<b>Conditions</b>				
	<ul style="list-style-type: none"> <li>- <b>The premises declared a Firearm Free Zone must be clearly identified and demarcated.</b></li> <li>- <b>Signs must be erected/posted at all the main entrances to the premises in English and where applicable in the predominant local language and maintained.</b></li> <li>- <b>A map of the premises which already specify the demarcated area and sign must be attached to the application.</b></li> <li>- <b>The institution where premises are declared Firearm Free Zone must endeavour to mark all correspondence accordingly to reflect the premises firearm free status.</b></li> <li>- <b>The person applying on behalf of the Institution must notify the Designated Firearms Officer responsible for the area of any changes that may occur to any information submitted in this application.</b></li> </ul>				
19			<b>20</b>	<b>Date</b>	<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 applicant in block letters				
21	..... Signature of applicant		<b>22</b>	<b>Place</b>	

<b>D INSPECTION AND RECOMMENDATION OF DESIGNATED FIREARMS OFFICER</b>	
1	<b>Inspection report</b>

2

<b>Recommendation</b>	
-----------------------	--

3

--

Name of Designated Firearms Officer in block letters

4

<b>Date</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>
-------------	-------------------------------------------------------------------------------------------------------------------------------	---	-------------------------------------------	---	-------------------------------------------

5

--

Rank of Designated Firearms Officer

6

<b>Place</b>	
--------------	--

7

.....  
Signature of Designated Firearms Officer

8

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Persal number of Designated Firearms Officer

**E RECOMMENDATION OF STATION COMMISSIONER**

1

--

2

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Name of Station Commissioner in block letters

3

<b>Date</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>
-------------	-------------------------------------------------------------------------------------------------------------------------------	---	-------------------------------------------	---	-------------------------------------------

4

--

Rank of Station Commissioner in block letters

5

<b>Place</b>	
--------------	--

6

.....  
Signature of Station Commissioner

7

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Persal number of Station Commissioner

**F RECOMMENDATION BY PROVINCIAL COMMISSIONER**

1

--

2

--

Name of Provincial Commissioner in block letters

3

<b>Date</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

4

.....  
Signature of Provincial Commissioner

5

<b>Place</b>	
--------------	--

**G RECOMMENDATION BY NATIONAL COMMISSIONER**

1

--

[Empty rectangular box for text entry]

2 [Empty rectangular box for name entry]

Name of National Commissioner in block letters

3 Date [ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ]

4 .....  
Signature of National Commissioner

5 Place [Empty rectangular box for place entry]

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

[Large empty rectangular box for recommendation text]

2 [Empty rectangular box for name entry]

Name of Secretary of Safety and Security in block letters

3 Date [ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ]

4 .....  
Signature of Secretary of Safety and Security

5 Place [Empty rectangular box for place entry]

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

[Large empty rectangular box for approval/refusal text]

2 Date [ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ]

3 .....  
Signature of Minister of Safety and Security

4 Place [Empty rectangular box for place entry]

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

**SAPS 518**  
**APPLICATION FOR A TEMPORARY AUTHORISATION TO POSSESS A  
FIREARM**

[Form SAPS 518 amended by Proc R9 of 17 February 2012 (wef 1 March 2012).]

SAPS 518



SOUTH AFRICAN POLICE SERVICE

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

Section 21 of the Firearms Control Act, 2000 (Act 60 of 2000)

<p style="text-align: center;"><b>OFFICIAL DATE STAMP</b></p>          <p style="text-align: center;"><b>DATE RECEIVED</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 2px;">A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</th> </tr> <tr> <td style="width: 70%; padding: 2px;">1 Application reference No</td> <td style="width: 30%; padding: 2px;"> <table border="1" style="width: 100%; border-collapse: collapse; height: 15px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> </td> </tr> </table>	A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED		1 Application reference No	<table border="1" style="width: 100%; border-collapse: collapse; height: 15px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED															
1 Application reference No	<table border="1" style="width: 100%; border-collapse: collapse; height: 15px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>														

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

[Part C substituted by Proc R9 of 17 February 2012 (wef 1 March 2012).]

**E [sic] TYPE OF LICENCE, PERMIT CERTIFICATE OR AUTHORISATION** (Indicate with an X)

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

Page 1 of 8

D DESCRIPTION OF FIREARM (Indicate with an X)
-----------------------------------------------

Rifle	Shotgun	Handgun	Combination
-------	---------	---------	-------------

Other, specify (armanent/ indeterminable design type)	
----------------------------------------------------------	--

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

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

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

1 Surname			2 Initials												
3 Full names															
4 Identity number of person in possession of the firearm	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
5 Residential address															
			6 Postal Code	<table border="1" style="width: 50px; height: 15px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>											
7 Postal address															
			8 Postal Code	<table border="1" style="width: 50px; height: 15px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>											
9 Telephone number	9.1 Home	( )	9.2 Work	( )											
9.3 Cellphone number			10 Fax	( )											
11 E-Mail address															

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

13 Registered company name																					
14 Trading as name																					
15 Company registration number	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																				
16 FAR number	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																				
17 Postal address																					
			18 Postal Code	<table border="1" style="width: 50px; height: 15px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>																	
19 Business address																					
			20 Postal Code	<table border="1" style="width: 50px; height: 15px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>																	
21 Business telephone number	21.1 Work	( )	21.2 Fax	( )																	
22 E-mail address																					

23 Responsible person (full name and surname)

--	--

24	Identity number of responsible person	<input type="text"/>			
25	Cellphone number	<input type="text"/>			
26	Physical address	<input type="text"/>			
		27 Postal Code	<input type="text"/>		
28	Postal address	<input type="text"/>			
		29 Postal Code	<input type="text"/>		

30 **DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM**

I hereby declare that the above firearm is legally in my possession and that I propose to supply it to the applicant once the necessary authorisation has been obtained and that the particulars of the firearm is correct and accurate.

31 **SIGNATURE OF PERSON CURRENTLY IN POSSESSION**

32	<input type="text"/>	33 Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
	Name of person currently in possession in block letters						
34	..... Signature of person currently in possession	35 Place	<input type="text"/>				

**F PARTICULARS OF APPLICANT**

1 **NATURAL PERSON'S DETAILS**

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

2	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
3	Identity number of natural person	<input type="text"/>		
4	Passport number of natural person	<input type="text"/>		
5	Surname	<input type="text"/>		6 Initials <input type="text"/>
7	Full names	<input type="text"/>		
8	Date of birth	<input type="text"/>	-	<input type="text"/>
		9 Age	<input type="text"/>	10 Gender
				Male <input type="checkbox"/>
				Female <input type="checkbox"/>
11	Residential address	<input type="text"/>		
		12 Postal Code	<input type="text"/>	
13	Postal address	<input type="text"/>		
		14 Postal Code	<input type="text"/>	
15	Type of residence (eg shack, flat, cottage, house, hostel or homeless)	<input type="text"/>		
16	Trade or profession	17 If self-employed, specify <input type="text"/>		
18	Name of employer/company	<input type="text"/>		
19	Business address	<input type="text"/>		
		20 Postal Code	<input type="text"/>	
21	Telephone number	21.1 Home	<input type="text"/>	21.2 Work
21.3	Cellphone number			22 Fax
23	E-mail address	<input type="text"/>		

24 **JURISTIC PERSON'S DETAILS**

25	Registered company name			
26	Trading as name			
27	FAR number	<input type="text"/>		
28	Postal number			
		20 Postal Code	<input type="text"/>	
30	Business address			
		31 Postal Code	<input type="text"/>	
32	Business telephone number	32.1 Home		32.2 Fax
33	E-mail address			
34	Responsible person (full name and surname)			
35	Type of identification (Indicate with an X)	SA ID		Passport number
36	Identity number of responsible person	<input type="text"/>		
37	Passport number of responsible person	<input type="text"/>		
38	Cellphone number			
39	Physical address			
		40 Postal Code	<input type="text"/>	
41	Postal address			
		42 Postal Code	<input type="text"/>	

**G OTHER DETAILS**

1 Period for which authorisation is required

**FROM** Place  -  -

**TO** Date  -  -

2 Motivation of purpose for which the firearm is required

3 **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	
3.1		Police station (1)	3.2 CAS/Case number
3.3		Charge	
3.4		Outcome	
3.5		Police station (2)	3.6 CAS/Case number
3.7		Charge	
3.8		Outcome	

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

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
4.1	Police station (1)			4.2 CAS/Case number
4.3	Offence			
4.4	Police station (2)			4.5 CAS/Case number
4.6	Offence			

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

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

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

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

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

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

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

10 **DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false

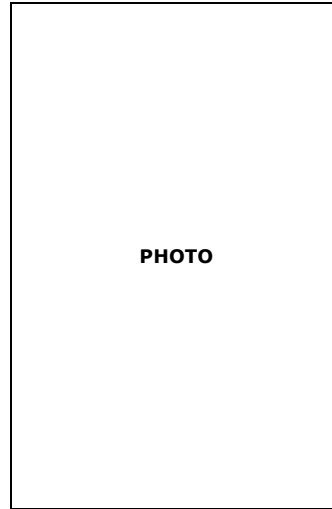
statement in this application.

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

Note:

The requirements of the photo:

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



2

Signature

4 Fingerprint designation

3

5

Name of applicant in block letters

6 **Date**   -  -

7 **Place**

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

8.1

Name of police official in block letters

8.2

Persal number of police official

8.3

Rank of police official in block letters

8.4 .....  
Signature of police official

9 **PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.2

Persal number of witness

9.3

Rank of witness in block letters

9.4 .....  
Signature of witness

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

1	<b>Name and surname of interpreter</b>	<input style="width: 95%; height: 20px;" type="text"/>
2	<b>Identify/Passport number of interpreter</b>	<input style="width: 100%; height: 20px;" type="text"/>

3 **Residential address**

5	Postal address		4 Postal Code	<input type="text"/>
7	Telephone number	7.1 Home ( )	7.2 Work ( )	6 Postal Code
8	Cellphone number		9 Fax ( )	<input type="text"/>
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)

Persal number of police official (if applicable)

**J 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"/>

5 Date  -  -

6 .....  
Signature of parent/guardian

7 Place

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

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

2.2 Recommended conditions

3

Name of Designated Firearms Officer/Station Commissioner in block letters

5

Rank of Designated Firearms Officer/Station Commissioner in block letters

7

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

4  Date  -  -

6  Place

8

Persal number of Designated Firearms Officer/Station Commissioner

**SAPS 518 (a)**  
**APPLICATION FOR THE RENEWAL OF A FIREARM LICENCE, PERMIT,  
 CERTIFICATE OR AUTHORISATION**

SAPS 518 (a)



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR THE RENEWAL OF A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION**

Section 24, 35, 49 and 63 of the Firearm Control Act, 2000 (Act 60 of 2000)

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

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

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

**C TYPE OF LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION** (Indicate with an X)

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

Page 1 of 5

Details of original licence, permit, certificate or authorisation		
Licence, permit, certificate or authorisation 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		<input type="text"/>				
4	Passport number of natural person		<input type="text"/>				
5	Surname			6 Initials		<input type="text"/>	
7	Full name						
8	Residential address						
					9 Postal Code	<input type="text"/>	
10	Postal address					11 Postal Code	<input type="text"/>
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		<input type="text"/>				
20	Postal address					21 Postal Code	<input type="text"/>
22	Business address					23 Postal Code	<input type="text"/>
24	Business telephone number	24.1 Fax	( )	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	<input type="checkbox"/>	
29	Identity number of responsible person		<input type="text"/>			
30	Passport number of responsible person		<input type="text"/>			

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

31	Cellphone number	<input type="text"/>
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32	Physical address		33 Postal Code	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
34	Postal address		35 Postal Code	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

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

37

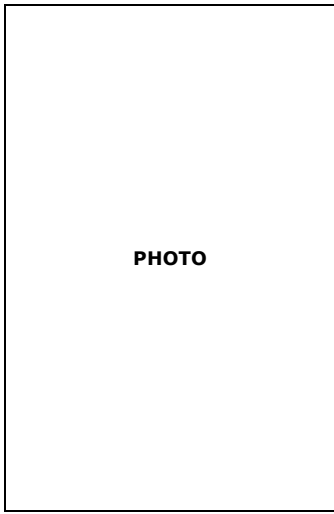
WAS YOUR APPLICATION HANDED IN 90 DAYS BEFORE EXPIRY OF THE EXISTING LICENCE? IF YES, SUBMIT THE REASON (Indicate with an X)				
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	Reason(s)
WAS YOUR APPLICATION HANDED IN AFTER THE DUE DATE, BUT BEFORE EXPIRY OF EXISTING LICENCE? IF NO, SUBMIT THE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

**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 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.
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  - The applicant must sign in black ink.
  - The signature may not exceed the border.
  - The whole finger must be pressed down on the sheet.
  - The fingerprint should not be rolled and must be a flat impression.



1

2

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4 Fingerprint designation

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3

Signature

5  6

Name of applicant in block letters

7

Date  -  -

Place

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

8.1

Name of police official in block letters

8.2

Persal number of police official

8.3

Rank of police official in block letters

8.4 .....

Signature of police official

**9 PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.2

Persal number of witness

9.3

Rank of witness in block letters

9.4 .....

Signature of witness

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

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

Page 4 of 5

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)

**G IN CASE OF NOMINEE/AUTHORISED PERSON**

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

3 Date     -   -

4 .....  
Signature of nominee/authorised person

5 Place

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

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

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

2 Date

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

4 Place

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

6            
Persal number of Designated Firearms Officer/Station Commissioner

**SAPS 518 (b)**  
**APPLICATION FOR A TEMPORARY AUTHORISATION 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', MANUFACTURES' OR GUNSMITHS' LICENCE**

SAPS 518 (b)



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR A TEMPORARY AUTHORISATION 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', MANUFACTURES' OR GUNSMITHS' LICENCE**

Section 36, 50, 64 of the Firearms Control Act, 2000 (Act 60 of 2000)

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

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

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

C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)																					
1 Outstanding/Additional information required																					
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									2 Persal number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>											3 Date
..... 4 Signature of police official		<table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 20px;"> <tr> <td></td> </tr> </table> 5 Name in block letters																			
6 Application for temporary authorisation approved (Indicate with an X)																					
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									7 Persal number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									8 Date		
..... 9 Signature of CFR officer		<table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"> <tr> <td></td> </tr> </table> 10 Officer code		<table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 20px;"> <tr> <td></td> </tr> </table> 11 Name in block letters																	
12 Application for temporary authorisation refused (Indicate with an X)		13 Reason(s) for refusal																			

<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>													14 Persal number	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%;"></td><td style="width:10%;"></td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>					-			-			15 Date
				-			-																		
..... 16 Signature of CFR officer				<table border="1" style="width: 30px; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table> 17 Officer code				<table border="1" style="width: 150px; height: 20px;"> <tr> <td style="width:100%;"></td> </tr> </table> 18 Name in block letters																	

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

1	To trade in firearms and ammunition	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>										
2	To trade in ammunition	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>										
3	To manufacture firearms	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>										
4	To manufacture ammunition	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>										
5	To conduct business as a gunsmith	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>										

**JURISTIC PERSON'S DETAILS**

7	Registered company name																						
8	Trading as name																						
9	FAR number	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																					
10	Postal address																						
		11 Postal Code	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																				
12	Business address																						
		13 Postal Code	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																				
14	Business telephone number	13.1 Work	( )	13.1 Fax	( )																		
15	E-mail address																						
16	Responsible person (full name and surname)																						
17	Type of identification (Indicate with an X)	SA citizen		Non-SA citizen with permanent residence *																			
18	Identity number of responsible person	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																					
19	Cellphone number																						
20	Physical address																						
		21 Postal Code	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																				
22	Postal address																						
		23 Postal Code	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																				

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

<b>25 Type of Existing licence</b> (Indicate with an	<b>To trade in firearms and ammunition</b>		<b>To trade in ammunition</b>		<b>To manufacture firearms</b>	
------------------------------------------------------	--------------------------------------------	--	-------------------------------	--	--------------------------------	--

	X)				
	<b>To manufacture ammunition</b>			<b>To conduct business as a gunsmith</b>	
26	Licence number				
27	Date issued		28 Expiry date		
29	<b>PHYSICAL ADDRESS OF THE PROPOSED PREMISES ON WHICH BUSINESS WILL BE CONDUCTED</b>				
30	Address				
				31 Postal Code	<input type="text"/>

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

Page 2 of 6

32	<b>WHAT IS THE CLASSIFICATION OF THE PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL, ETC)</b>
33	<b>DESCRIBE THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS</b>
34	<b>DESCRIBE THE ALARM SYSTEM</b>
35	<b>LOCATION AND PARTICULARS OF THE SAFE OR STRONGROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT</b>
36	<b>DESCRIBE THE BURGLAR PROOFING</b>
37	<b>DESCRIBE OTHER SECURITY FEATURES</b>

38 Period for which the temporary authorisation will be required **FROM**      -   -

**TO**

Page 3 of 6

39 **DECLARATION BY APPLICANT**

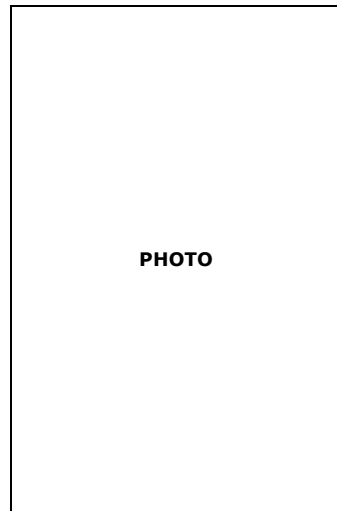
I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this application.

**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.



Signature

4 Fingerprint designation



3

5

Name of applicant in block letters

6       -   -

7

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

8.1

Name of police official in block letters

8.2

Persal number of police official

8.3

Rank of police official in block letters

8.4 .....

Signature of police official

9 **PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.2

Persal number of witness

9.3

Rank of witness in block letters

9.4 .....

Signature of witness

**F PARTICULARS OF INTERPRETER**

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

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

Page 4 of 6

3	Residential address			4 Postal Code	<input type="text"/>
5	Postal address			6 Postal Code	<input type="text"/>
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 14 Place

.....  
Signature of interpreter

15

Rank of police official in block letters (if applicable)

16

Persal number of police official (if applicable)

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

1	RECOMMENDATION REGARDING THE APPLICATION		
1.1	Recommended		Not recommended
1.1	Report of inspection on premises		
1.2	Additional conditions recommended		

Page 5 of 6

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

Persal number of Designated Firearms Officer/Station Commissioner

Page 6 of 6

## SAPS 519 APPLICATION FOR ACCREDITATION AS AN ASSOCIATION

SAPS 519



SOUTH AFRICAN POLICE SERVICE  
**APPLICATION FOR ACCREDITATION AS AN ASSOCIATION**  
Section 8 of the Firearms Control Act, 2000 (Act 60 of 2000)

<b>OFFICIAL DATE STAMP</b>	<b>A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</b>
<b>DATE RECEIVED</b>	1 Application reference No <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span>

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)			
<b>1 Outstanding/Additional information required</b>			
<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	2 Persal number	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>	3 Date
.....		<span style="border: 1px solid black; display: inline-block; width: 150px; height: 15px;"></span>	
4 Signature of police official		5 Name in block letters	

<b>6 Application for accreditation approved</b> (Indicate with an X)		
<span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span>	7 Persal number	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> - <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span>
.....		8 Date
.....	<span style="border: 1px solid black; display: inline-block; width: 30px; height: 15px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px;"></span>
9 Signature of deciding officer	10 Officer code	11 Name in block letters
<b>12 Application for accreditation refused</b> (Indicate with an X)		<b>13 Reason(s) for refusal</b>

<input style="width:100%; height: 15px;" type="text"/>	14 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/>	15 Date
..... 16 Signature of deciding officer	<input style="width:30px; height: 15px;" type="text"/> 17 Officer code	<input style="width:150px; height: 15px;" type="text"/> 18 Name in block letters	

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

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

**E PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

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

2.1	SA citizen		Non-SA citizen with permanent residence *		
3	Identity number of private person		<input style="width:100%; height: 15px;" type="text"/>		
4	Surname			5 Initials	<input style="width:30px; height: 15px;" type="text"/>
6	Full names				
7	Date of birth	<input style="width:30px; height: 15px;" type="text"/> - <input style="width:30px; height: 15px;" type="text"/> - <input style="width:30px; height: 15px;" type="text"/>	8 Age	<input style="width:30px; height: 15px;" type="text"/>	9 Gender Male    Female
10	Residential address				
11			11 Postal Code	<input style="width:30px; height: 15px;" type="text"/>	
12	Postal address				
13			13 Postal Code	<input style="width:30px; height: 15px;" type="text"/>	
14	Trade or profession			15 If self-employed, specify	
16	Name of employer/company		<input style="width:100%; height: 15px;" type="text"/>		
17	Business address				
18			18 Postal Code	<input style="width:30px; height: 15px;" type="text"/>	
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)

Single		Married		Divorced		Widow		Widower	
Other (specify)									

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

24.1.1 **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			<input type="text"/>
24.3	Passport number of spouse/partner			<input type="text"/>
24.4	Name and surname			

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

Page 2 of 6

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			<input type="text"/>	
30	Postal address				
				31 Postal Code	<input type="text"/>
32	Business address				
				33 Postal Code	<input type="text"/>
34	Business telephone number	34.1 Work	( )	34.2 Fax	( )
35	E-mail address				

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

37	Business address				
				38 Postal Code	<input type="text"/>
39	Postal address				
				40 Postal Code	<input type="text"/>
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	<input type="checkbox"/>	Passport number	<input type="checkbox"/>
46	Identity/Passport number of responsible person			<input type="text"/>	
47	Cellphone number				
48	Physical address				
				49 Postal Code	<input type="text"/>
50	Postal address				
				51 Postal Code	<input type="text"/>

**PROOF SIGNATURES OF RESPONSIBLE PERSON**

53 ..... 54 .....  
 Signature of responsible person Signature of responsible person

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

56

Identity number	Full names	Surname	Capacity

Page 3 of 6


57 **MOTIVATION AS TO THE MAIN PURPOSE FOR WHICH ACCREDITATION IS REQUIRED AND EXPERIENCE IN THE APPLICABLE FIELD**

58 **INFRASTRUCTURE OF THE ORGANIZATION**

59 **QUALIFICATIONs OF PERSONNEL**

60

**PERIOD FOR WHICH ORGANIZATION EXISTS AND FUNCTIONS**

Page 4 of 6

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 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

Right index fingerprint of applicant

7

**G 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	Identify/Passport number of interpreter	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
3	Residential address			4 Postal Code																
				<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>																

Page 5 of 6

5	Postal address							
		6 Postal Code	<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>					
7	Telephone number	7.1 Home		7.1 Work ( )				
8	Cellphone number			9 Fax ( )				
10	E-mail address							
11	Interpreted from (language)		to					

--

12	Date	<table border="1"> <tr> <td></td><td></td><td></td><td></td> </tr> </table> - <table border="1"> <tr> <td></td><td></td> </tr> </table> - <table border="1"> <tr> <td></td><td></td> </tr> </table>								

13		14	Place	
----	--	----	-------	--

.....  
Signature of interpreter

--

16	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>												

Rank of police official (if applicable)

Persal number of police official (if applicable)

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

1	RECOMMENDATION REGARDING THE APPLICATION			
	Recommended		Not recommended	
2	Motivation			
3	Recommended conditions			

[Empty rectangular box]

4 [Empty rectangular box]

Name of Designated Firearms Officer/Station Commissioner in block letters

5 Date [ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ]

6 [Empty rectangular box]

Rank of Designated Firearms Officer/Station Commissioner in block letters

7 Place [Empty rectangular box]

8 [Empty rectangular box]

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

9 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
Persal number of Designated Firearms Officer/Station Commissioner

### SAPS 519 (a) APPLICATION FOR ACCREDITATION FOR BUSINESS PURPOSES

SAPS 519 (a)



SOUTH AFRICAN POLICE SERVICE  
**APPLICATION FOR ACCREDITATION FOR BUSINESS PURPOSES**  
Section 8 of the Firearms Control Act, 2000 (Act 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>B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED</b>			
1 Province			
2 Area			
3 Police station			
4 Component code			
5 Firearm applications register reference No	SAPS 86	NO	YEAR

<b>C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)</b>		
<b>1 Outstanding/Additional information required</b>		
[Empty space for information]		
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	2 Persal number	[ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ]
		3 Date

..... 4 Signature of police official	<input style="width:100%;" type="text"/> 5 Name in block letters
<b>6 Application for accreditation approved</b> (Indicate with an X)	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
..... 9 Signature of deciding officer	<input style="width:100%;" type="text"/> 11 Name in block letters
<b>12 Application for accreditation refused</b> (Indicate with an X)	
<b>13 Reason(s) for refusal</b>	
..... 16 Signature of deciding officer	<input style="width:100%;" type="text"/> 18 Name in block letters

**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		Non-SA citizen with permanent residence *	
3 Identity number	<input style="width:100%;" type="text"/>		
4 Surname			5 Initials <input style="width:100%;" type="text"/>
6 Full names			
7 Date of birth	<input style="width:100%;" type="text"/>	8 Age	9 Gender <input style="width:100%;" type="text"/>
10 Residential address			

		11 Postal Code	<input type="text"/>
12	Postal address		
		13 Postal Code	<input type="text"/>
14	Trade or profession	15 If self-employed, specify	
16	Name of employer/company	<input type="text"/>	
17	Business address		
		18 Postal Code	<input type="text"/>
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)	<input type="text"/>								

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

24.1.1 **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	<input type="text"/>		
24.3	Passport number of spouse/partner	<input type="text"/>		
24.4	Name and surname	<input type="text"/>		

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

Page 2 of 6

25 **JURISTIC PERSON'S DETAILS**

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

27	Registered company name	<input type="text"/>	
28	Trading as name	<input type="text"/>	
29	Company registration or CC number	<input type="text"/>	
30	Postal address		
		31 Postal Code <input type="text"/>	
32	Business address		
		33 Postal Code <input type="text"/>	
34	Business telephone number	34.1 Work ( )	34.2 Fax ( )
35	E-mail address	<input type="text"/>	

36 **RESPONSIBLE PERSON'S DETAILS**

37 Responsible person (full name and surname)

38	Type of identification (Indicate with an X)	SA ID	Passport number
39	Identity number of responsible person	<input type="text"/>	
40	Passport number of responsible person	<input type="text"/>	
41	Cellphone number		
42	Physical address		
		43 Postal Code	<input type="text"/>
44	Postal address		
		45 Postal Code	<input type="text"/>

**PROOF SIGNATURES OF RESPONSIBLE PERSON**

47 ..... Signature of responsible person

48 ..... Signature of responsible person

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

Identity number	Full names	Surname	Capacity

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

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

52

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

53

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

[Empty box for security measures description]

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

[Empty box for register description]

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**

[Empty box for scope of protection]

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

[Empty box for number of persons]

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

60 **DESCRIPTION OF ACCESS CONTROL**

[Empty box for access control description]

61 **DESCRIPTION OF DISPLAY MECHANISMS**

[Empty box for display mechanisms description]

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

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

63.1	Name	[Empty box]
63.2	Accreditation registration number	[Empty box]

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 60 of 2000), to make a false statement in this application.

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

1	[Signature box]	2	Fingerprint designation	3	Date	[ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ]
			[Fingerprint box]	4	Name of applicant in block letters	
				5	Place	[Empty box]

Right index fingerprint of applicant

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	Identify/Passport number of interpreter <input type="text"/>			
3	Residential address			4 Postal Code <input type="text"/>
5	Postal address			6 Postal Code <input type="text"/>
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)

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

1	RECOMMENDATION REGARDING THE APPLICATION	
	Recommended	Not recommended
2	Motivation	

3

Recommended conditions

3

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

**SAPS 519 (b)**  
**APPLICATION FOR ACCREDITATION AS AN OFFICIAL INSTITUTION**

SAPS 519 (b)



SOUTH AFRICAN POLICE SERVICE  
**APPLICATION FOR ACCREDITATION AS AN OFFICIAL INSTITUTION**  
 Section 8 of the Firearms Control Act 2000 (Act 60 of 2000)

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

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

B FOR OFFICIAL USE BY THE DECIDING OFFICER AT THE CENTRAL FIREARMS REGISTER (CFR)																					
1 Outstanding/Additional information required																					
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>									2 Persal number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> <td style="width: 20px; height: 20px;"> </td> </tr> </table>											3 Date
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X																					
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**C GOVERNMENT INSTITUTION'S DETAILS** (Indicate with an X)

1	Name of government institution			
2	Physical address			
				3 Postal Code
				<input type="text"/>
4	Postal address			
				5 Postal Code
				<input type="text"/>
6	Business telephone number	6.1 Work	( )	6.2 Fax
7	E-mail address			

**RESPONSIBLE PERSON'S DETAILS**

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

**PROOF SIGNATURES OF RESPONSIBLE PERSON**

18	.....	19	.....
	Signature of responsible person		Signature of responsible person

**OTHER DETAILS**

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

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

23 **PARTICULARS OF 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 FIREARMS AND THE NUMBER OF 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 60 of 2000), to make a false statement in this application.

Page 3 of 4

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

1  2

Fingerprint designation

3 Date   -  -

Right index fingerprint of applicant

4   
Name of applicant in block letters

5 **Place**

6 .....  
Signature of applicant

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

7.1   
Name of police official in block letters

7.3   
Rank of police official in block letters

7.2   
Persal number of police official

7.4 .....  
Signature of police official

**PARTICULARS OF WITNESS**

8.1   
Name of witness in block letters

8.3   
Rank of witness in block letters

8.2   
Persal number of witness

8.4 .....  
Signature of witness

**E 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	<b>Name and surname of interpreter</b>			
2	<b>Identify/Passport number of interpreter</b>	<input style="width: 100%;" type="text"/>		
3	<b>Residential address</b>			
		<b>4 Postal Code</b>	<input style="width: 100%;" type="text"/>	
5	<b>Postal address</b>			
		<b>6 Postal Code</b>	<input style="width: 100%;" type="text"/>	
7	<b>Telephone number</b>	<b>7.1 Home</b> ( )	<b>7.2 Work</b> ( )	
8	<b>Cellphone number</b>		<b>9 Fax</b> ( )	
10	<b>E-mail address</b>			
11	<b>Interpreted from (language)</b>		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 520**  
**APPLICATION FOR MULTIPLE IMPORT OR EXPORT PERMIT/PERMANENT**  
**IMPORT OR EXPORT PERMIT/TEMPORARY IMPORT OR EXPORT PERMIT/IN-**  
**TRANSIT PERMIT FOR PERSONAL USE**

SAPS 520



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR MULTIPLE IMPORT OR EXPORT PERMIT/PERMANENT IMPORT OR EXPORT PERMIT/TEMPORARY IMPORT OR**  
**EXPORT PERMIT/IN-TRANSIT PERMIT FOR PERSONAL USE**  
**(Individuals and companies)**

Section 73(2), 74, 76, 77, 78, 80, 81 and 82 of the Firearms Control Act, 2000 (Act 60 of 2000)

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

A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED											
1 Application reference No	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										

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

C FOR OFFICIAL USE BY THE DECIDING OFFICER																					
<b>1 Outstanding/Additional information required</b>																					
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											2 Persal number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>									3 Date
..... 4 Signature of police official		..... 5 Name in block letters																			
<b>6 Application for permit approved</b> (Indicate with an X) <input type="checkbox"/>																					
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<b>12 Application for permit refused</b> (Indicate with an X) <input type="checkbox"/>		<b>13 Reason(s) for refusal</b>																			

<input style="width:100%; height: 15px;" type="text"/>	14 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/>	15 Date
..... 16 Signature of deciding officer	<input style="width:30px; height: 15px;" type="text"/> 17 Officer code	<input style="width:100%; height: 15px;" type="text"/> 18 Name in block letters	

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

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

**E PARTICULARS OF APPLICANT**

1 **NATURAL PERSON'S DETAILS**

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

3	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
4	Identity number of natural person		<input style="width:100%; height: 15px;" type="text"/>	
5	Passport number of natural person		<input style="width:100%; height: 15px;" type="text"/>	
6	Surname			7 Initials <input style="width:30px; height: 15px;" type="text"/>
8	Full names			
9	Date of birth	<input style="width:30px; height: 15px;" type="text"/> - <input style="width:30px; height: 15px;" type="text"/> - <input style="width:30px; height: 15px;" type="text"/>	9 Age	<input style="width:30px; height: 15px;" type="text"/>
			10 Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
11	Residential address		12 Postal Code	<input style="width:30px; height: 15px;" type="text"/>
13	Postal address		14 Postal Code	<input style="width:30px; height: 15px;" type="text"/>
15	Trade or profession	16 If self-employed, specify		
17	Name of employer/company <input style="width:100%; height: 15px;" type="text"/>			
18	Business address		19 Postal Code	<input style="width:30px; height: 15px;" type="text"/>
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)		<input style="width:100%; height: 15px;" type="text"/>							

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

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

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

26 **JURISTIC PERSON'S DETAILS**

27	Registered company name			
28	Trading as name			
29	FAR number	<input type="text"/>		
30	Postal address			

32	Business address		31 Postal Code	<input type="text"/>
34	Business telephone number	34.1 Work ( )	34.2 Fax ( )	33 Postal Code
35	E-mail address			

36 **RESPONSIBLE PERSON'S DETAILS**

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

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

1 **NATURAL PERSON'S DETAILS**

2	Surname	3 Initials		<input type="text"/>
4	Full names			

5	Identity number of natural person	<input type="text"/>				
6	Passport number of natural person	<input type="text"/>				
7	Business address				8 Postal Code	<input type="text"/>
9	Postal address				10 Postal Code	<input type="text"/>
11	Telephone number	11.1 Home	( )	11.1 Work	( )	
11.3	Cellphone number			12 Fax	( )	
13	E-mail address					

#### 14 JURISTIC PERSON'S DETAILS

15	Registered company name					
16	Trading as name					
17	FAR number	<input type="text"/>				
18	Company registration or CC number	<input type="text"/>				
19	Postal address				20 Postal Code	<input type="text"/>

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

Page 3 of 8

21	Business address				22 Postal Code	<input type="text"/>
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	<input type="checkbox"/>	Passport number	<input type="checkbox"/>	
28	Identity number of responsible person	<input type="text"/>				
29	Passport number of responsible person	<input type="text"/>				
30	Cellphone number					
31	Physical address				32 Postal Code	<input type="text"/>
33	Postal address				34 Postal Code	<input type="text"/>

#### G IMPORT AND/OR EXPORT DETAILS

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

4 Port of exit

5 Reason for permit

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

7 Date on which the import/export will take place

Date    -   -

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

9 Period for which permit is required

9.1 FROM Date    -   -   TO 9.2 Date    -   -

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

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

9 Validity of the transporters permit

FROM Date    -   -

TO Date    -   -

10 Transport route

**I DETAILS OF FIREARMS**

1	1.1 Type	1.2 Action	1.3 Calibre	1.4 Model	1.5 Make	1.6 Frame or receiver serial number	1.7 Barrel serial number
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


2 **DETAILS OF AMMUNITION**

2.1

2.1.1 Type	2.1.2 Quality

2.2

2.2.1 Type	2.2.2 Quality

\* 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 BY APPLICANT**

I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 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  2

Fingerprint designation

3 Date   -  -

4   
Name of applicant in block letters

5 Place

Right index fingerprint of applicant

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

6.1   
Name of police official in block letters

6.2   
Persal number of police official

6.3   
Rank of police official in block letters

6.4 .....  
Signature of police official

7 **PARTICULARS OF WITNESS**

7.1   
Name of witness in block letters

7.2   
Persal number of witness

7.3   
Rank of witness in block letters

7.4 .....  
Signature of witness

**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 Identify/Passport number of interpreter

3 Residential address

4 Postal Code

5 Postal address

6 Postal Code

7 Telephone number 7.1 Home ( ) 7.2 Work ( )

8 Cellphone number 9 Fax ( )

10 E-mail address

11 Interpreted from (language)  to

12 Date   -  -

13 .....  
Signature of interpreter

14 Place

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

16   
Persal number of police official (if applicable)

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

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

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

5      **Date**       -  -

6      .....  
Signature of parent/guardian

7      **Place**     

**N IN CASE OF NOMINEE /AUTHORISED PERSON**

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

3      **Date**       -  -

4      .....  
Signature of nominee/authorised person

5      **Place**     

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

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

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

1	RECOMMENDATION REGARDING THE APPLICATION	
	Recommended	Not recommended
2	Motivation regarding the application	

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

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

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

4 Date   -  -

6 Place

8   
Persal number of Designated Firearms Officer/Station Commissioner

**SAPS 520 (a)**  
**APPLICATION FOR MULTIPLE IMPORT OR EXPORT PERMIT/PERMANENT IMPORT OR EXPORT PERMIT/TEMPORARY IMPORT OR EXPORT PERMIT/IN-TRANSIT PERMIT FOR DEALERS, MANUFACTURERS AND GUNSMITHS**

SAPS 520 (a)



SOUTH AFRICAN POLICE SERVICE

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

Section 73(2), 74, 76, 77, 78, 80, 81 and 82 of the Firearms Control Act, 2000 (Act 60 of 2000)

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

<b>B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED</b>			
1	Province	<input style="width:95%;" type="text"/>	
2	Area	<input style="width:95%;" type="text"/>	
3	Police station	<input style="width:95%;" type="text"/>	
4	Component code	<input style="width:95%;" type="text"/>	
5	Firearm applications register reference number	SAPS 86	NO
		YEAR	<input style="width:95%;" type="text"/>

<b>C FOR OFFICIAL USE BY THE DECIDING OFFICER</b>			
<b>1 Outstanding/Additional information required</b>			
<input style="width:100%; height: 15px;" type="text"/>	2 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/>	3 Date
..... 4 Signature of police official		<input style="width:95%; height: 20px;" type="text"/> 5 Name in block letters	
<b>6 Application for permit approved (Indicate with an X)</b>			
<input style="width:100%; height: 15px;" type="text"/>	7 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/>	8 Date
..... 9 Signature of deciding officer		<input style="width:100%; height: 15px;" type="text"/> 10 Officer code	<input style="width:95%; height: 20px;" type="text"/> 11 Name in block letters
<b>12 Application for a permit refused (Indicate with an X)</b>		<b>13 Reason(s) for refusal</b>	

<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>													14 Persal number	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> <td style="width:10%;"></td><td style="width:10%;"></td> <td style="width:10%;"></td><td style="width:10%;"></td> <td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>												15 Date
<p style="text-align: center;">.....</p> <p style="text-align: center;">16 Signature of deciding officer</p>				<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>				17 Officer code	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:100%;"></td> </tr> </table>		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		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>															
4	Passport number of natural person		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>															
5	Surname					6 Initials	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>											
7	Full names																	
8	Date of birth	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> <td style="width:10%;"></td><td style="width:10%;"></td> <td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>									9 Age	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>			10 Gender	Male	Female	
11	Residential address					12 Postal Code	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>											
13	Postal address					14 Postal Code	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>											
15	Trade or profession			16 If self-employed, specify														
17	Name of employer/company	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																
18	Business address				19 Postal Code	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>												
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	<input type="checkbox"/>	Passport	<input type="checkbox"/>
25.2	Identity number of spouse/partner			<input type="text"/>
25.3	Passport number of spouse/partner			<input type="text"/>
25.4	Full Name and surname			

26 **JURISTIC PERSON'S DETAILS**

27	Registered company name			
28	Trading as name			
29	FAR number			<input type="text"/>

Page 2 of 10

30	Postal address			31 Postal Code	<input type="text"/>
32	Business address			31 Postal Code	<input type="text"/>
34	Business telephone number	34.1 Work	( )	34.2 Fax	( )
35	E-mail address				

36 **RESPONSIBLE PERSON'S DETAILS**

37	Responsible person (full name and surname)								
38	Type of identification (Indicate with an X)	SA citizen	<input type="checkbox"/>	Passport	<input type="checkbox"/>				
39	Identity number of responsible person			<input type="text"/>					
40	Passport number of responsible person			<input type="text"/>					
41	Cellphone number								
42	Physical address								
44	Postal address			43 Postal Code	<input type="text"/>				
46	Type of competency certificate (if applicable)								
47	Date of issue	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>			
				48 Expiry date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>

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

2	Surname		3 Initials	<input type="text"/>
4	Full names			

5	Identity number of natural person	<input type="text"/>				
6	Passport number of natural person	<input type="text"/>				
7	Residential address	<input type="text"/>			8 Postal Code	<input type="text"/>
9	Postal address	<input type="text"/>			10 Postal Code	<input type="text"/>
11	Telephone number	11.1 Home	( )	11.2 Work	( )	
11.3	Cellphone number	<input type="text"/>			12 Fax	( )
13	E-mail address	<input type="text"/>				
14	Are there any additional firearm licence holders for this firearm? (Indicate with an X)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	

### 15 JURISTIC PERSON'S DETAILS

16	Registered company name	<input type="text"/>			
17	Trading as name	<input type="text"/>			
18	FAR number	<input type="text"/>			

Page 3 of 10

19	Postal address	<input type="text"/>			20 Postal Code	<input type="text"/>
21	Business address	<input type="text"/>			22 Postal Code	<input type="text"/>
23	Business telephone number	23.1 Work	( )	23.2 Fax	( )	
24	E-mail address	<input type="text"/>				

### 25 RESPONSIBLE PERSON'S DETAILS

26	Responsible person (full name and surname)	<input type="text"/>				
27	Type of identification (Indicate with an X)	SA citizen	<input type="checkbox"/>	Passport number	<input type="text"/>	
28	Identity number of responsible person	<input type="text"/>				
29	Cellphone number	<input type="text"/>				
30	Physical address	<input type="text"/>			31 Postal Code	<input type="text"/>
32	Postal address	<input type="text"/>			33 Postal Code	<input type="text"/>

### G IMPORT AND/OR EXPORT DETAILS

1	Country of origin	<input type="text"/>			
2	Country of destination	<input type="text"/>			
3	Port of entry	<input type="text"/>			
4	Port of exit	<input type="text"/>			
5	Reason for permit	<input type="text"/>			

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

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

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

9 Period for which permit is required

9.1 FROM Date     -   -   TO 9.2 Date     -   -

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

1	<b>FAR number</b>	<input type="text"/>		
2	<b>Transporter's name and surname</b>	<input type="text"/>		
3	<b>Transporter's trading name</b>	<input type="text"/>		
4	<b>Method of transport</b>	<input type="text"/>		
5	<b>Transporter's responsible person (name and surname)</b>	<input type="text"/>		
6	<b>Type of identification (Indicate with an X)</b>	<input type="checkbox"/> SA citizen	<input type="checkbox"/> Non-SA citizen with permanent residence *	
7	<b>Identity number of responsible person</b>	<input type="text"/>		
8	<b>Cellphone number</b>	<input type="text"/>		

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

9 Validity of the transporters permit FROM Date     -   -

TO Date     -   -

10 **Transport route**

**I DETAILS OF FIREARMS**

1	1.1 Type	1.2 Action	1.3 Calibre	1.4 Model	1.5 Make	1.6 Frame or receiver serial	1.7 Barrel serial number
---	----------	------------	-------------	-----------	----------	------------------------------	--------------------------

					number	

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2

**DETAILS OF AMMUNITION**

2.1

2.1.1 Type	2.1.2 Quality

2.2

2.2.1 Type	2.2.2 Quality

--	--	--	--

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

I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to 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.

Page 6 of 10

**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 BY APPLICANT**

I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 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  2 Fingerprint

3 Date   -  -

	designation
--	-------------

4   
Name of applicant in block letters

5 Place

Right index fingerprint of applicant

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

6.1   
Name of police official in block letters

6.3   
Rank of police official in block letters

6.2   
Persal number of police official

6.4 .....  
Signature of police official

**7 PARTICULARS OF WITNESS**

7.1   
Name of witness in block letters

7.3   
Rank of witness in block letters

7.2   
Persal number of witness

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	Identify/Passport number of interpreter	<input style="width: 100%;" type="text"/>	
3	Residential address		
		4 Postal Code	<input style="width: 40px;" type="text"/>
5	Postal address		
		6 Postal Code	<input style="width: 40px;" type="text"/>

Page 7 of 10

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)

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

1	Recommended		Not recommended	
2	Name and surname of parent/guardian			

3	Identity/Passport number of parent/guardian	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																				
4	Comments of parent/guardian																					

5     Date

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6		7
..... Signature of parent/guardian		<span style="background-color: #cccccc; padding: 2px 5px;">Place</span> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>

**N IN CASE OF NOMINEE/AUTHORISED PERSON**

1	Name and surname of nominee/authorised person																					
2	Identity/Passport number of nominee/authorised person	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td> </tr> </table>																				

3     Date

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 - 

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 - 

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4		5
..... Signature of nominee/authorised person		<span style="background-color: #cccccc; padding: 2px 5px;">Place</span> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"></table>

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

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

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

1	RECOMMENDATION REGARDING THE APPLICATION
---	------------------------------------------

Recommended	Not recommended
2 Motivation regarding the application	

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

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

RECOMMENDATION REGARDING THE APPLICATION	
Recommended	Not recommended
1 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

Not recommended

2

Recommendation from NCACC

**SAPS 520 (b)**  
**APPLICATION FOR PERMIT TO TRANSPORT FIREARMS AND AMMUNITION**

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 60 of 2000)

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

B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED			
1 Province	<input style="width:100%;" type="text"/>		
2 Area	<input style="width:100%;" type="text"/>		
3 Police station	<input style="width:100%;" type="text"/>		
4 Component code	<input style="width:100%;" type="text"/>		
5 Firearm applications register reference number	SAPS 86	NO	YEAR

C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)			
<b>1 Outstanding/Additional information required</b>			
<input style="width:100%; height: 15px;" type="text"/>	2 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/>	3 Date
..... 4 Signature of police official		<input style="width:100%; height: 15px;" type="text"/> 5 Name in block letters	
<b>6 Application for permit approved</b> (Indicate with an X) <input style="width:100%;" type="checkbox"/>			
<input style="width:100%; height: 15px;" type="text"/>	7 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/> - <input style="width:100%; height: 15px;" type="text"/>	8 Date
..... 9 Signature of CFR officer		<input style="width:100%; height: 15px;" type="text"/> 10 Officer code	<input style="width:100%; height: 15px;" type="text"/> 11 Name in block letters
<b>12 Application for a permit refused</b> (Indicate with an X) <input style="width:100%;" type="checkbox"/>			
<b>13 Reason(s) for refusal</b>			

	14 Persal number	15 Date
.....	17 Officer code	18 Name in block letters

Page 1 of 7

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

3	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
4	Identity number of natural person		<input type="text"/>	
5	Passport number of natural person		<input type="text"/>	
7	Surname			6 Initials <input type="text"/>
8	Full names			
9	Date of birth	<input type="text"/> - <input type="text"/> - <input type="text"/>	9 Age	<input type="text"/>
	10 Gender	Male	Female	
11	Residential address		12 Postal Code	<input type="text"/>
13	Postal address		14 Postal Code	<input type="text"/>
15	Trade or profession	16 If self-employed, specify		
17	Name of employer/company	<input type="text"/>		
18	Business address		19 Postal Code	<input type="text"/>
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		<input type="text"/>	

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  33 Postal Code

Page 2 of 7

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 (Name and surname)

40 Type of identification (Indicate with an X) SA citizen  Non-SA citizen with permanent residence \*

41 Identity number of responsible person

42 Passport number of responsible person

43 Cellphone number

44 Physical address  45 Postal Code

46 Postal address  47 Postal Code

**E OTHER DETAILS**

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

YES  NO  If yes, submit the following details

1.1 Police station (1)  1.2 CAS/Case number

1.3 Charge

1.4 Outcome

1.5 Police station (2)  1.6 CAS/Case number

1.7 Charge

1.8 Outcome

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

YES  NO  If yes, submit the following details

2.1	Police station (1)		2.2 CAS/Case number	
2.3	Offence			
2.4	Police station (2)		2.5 CAS/Case number	
2.6	Offence			

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

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

Page 3 of 7

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

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

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

7 PARTICULARS OF TWO-WAY COMMUNICATION SYSTEM				

8

**DESCRIPTION OF SAFETY MEASURES FITTED TO VEHICLES**

Page 4 of 7

9

**DESCRIPTION OF SECURITY PRECAUTIONS**

10

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

11

**DECLARATION BY APPLICANT**

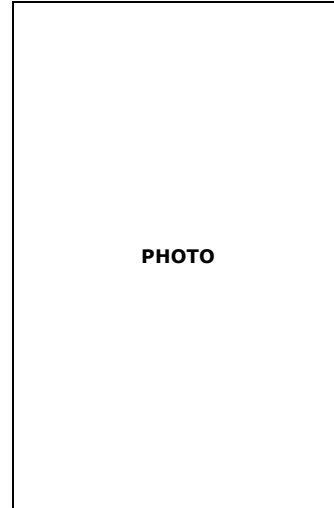
I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this application.

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

Note:

The requirements of the photo:

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



2

Signature

4 Fingerprint designation

3

Page 5 of 7

5  6

Name of applicant in block letters

7

Date  -  -

Place

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

8.1   
Name of police official in block letters

8.2

Persal number of police official

8.3   
Rank of police official in block letters

8.4 .....  
Signature of police official

9 **PARTICULARS OF WITNESS**

9.1   
Name of witness in block letters

9.2

Persal number of witness

9.3   
Rank of witness in block letters

9.4 .....  
Signature of witness

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

1	Name and surname of interpreter			
2	Identify/Passport number of interpreter	<input style="width: 250px; height: 15px;" type="text"/>		
3	Residential address			
5	Postal address		4 Postal Code	<input style="width: 40px; height: 15px;" 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				
11	Interpreted from (language)		to		

12 Date  -  -

13  
14 Place

15  
Signature of interpreter

16   
Persal number of police official (if applicable)

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

1  
Recommended  Not recommended

2 Name and surname of parent/guardian

3 Identity/Passport number of parent/guardian

6 Comments of parent/guardian

5 Date  -  -

6 Signature of parent/guardian  
7 Place

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

1  
2  
**RECOMMENDATION REGARDING THE APPLICATION**  
Recommended  Not recommended   
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

**SAPS 520 (c)  
APPLICATION FOR A PERMIT TO COLLECT AMMUNITION**

SAPS 520 (c)



SOUTH AFRICAN POLICE SERVICE  
**APPLICATION FOR A PERMIT TO COLLECT AMMUNITION**  
Section 18 and 19 of the Firearms Control Act, 2000 (Act 60 of 2000)

<b>OFFICIAL DATE STAMP</b>	<b>A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</b>
<b>DATE RECEIVED</b>	1 Application reference No <input style="width: 100px;" type="text"/>

B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED			
Province	<input style="width: 100%;" type="text"/>		
Area	<input style="width: 100%;" type="text"/>		
Police station	<input style="width: 100%;" type="text"/>		
Component code	<input style="width: 100%;" type="text"/>		
Firearm applications register reference number	SAPS 86	NO	YEAR

1  
2  
3  
4  
5

C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)			
<b>1 Outstanding/Additional information required</b>			
<input style="width: 100%;" type="text"/>	2 Persal number	<input style="width: 100%;" type="text"/>	3 Date
..... 4 Signature of police official		<input style="width: 100%;" type="text"/> 5 Name in block letters	
<b>6 Application for a permit approved</b> (Indicate with an X)			
<input style="width: 100%;" type="text"/>	7 Persal number	<input style="width: 100%;" type="text"/>	8 Date
..... 9 Signature of CFR officer		<input style="width: 30px;" type="text"/> 10 Officer code	<input style="width: 100%;" type="text"/> 11 Name in block letters
<b>12 Application for a permit refused</b> (Indicate with an X)		<b>13 Reason(s) for refusal</b>	

<input type="text"/>	14 Persal number	<input type="text"/> - <input type="text"/> - <input type="text"/>	15 Date
.....		<input type="text"/>	<input type="text"/>
16 Signature of CFR officer		17 Officer code	18 Name in block letters

Page 1 of 8

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

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

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

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

25.1.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
--------	-------	--------------------------	----------	--------------------------

25.2	Identity number of spouse/partner	<input type="text"/>
25.3	Passport number of spouse/partner	<input type="text"/>

26 **JURISTIC PERSON'S DETAILS**

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

28	Registered company name	<input type="text"/>
29	Trading as name	<input type="text"/>

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

30	FAR number	<input type="text"/>
31	Postal address	<input type="text"/>
		32 Postal Code <input type="text"/>
33	Business address	<input type="text"/>
		34 Postal Code <input type="text"/>
35	Business telephone number	35.1 Work ( ) <input type="text"/> 35.2 Fax ( ) <input type="text"/>
36	E-mail address	<input type="text"/>

37 **RESPONSIBLE PERSON'S DETAILS**

38	Responsible person (full name and surname)	
39	Type of identification (Indicate with an X)	SA ID <input type="text"/> Passport number <input type="text"/>
40	Identity number of responsible person	<input type="text"/>
41	Passport number of responsible person	<input type="text"/>
42	Cellphone number	<input type="text"/>
43	Physical address	<input type="text"/>
		44 Postal Code <input type="text"/>
45	Postal address	<input type="text"/>
		46 Postal Code <input type="text"/>

47 **OTHER DETAILS** (Indicate with an X)

48	Private collector	Public collector	
49	Reason(s) for applicant to collect ammunition	<input type="text"/>	

50

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

Page 3 of 8

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

53

Name of accredited association	<input style="width: 100%;" type="text"/>
--------------------------------	-------------------------------------------

54

FAR number of accredited association	<input style="width: 100%; height: 20px;" type="text"/>
--------------------------------------	---------------------------------------------------------

55

Membership number	<input style="width: 100%;" type="text"/>	56 Date joined	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
-------------------	-------------------------------------------	----------------	-----------------------------------------------------------------------------------------------------------------------------------

58

57 Expiry date	<input style="width: 100%;" type="text"/>		<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
----------------	-------------------------------------------	--	-----------------------------------------------------------------------------------------------------------------------------------

Description of the place where the ammunition will be stored	<input style="width: 100%; height: 100px;" type="text"/>
--------------------------------------------------------------	----------------------------------------------------------

59

Manner in which the ammunition will be displayed	<input style="width: 100%; height: 150px;" type="text"/>
--------------------------------------------------	----------------------------------------------------------

60

**COMPLETE IN CASE OF A PUBLIC COLLECTOR**

61

**WHERE WILL THE AMMUNITION BE DISPLAYED?**

61.1

Name of the accredited museum	<input style="width: 100%;" type="text"/>
-------------------------------	-------------------------------------------

61.2

Accreditation number of the museum	<input style="width: 100%;" type="text"/>	61.3 Date issued	<input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/>
------------------------------------	-------------------------------------------	------------------	-----------------------------------------------------------------------------------------------------------------------------------

61.4

Manner in which the ammunition will be displayed	<input style="width: 100%; height: 30px;" type="text"/>
--------------------------------------------------	---------------------------------------------------------

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		NO		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		NO		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		NO		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		NO		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	NO	If yes, submit the following details
67.1			67.2 CAS/Case number
67.3			
67.4			67.5 Period
67.6			67.7 CAS/Case number
67.8			
67.9			67.10 Period

Page 5 of 8

68 HAS A FIREARM THAT WAS IN YOUR POSSESSION BEEN CONFISCATED? (Indicate with an X)			
	YES	NO	If yes, submit the following details
68.1			68.2 CAS/Case number
68.3			68.4 Outcome
68.5			68.6 CAS/Case number
68.7			68.8 Outcome

68 **DECLARATION BY APPLICANT**

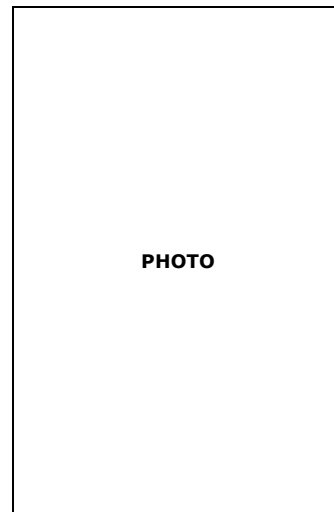
I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this application.

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

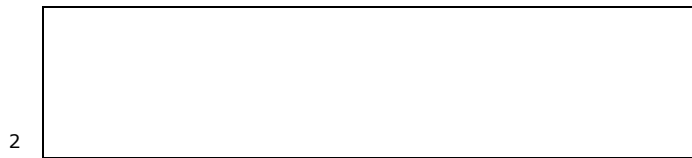
Note:

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.



1



2

Signature

4 Fingerprint designation



3

5  6

Name of applicant in block letters

7

Date  -  -

Place

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

8.1

Name of police official in block letters

8.3

Rank of police official in block letters

8.2

Persal number of police official

8.4 .....

Signature of police official

Page 6 of 8

**9 PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.2

Persal number of witness

9.3

Rank of witness in block letters

9.4 .....

Signature of witness

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

1	Name and surname of interpreter				<input type="text"/>				
2	Identify/Passport number of interpreter				<input type="text"/>				
3	Residential address						4 Postal Code		<input type="text"/>
5	Postal address						6 Postal Code		<input type="text"/>
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 .....  
14 Place

Signature of interpreter

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							

5 Date     -   -

6 .....  
Signature of parent/guardian

7 Place

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

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

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

RECOMMENDATION WITH REGARD TO THE APPLICATION	
Recommended	Not recommended
Motivation	
Additional conditions	

4  5 Date     -   -

Name of Designated Firearms Officer/Station Commissioner in block letters

6  7 Place

Rank of Designated Firearms Officer/Station Commissioner in block letters

8 .....  
Signature of Designated Firearms Officer/Station Commissioner

9

Persal number of Designated Firearms Officer/ Station Commissioner



### SAPS 520 (d) APPLICATION FOR COMPENSATION

SAPS 520 (d)



SOUTH AFRICAN POLICE SERVICE  
**APPLICATION FOR COMPENSATION**  
Section 137 of the Firearms Control Act, 2000 (Act 60 of 2000)

<b>OFFICIAL DATE STAMP</b>	<b>A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</b>
<b>DATE RECEIVED</b>	1 Application reference No <input style="width: 100px; height: 15px;" type="text"/>

B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED	
1 Province	
2 Area	
3 Police station	
4 Component code	
5 General firearm transactions register ref No	<input style="width: 100px; height: 15px;" type="text"/>

C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)	
1 Outstanding/Additional information required	
<input style="width: 100%; height: 30px;" type="text"/>	
<input style="width: 100px; height: 15px;" type="text"/> 2 Persal number	<input style="width: 100px; height: 15px;" type="text"/> - <input style="width: 30px; height: 15px;" type="text"/> - <input style="width: 30px; height: 15px;" type="text"/> 3 Date
..... 4 Signature of police official	<input style="width: 150px; height: 20px;" type="text"/> 5 Name in block letters
6 <b>Application for compensation approved</b> (Indicate with an X)	7 <b>Amount of compensation to be paid</b> R <input style="width: 50px; height: 15px;" type="text"/>
<input style="width: 100px; height: 15px;" type="text"/> 8 Persal number	<input style="width: 100px; height: 15px;" type="text"/> - <input style="width: 30px; height: 15px;" type="text"/> - <input style="width: 30px; height: 15px;" type="text"/> 9 Date
..... 10 Signature of CFR officer	<input style="width: 30px; height: 15px;" type="text"/> 11 Officer code <input style="width: 100px; height: 15px;" type="text"/> 12 Name in block letters
13 <b>Application for compensation refused</b> (Indicate with an X)	14 <b>Reason(s) for refusal</b>

<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>													15 Persal number	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%;"></td><td style="width:10%;"></td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>						-			-			16 Date
					-			-																		
<p>.....</p>	<table border="1" style="width: 30px; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>				<table border="1" style="width: 150px; height: 20px;"> <tr> <td style="width:100%;"></td> </tr> </table>																					
17 Signature of CFR officer	18 Officer code	19 Name in block letters																								

**D PARTICULARS OF APPLICANT**

1 **NATURAL PERSON'S DETAILS**

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

	SA ID		Passport		Non-SA citizen with permanent residence *												
3	Identity number of natural person		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>														
4	Passport number of natural person		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>														
5	Surname		6 Initials		<table border="1" style="width: 40px; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>												
7	Full name																
8	Residential address																
				9 Postal Code	<table border="1" style="width: 40px; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>												
10	Postal address																
				11 Postal Code	<table border="1" style="width: 40px; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>												
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**

	Registered company name																		
17	Trading as name																		
18	FAR number	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>																	
19	Postal address																		
			20 Postal Code	<table border="1" style="width: 40px; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>															
21	Business address																		
			22 Postal Code	<table border="1" style="width: 40px; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>															
23	Business telephone number	23.1 Work	( )	23.2 Fax	( )														
24	E-mail address																		

25 **RESPONSIBLE PERSON'S DETAILS**

	Responsible person (full name and surname)															
27	Type of identification (Indicate with an X)	SA ID		Passport number												
28	Identity number of responsible person	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>														

29	Passport number of responsible person	<input type="text"/>			
30	Cellphone number	<input type="text"/>			
31	Physical address	<input type="text"/>			
		32 Postal Code	<input type="text"/>		
33	Postal address	<input type="text"/>			
		34 Postal Code	<input type="text"/>		

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

Page 2 of 5

### 35 REPRESENTATIVE'S DETAILS

36	Name and surname			
37	Postal address			
		38 Postal Code	<input type="text"/>	
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 AUTHORISATION

43	Licence, permit, certificate or authorisation type	<input type="text"/>
44	Licence, permit, certificate or authorisation number	<input type="text"/>

### 45 DETAILS OF FIREARM

46	Type	<input type="text"/>		
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	<input type="text"/>
55	SAPS 13 register reference number	<input type="text"/>
56	Case reference number	<input type="text"/>
57	Motivation for compensation	<input type="text"/>

58	Expected compensation amount	R	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>											59 Amount in words	

Page 3 of 5

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 section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this application.

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

1 **SIGNATURE OF APPLICANT**

2

Name of applicant in block letters

4 .....  
Signature of applicant

3 Date  -  -

5 Place

6 **SIGNATURE OF REPRESENTATIVE**

7

Name of representative in block letters

9 .....  
Signature of representative

8 Date  -  -

10 Place

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

1

2 Fingerprint designation

Right index fingerprint of applicant

3 Date  -  -

4

Name of applicant in block letters

5 Place

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

6.1   
Name of police official in block letters

6.2   
Persal number of police official

6.3   
Rank of police official in block letters

6.4 .....  
Signature of police official

**7 PARTICULARS OF WITNESS**

7.1   
Name of witness in block letters

7.2   
Persal number of witness

7.3   
Rank of witness in block letters

7.4 .....  
Signature of witness

**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	Identify/Passport number of interpreter				<input type="text"/>
3	Residential address				
				4 Postal Code	<input type="text"/>
5	Postal address				
				6 Postal Code	<input type="text"/>
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)

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

**RECOMMENDATION REGARDING THE APPLICATION**

	Recommended	<input type="text"/>	Not recommended	<input type="text"/>
2	Motivation			
	<input type="text"/>			

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

4 Date  -  -

5   
Rank of Designated Firearms Officer/Station Commissioner

6 Place

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

8

Persal number of Designated Firearms Officer/Station Commissioner

**SAPS 521**  
**NOTICE OF LOST OR STOLEN LICENCES, PERMITS, CERTIFICATES AND**  
**AUTHORISATIONS**

SAPS 521



SOUTH AFRICAN POLICE SERVICE

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

Section 29(1), 44(1), 72(1) and 82(1) of the Firearms Control Act, 2000 (Act 60 of 2000)

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

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

<b>B FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS RECEIVED</b>											
1 Province											
2 Area											
3 Police station											
4 Component code											
5 General firearm transactions register number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										

**C TYPE OF LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION** (Indicate with an X)

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

continue

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

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

**8 DETAILS OF FIREARM(S)**  
 In case of a licence or temporary authorisation to possess a firearm, submit the details of the firearm(s)

	(1)	(2)	(3)	(4)
8.1	Type			
8.2	Calibre			
8.3	Make			
8.4	Model			
Firearm component type:				
8.5	Barrel serial number			
8.6	Frame serial number			
8.7	Receiver serial number			

9	Lost	<input type="checkbox"/>	Stolen	<input type="checkbox"/>	(Indicate the circumstances with an X)
10	Describe incident				

11 Date on which loss or theft was discovered  -  -

12 Notification time  13 Notification date  -  -

**D PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION**

1 **NATURAL PERSON'S DETAILS**

1.1	SA ID		Passport	
2	Identity number of natural person		<input type="text"/>	
3	Passport number of natural person		<input type="text"/>	
4	Surname			5 Initials <input type="text"/>
6	Residential address			
				7 Postal Code <input type="text"/>
8	Postal address			
				9 Postal Code <input type="text"/>
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	<input type="text"/>		
19	Postal address			
				20 Postal Code <input type="text"/>
21	Business address			
				22 Postal Code <input type="text"/>
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		<input type="text"/>	
29	Passport number of responsible person		<input type="text"/>	
30	Cellphone number			
31	Physical address			
				32 Postal Code <input type="text"/>
33	Postal address			
				34 Postal Code <input type="text"/>

**DECLARATION BY REPORTING PERSON**

If a licence, permit or authorisation is lost or stolen, the holder of the licence, permit or authorisation 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 authorisation, 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   -  -

3   
Rank of police official in block letters

4

5 .....  
Signature of police official

6   
Persal number of police official

**SAPS 521 (a)  
NOTIFICATION OF CEASING TO CARRY ON BUSINESS**

SAPS 521 (a)



SOUTH AFRICAN POLICE SERVICE  
**NOTIFICATION OF CEASING TO CARRY ON BUSINESS**  
Section 146 of the Firearms Control Act, 2000 (Act 60 of 2000)

**OFFICIAL DATE STAMP**

**DATE RECEIVED**

**A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED**

1 Notification reference No

<b>B FOR OFFICIAL USE BY POLICE STATION WHERE THE NOTIFICATION IS RECEIVED</b>	
1	Province
2	Area
3	Police station
4	Component code
5	SAPS 13 reference number <input type="text"/>
6	General firearm transactions register number <input type="text"/>

<b>C PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION</b>
-----------------------------------------------------------------------------------------

<b>NATURAL PERSON'S DETAILS</b>
---------------------------------

1.1	SA ID	<input type="text"/>	Passport	<input type="text"/>
2	Identity number of natural person		<input type="text"/>	
3	Passport number of natural person		<input type="text"/>	
4	Surname			5 Initials <input type="text"/>
6	Residential address			7 Postal Code <input type="text"/>
8	Postal Address			9 Postal Code <input type="text"/>
10	Telephone number	10.1 Home ( )	10.2 Work ( )	
10.3	Cellphone number		11 Fax ( )	
12	E-mail address			

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

14	Registered company name			
15	Trading as name			
16	FAR number	<input type="text"/>		
17	Postal address			18 Postal Code <input type="text"/>

Page 1 of 5

19	Business address			21 Postal Code <input type="text"/>
21	Business telephone number	21.1 Work ( )	21.2 Fax ( )	
22	E-mail address			

<b>RESPONSIBLE PERSON'S DETAILS</b>
-------------------------------------

24	Responsible person (full name and surname)			
25	Type of identification (Indicate with an X)	SA ID	<input type="text"/>	Passport number
26	Identity number of responsible person		<input type="text"/>	

27 Passport number of responsible person

28 Cellphone number

29 Physical address

30 Postal Code

31 Postal address

32 Postal Code

33 Reason for ceasing to carry on as a business

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

**D LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION DETAILS**

1 Details of licence, permit, certificate or authorisation	
Type of licence, permit, certificate or authorisation	1.1 Licence, permit, certificate or authorisation number
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 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**   -  -

2 .....  
Signature of reporting person

4 **Place**

**F** (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 reporting person in block letters

5 Place

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

6.1

Name of police official in block letters

6.3

Rank of police official in block letters

6.2

Persal number of police official

6.4 .....

Signature of police official

**7 PARTICULARS OF WITNESS**

7.1

Name of witness in block letters

7.3

Rank of witness in block letters

7.2

Persal number of witness

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 content of this form.)

1	Name and surname of interpreter			
2	Identify/Passport number of interpreter	<input style="width: 250px; height: 20px;" type="text"/>		
3	Residential address			
		4 Postal Code	<input style="width: 60px; height: 20px;" type="text"/>	
5	Postal address			
		6 Postal Code	<input style="width: 60px; height: 20px;" type="text"/>	
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)

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

1 Results of inspection of firearms

2

Address where firearms are stored

3

Comments

4

Name of Designated Firearms Officer/Station Commissioner in block letters

6

Rank of Designated Firearms Officer/Station Commissioner in block letters

8

Signature of Designated Firearms Officer/Station Commissioner

5

Date

 -  - 

7

Place

9

Persal number of Designated Firearms Officer/ Station Commissioner

**SAPS 521 (b)**  
**NOTIFICATION OF CHANGE OF ADDRESS**

SAPS 521 (b)



SOUTH AFRICAN POLICE SERVICE  
**NOTIFICATION OF CHANGE OF ADDRESS**  
Section 25(1) of the Firearms Control Act, 2000 (Act 60 of 2000)

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

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

<b>B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED</b>	
1 Province	
2 Area	
3 Police station	
4 Component code	
5 General firearm transactions register number	<input type="text"/>

**C PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION**

1 **NATURAL PERSON'S DETAILS**

1.1 SA ID	<input type="text"/>	Passport	<input type="text"/>
2 Identity number of natural person	<input type="text"/>		
3 Passport number of natural person	<input type="text"/>		
4 Surname	<input type="text"/>	5 Initials	<input type="text"/>
<b>Details of new address</b>			
6 Residential address	<input type="text"/>		7 Postal Code <input type="text"/>
8 Postal Address	<input type="text"/>		9 Postal Code <input type="text"/>
10 Telephone number	10.1 Home ( )	10.2 Work ( )	
10.3 Cellphone number	11 Fax ( )		
12 E-mail address	<input type="text"/>		

13 **JURISTIC PERSON'S DETAILS**

14 **OTHER BODIES**

15 Registered company name	<input type="text"/>
----------------------------	----------------------

16	Trading as name	
17	FAR number	<input type="text"/>

<b>Details of new address</b>				
18	Postal address		19 Postal Code	<input type="text"/>
20	Business address		21 Postal Code	<input type="text"/>
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	<input type="text"/>		
28	Passport number of responsible person	<input type="text"/>		
29	Cellphone number			
30	Physical address		31 Postal Code	<input type="text"/>
32	Postal address		33 Postal Code	<input type="text"/>

34	Are there additional firearm licence holder(s) licenced to your name?			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	IF YES, SUBMIT FULL DETAILS			

**ADDITIONAL LICENCE HOLDER(S) PARTICULARS**

35.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
36	Identity number of natural person	<input type="text"/>		
37	Passport number of natural person	<input type="text"/>		
38	Surname		39 Initials	<input type="text"/>
		(1)	(2)	(3)
40	Type of licence			
41	Licence number			
42	Date issued			
43	Expiry date			

44	<b>DID THE ADDITIONAL LICENCE HOLDER ALSO MOVE TO THE NEW ADDRESS?</b>			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
45	<b>DID YOU HAVE THE PRESCRIBED SAFE?</b> (Indicate with an X)			

YES		NO	
<b>45.1 IF YES, SUBMIT FULL DETAILS</b>			

**46 DECLARATION BY REPORTING PERSON**

I am aware that is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this notification.

Page 2 of 4

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

1			2	Date	<input style="width: 100%; height: 15px;" type="text"/> - <input style="width: 15px; height: 15px;" type="text"/> - <input style="width: 15px; height: 15px;" type="text"/>
	Name of reporting person in block letters				
3	..... Signature of reporting person		4	Place	

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

1			2	Fingerprint designation		3	Date	<input style="width: 100%; height: 15px;" type="text"/> - <input style="width: 15px; height: 15px;" type="text"/> - <input style="width: 15px; height: 15px;" type="text"/>
	Right index fingerprint of applicant							
						4	Name of reporting person in block letters	
						5	Place	

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

6.1			6.2	<input style="width: 100%; height: 15px;" type="text"/>	
	Name of police official in block letters			Persal number of police official	
6.3			6.4	.....	
	Rank of police official in block letters			Signature of police official	
7	<b>PARTICULARS OF WITNESS</b>				
7.1			7.2	<input style="width: 100%; height: 15px;" type="text"/>	
	Name of witness in block letters			Persal number of witness	
7.3			7.4	.....	
	Rank of witness in block letters			Signature of witness	

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

1	Name and surname of interpreter	
2	Identify/Passport number of interpreter	<input style="width: 100%; height: 15px;" type="text"/>
3	Residential address	
		4 Postal Code <input style="width: 100%; height: 15px;" type="text"/>
5	Postal address	

				6 Postal Code		<input type="text"/>	
7	Telephone number	7.1 Home	( )	7.2 Work	( )		
8	Cellphone number			9 Fax	( )		
10	E-mail address						
11	Interpreted from (language)			to			

Page 3 of 4

12	Date	<input type="text"/>					
13	Place	<input type="text"/>					
15	Signature of interpreter	<input type="text"/>					
16	Persal number of police official (if applicable)	<input type="text"/>					

Rank of police official in block letters (if applicable)

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

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

Page 4 of 4

**SAPS 521 (c)  
NOTIFICATION OF CHANGE IN CIRCUMSTANCES**

SAPS 521 (c)



SOUTH AFRICAN POLICE SERVICE

**NOTIFICATION OF CHANGE IN CIRCUMSTANCES**

Section 26(1), 38(1), 52(1) and 66(1) of the Firearms Control Act, 2000 (Act 60 of 2000)

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

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

**B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED**

1	Province	<input type="text"/>
---	----------	----------------------

2	Area	
3	Police station	
4	Component code	
5	General firearm transactions register number	<input type="text"/>

**C PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION**

**1 NATURAL PERSON'S DETAILS**

1.1	SA ID	<input type="text"/>	Passport	<input type="text"/>
2	Identity number of natural person		<input type="text"/>	
3	Passport number of natural person		<input type="text"/>	
4	Surname	<input type="text"/>	5 Initials	<input type="text"/>
6	Residential address		<input type="text"/>	
			7 Postal Code	<input type="text"/>
8	Postal Address		<input type="text"/>	
			9 Postal Code	<input type="text"/>
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		<input type="text"/>
16	Trading as name		<input type="text"/>
17	FAR number	<input type="text"/>	
18	Postal address		

			19 Postal Code	<input type="text"/>
20	Business address		<input type="text"/>	
			21 Postal Code	<input type="text"/>
22	Business telephone number	22.1 Work ( )	22.2 Fax ( )	
23	E-mail address			

**24 RESPONSIBLE PERSON'S DETAILS**

25	Responsible person (full name and surname)			
26	Type of identification (Indicate with an X)	SA ID	<input type="text"/>	Passport number
27	Identity number of responsible person		<input type="text"/>	
28	Passport number of responsible person		<input type="text"/>	
29	Cellphone number			

30	<b>Physical address</b>		<b>31 Postal Code</b>	<input type="text"/>
32	<b>Postal address</b>		<b>33 Postal Code</b>	<input type="text"/>

34 **DETAILS OF LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION**

Licence, permit, certificate or authorisation type	Licence, permit, certificate or authorisation number	Date issued

36 **OTHER INFORMATION**

37 **Description of change in circumstances**

38 **DECLARATION OF REPORTING PERSON**

I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act 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

2 **Date**  -  -

3 .....  
Signature of reporting person

4 **Place**

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

1  2 Fingerprint designation

3 Date  -  -

4   
Name of reporting person in block letters

5 Place

Right index fingerprint of applicant

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

6.1   
Name of police official in block letters

6.2   
Persal number of police official

6.3   
Rank of police official in block letters

6.4 .....  
Signature of police official

**7 PARTICULARS OF WITNESS**

7.1   
Name of witness in block letters

7.2   
Persal number of witness

7.3   
Rank of witness in block letters

7.4 .....  
Signature of witness

**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	<b>Name and surname of interpreter</b>				
2	<b>Identify/Passport number of interpreter</b>	<input style="width: 100%; height: 20px;" type="text"/>			
3	<b>Residential address</b>				
		<b>4 Postal Code</b>	<input style="width: 30px; height: 20px;" type="text"/>		
5	<b>Postal address</b>				
		<b>6 Postal Code</b>	<input style="width: 30px; height: 20px;" type="text"/>		
7	<b>Telephone number</b>	<b>7.1 Home</b>	( )	<b>7.2 Work</b>	( )
8	<b>Cellphone number</b>			<b>9 Fax</b>	( )
10	<b>E-mail address</b>				
11	<b>Interpreted from (language)</b>		to		

Page 3 of 4

12 Date  -  -

13 .....  
Signature of interpreter

14 Place

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

16   
Persal number of police official (if applicable)

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

1

2 Date  -  -

Name of Designated Firearms Officer/Station Commissioner in block letters

3

Rank of Designated Firearms Officer/Station Commissioner in block letters

5

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

4

Place	
-------	--

6

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

Persal number of Designated Firearms Officer/  
Station Commissioner

**SAPS 521 (d)**  
**NOTIFICATION OF CHANGE OF COMMERCIAL AGENT PREMISES**

SAPS 521 (d)



SOUTH AFRICAN POLICE SERVICE

**NOTIFICATION OF CHANGE IN COMMERCIAL AGENT PREMISES**

Section 37(1), 51(1) and 65(1) of the Firearms Control Act, 2000 (Act 60 of 2000)

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

A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED											
1 Notification reference No	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										

B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED											
1 Province											
2 Area											
3 Police station											
4 Component code											
5 General firearm transactions register number	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										

C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)																	
<b>1 Outstanding/Additional information required</b>																	
<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											2 Persal number	<table border="1" style="width: 100%; height: 15px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> -                      <table border="1" style="width: 15px; height: 15px;"></table> -                      <table border="1" style="width: 15px; height: 15px;"></table> </tr></table>					3 Date

.....   4 Signature of police official		5 Name in block letters																																																																	
**6 Application for new premises approved** (Indicate with an X)																																																																			
												--	--	--	--	--	--	--	--	--	--													--	--	--	--	--	--	--	--	--	--		7 Persal number							--	--	--	--							--	--	--	--		8 Date
.....   9 Signature of deciding officer							--	--	--						--	--	--	10 Officer code	11 Name in block letters																																																
**12 Application for new premises refused** (Indicate with an X)		**13 Reason(s) for refusal**																																																																	

<input style="width:100%; height: 15px;" type="text"/>	14 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:15%; height: 15px;" type="text"/> - <input style="width:15%; height: 15px;" type="text"/>	15 Date
..... 16 Signature of deciding officer	<input style="width:30px; height: 15px;" type="text"/> 17 Officer code	<input style="width:100%; height: 15px;" type="text"/> 18 Name in block letters	

**D PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH**

1 **Specify type of licence** (Indicate with an X)

1.1	To trade in firearms and ammunition	<input style="width:100%; height: 15px;" type="text"/>
1.2	To trade in ammunition	<input style="width:100%; height: 15px;" type="text"/>
1.3	To manufacture firearms	<input style="width:100%; height: 15px;" type="text"/>
1.4	To manufacture ammunition	<input style="width:100%; height: 15px;" type="text"/>
1.5	To conduct business as a gunsmith	<input style="width:100%; height: 15px;" type="text"/>

**E PARTICULARS OF APPLICANT**

1 **NATURAL PERSON'S DETAILS**

1.1	SA ID	<input style="width:100%; height: 15px;" type="text"/>	Passport	<input style="width:100%; height: 15px;" type="text"/>	
2	Identity number of natural person		<input style="width:100%; height: 15px;" type="text"/>		
3	Passport number of natural person		<input style="width:100%; height: 15px;" type="text"/>		
4	Surname			5 Initials	<input style="width:100%; height: 15px;" type="text"/>
6	Residential address				
				7 Postal Code	<input style="width:100%; height: 15px;" type="text"/>
8	Postal address				
				9 Postal Code	<input style="width:100%; height: 15px;" type="text"/>
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	<input style="width:100%; height: 15px;" type="text"/>			
16	Trading as name	<input style="width:100%; height: 15px;" type="text"/>			
17	FAR number	<input style="width:100%; height: 15px;" type="text"/>			
18	Company registration or CC number	<input style="width:100%; height: 15px;" type="text"/>			
19	Postal address				
				20 Postal Code	<input style="width:100%; height: 15px;" type="text"/>

21	Business address				22 Postal Code	<input type="text"/>
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)	SA ID				
27	Type of identification (Indicate with an X)	SA ID		Passport number		
28	Identity number of responsible person	<input type="text"/>				

Page 2 of 6

29	Cellphone number					
30	Physical address				31 Postal Code	<input type="text"/>
32	Postal address				31 Postal Code	<input type="text"/>

**F DETAILS OF EXISTENCE**

1	Licence type	Licence number	Date issued	Expiry date

**DETAILS OF PREMISES**

3	<b>FULL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED</b>					
	Address				Postal Code	<input type="text"/>

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

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

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

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

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

9

**DESCRIPTION OF OTHER SECURITY FEATURES**

10

**\* DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH AND MAINTAIN A WORKSTATION WHICH LINKS THEIR REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS OR 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 is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000), to make false statement on this notification.

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

1

Name of applicant

2

Date     -   -

2

.....  
Signature of applicant

4

Place

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

1

2

Fingerprint designation

Right index fingerprint of applicant

3

Date     -   -

4

Name of applicant in block letters

5

Place

6

**PARTICULARS OF POLICE OFFICIAL DEALING WITH 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

7.2

7.3 Name of witness in block letters  
  
 Rank of witness in block letters

7.4 Persal number of witness  
 .....  
 Signature of witness

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

1	Name and surname of interpreter				<input type="text"/>			
2	Identify/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							
11	Interpreted from (language)			to		<input type="text"/>		

12 Date  -  -

13 .....  
 Signature of interpreter

14 Place

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

16   
 Persal number of police official (if applicable)

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

1	<b>RECOMMENDATION REGARDING THE APPLICATION</b>			
	Recommended		Not recommended	
2	Report of inspection on premises			
	<input type="text"/>			
3	Additional conditions recommended			
	<input type="text"/>			

4

Recommendation regarding the application

[Large empty rectangular box for recommendation]

5

[Empty rectangular box for name]

Name of Designated Firearms Officer/Station Commissioner in block letters

6

Date

[Date input fields: four boxes for day, two for month, two for year]

7

[Empty rectangular box for rank]

Rank of Designated Firearms Officer/Station Commissioner in block letters

8

Place

[Empty rectangular box for place]

9

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

10

[Empty rectangular box for personal number]

Persal number of Designated Firearms Officer/ Station Commissioner

**SAPS 521 (e)**  
**NOTIFICATION ON ASSIGNMENT OF NEW RESPONSIBLE PERSON FOR**  
**JURISTIC PERSON**

SAPS 521 (e)



SOUTH AFRICAN POLICE SERVICE

**NOTIFICATION ON ASSIGNMENT OF NEW RESPONSIBLE PERSON FOR JURISTIC PERSON**

Section 7(4) of the Firearms Control Act, 2000 (Act 60 of 2000)

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

A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED	
1 Notification reference No	<input style="width: 100%; height: 20px; border: none; border-bottom: 1px solid black; border-top: 1px solid black; border-left: 1px solid black; border-right: 1px solid black;" type="text"/>

B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION 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			
5	FAR number	<input style="width: 100%; height: 20px; border: none; border-bottom: 1px solid black; border-top: 1px solid black; border-left: 1px solid black; border-right: 1px solid black;" type="text"/>		
6	Company registration or CC number	<input style="width: 100%; height: 20px; border: none; border-bottom: 1px solid black; border-top: 1px solid black; border-left: 1px solid black; border-right: 1px solid black;" type="text"/>		
7	Postal address			8 Postal Code
				<input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black; border-top: 1px solid black; border-left: 1px solid black; border-right: 1px solid black;" type="text"/>
9	Business address			10 Postal Code
				<input style="width: 40px; height: 20px; border: none; border-bottom: 1px solid black; border-top: 1px solid black; border-left: 1px solid black; border-right: 1px solid black;" type="text"/>
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	<input style="width: 100%; height: 20px; border: none; border-bottom: 1px solid black; border-top: 1px solid black; border-left: 1px solid black; border-right: 1px solid black;" type="text"/>		

17	Passport number of responsible person	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>																			

Page 1 of 3

18	Cellphone number	
19	Physical address	
20		20 Postal Code
21	Postal address	22 Postal Code
22		

23	Competency certificate number																																							
24	Date of issue	25 Expiry date																																						
25	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>																				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>																			

26	Reason for appointment of a new responsible person for the juristic person
27	
28	
29	

**PROOF SIGNATURES OF THE NEW RESPONSIBLE PERSON**

28	..... Signature of new responsible person	29	..... Signature of new responsible person
----	----------------------------------------------	----	----------------------------------------------

**DECLARATION OF REPORTING PERSON**

I am aware that is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000), to make false statement on this notification.

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

1	<table border="1" style="width: 100%; height: 30px;"> <tr><td> </td></tr> </table>		2	Date	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>																			
3	..... Signature of reporting person	4	Place	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>																				

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

1	<table border="1" style="width: 100%; height: 100px;"> <tr><td> </td></tr> </table>		2	Fingerprint designation	3	Date	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td> </tr> </table>																			
4	<table border="1" style="width: 100%; height: 30px;"> <tr><td> </td></tr> </table>		5	Place	<table border="1" style="width: 100%; height: 20px;"> <tr><td> </td></tr> </table>																					

Right index fingerprint of reporting person

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

6	
---	--

6.1

Name of police official in block letters

6.3

Rank of police official in block letters

6.2

Persal number of police official

6.4 .....

Signature of police official

Page 2 of 3

**7 PARTICULARS OF WITNESS**

7.1

Name of witness in block letters

7.3

Rank of witness in block letters

7.2

Persal number of witness

7.4 .....

Signature of witness

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

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

12 Date  -  -

13 .....  
Signature of interpreter

14 Place

15

Rank of police official in block letters (if applicable)

16

Persal number of police official (if applicable)

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

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

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

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

4 Place

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

6

Persal number of Designated Firearms Officer/ Station Commissioner

Page 3 of 3



## SAPS 517 (f) NOTIFICATION OF LOST/STOLEN/FOUND FIREARMS

SAPS 517 (f)



SOUTH AFRICAN POLICE SERVICE

### NOTIFICATION OF LOST/STOLEN/FOUND FIREARMS

Section 120(11) of the Firearms Control Act, 2000 (Act 60 of 2000)

<p style="text-align: center;"><b>OFFICIAL DATE STAMP</b></p>     <p style="text-align: center;"><b>DATE RECEIVED</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; background-color: #cccccc;">A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE INCIDENT IS REPORTED</th> </tr> <tr> <td style="width: 30%;">1 Province</td> <td></td> </tr> <tr> <td>2 Area</td> <td></td> </tr> <tr> <td>3 Police station</td> <td></td> </tr> <tr> <td>4 Component code</td> <td></td> </tr> <tr> <td>5 Case ref No (CAS No/ CR No/Enq No)</td> <td></td> </tr> <tr> <td>6 SAPS 13 register reference No</td> <td></td> </tr> </table>	A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE INCIDENT IS REPORTED		1 Province		2 Area		3 Police station		4 Component code		5 Case ref No (CAS No/ CR No/Enq No)		6 SAPS 13 register reference No	
A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE INCIDENT IS REPORTED															
1 Province															
2 Area															
3 Police station															
4 Component code															
5 Case ref No (CAS No/ CR No/Enq No)															
6 SAPS 13 register reference No															

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

### B PARTICULARS OF THE CURRENT OWNER OF THE FIREARM

1 **NATURAL PERSON'S DETAILS**

2	SA ID		Passport			
3	Identity number			<input style="width: 100%; height: 15px;" type="text"/>		
4	Passport number			<input style="width: 100%; height: 15px;" type="text"/>		
5	Surname				6 Initials	<input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>
7	Residential address			8 Postal Code		<input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>
9	Postal address			10 Postal Code		<input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>
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	<input type="text"/>									
19	Postal address	<input type="text"/>									
		20 Postal Code					<input type="text"/>				

Page 1 of 4

21	Business address	<input type="text"/>									
		22 Postal Code					<input type="text"/>				
23	Business telephone number	23.1 Work	( )	23.2 Fax	( )						
24	E-mail address	<input type="text"/>									

**25 RESPONSIBLE PERSON'S DETAILS**

26	Responsible person (full name and surname)		<input type="text"/>								
27	Type of identification (Indicate with an X)	SA ID	<input type="checkbox"/>	Passport number	<input type="checkbox"/>						
28	Identity number of responsible person	<input type="text"/>									
29	Passport number of responsible person	<input type="text"/>									
30	Cellphone number (if applicable)	<input type="text"/>									
31	Physical address	<input type="text"/>									
		32 Postal Code					<input type="text"/>				
33	Postal address	<input type="text"/>									
		34 Postal Code					<input type="text"/>				

**C DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORISATION**

1 DETAILS OF FIREARM LICENCE, PERMIT OR AUTHORISATION			
2 Type of licence, permit or authorisation	Licence, permit or authorisation number	Date issued	Expiry date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**3 DETAILS OF FIREARM**

4	Type	<input type="text"/>		
5	Calibre			
6	Make			
7	Model			
	Firearm component type:			
8	Barrel serial number	<input type="text"/>	8.1 Make	<input type="text"/>
9	Frame serial number	<input type="text"/>	9.1 Make	<input type="text"/>
10	Receiver serial number	<input type="text"/>	10.1 Make	<input type="text"/>

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

1	Lost	<input type="checkbox"/>	2 Stolen	<input type="checkbox"/>	3 Found (manner in which the firearm was found)	3.1 Seized	<input type="checkbox"/>	3.2 Abandoned	<input type="checkbox"/>
---	------	--------------------------	----------	--------------------------	-------------------------------------------------	------------	--------------------------	---------------	--------------------------

4

Description of incident	
-------------------------	--

Page 2 of 4

--	--

5

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

5.1

Location where firearm was found	
----------------------------------	--

6

<b>IS A CASE OF NEGLIGENCE OPENED FOR THE LOSS OR THEFT OF THE FIREARM?</b> (Indicate with an X)			
YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If yes, submit the following details			
6.1 Police station		6.2 CAS/Case number	

7

Date on which loss/theft was discovered	<input type="text"/> - <input type="text"/> - <input type="text"/>
-----------------------------------------	--------------------------------------------------------------------

8

Notification time		9 Notification date	<input type="text"/> - <input type="text"/> - <input type="text"/>
-------------------	--	---------------------	--------------------------------------------------------------------

10

**DECLARATION OF REPORTING PERSON**

Any holder of a licence, permit or authorisation to possess a firearm, and any other person who was in possession of or who had control of a firearm when it was lost, stolen or destroyed and who fails to report the loss, theft or destruction to the police station nearest to the place where it occurred, within 24 hours after having become aware of the loss, theft or destruction of the firearm, is guilty of an offence.

11

.....  
Signature of reporting person

12

Name of reporting person in block letters
-------------------------------------------

13

Identity number/Passport number of reporting person	<input type="text"/>
-----------------------------------------------------	----------------------

14

Persal number of reporting person in case of police official	<input type="text"/>
--------------------------------------------------------------	----------------------



**B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION 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 AUTHORISATION****1 NATURAL PERSON'S DETAILS**

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

2.1	SA ID	Passport number	Non-SA citizen with permanent residence *	
3	Identity number		<input type="text"/>	
4	Passport number		<input type="text"/>	
5	Surname	6 Initials		<input type="text"/>
7	Full names			
8	Residential address			
	9 Postal Code			<input type="text"/>
10	Postal Address			
	11 Postal Code			<input type="text"/>
12	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.

Page 1 of 4

**16 JURISTIC PERSON'S DETAILS****17 OTHER BODIES**

18	Registered company name			
19	Trading as name			
20	FAR number <input type="text"/>			
21	Postal address			
	22 Postal Code			<input type="text"/>
23	Business address			
	24 Postal Code			<input type="text"/>
25	Business telephone number	25.1 Work ( )	25.2 Fax ( )	
26	E-mail address			

**27 RESPONSIBLE PERSON'S DETAILS**

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



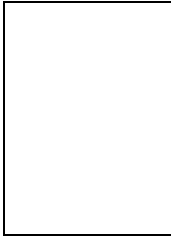
Name of reporting person in block letters

2 .....  
Signature of reporting person

4 Place

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

1  2 Fingerprint designation



Right index fingerprint of applicant



3 Date  -  -

4

Name of reporting person in block letters

5 Place

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

6.1

Name of police official in block letters

6.2

Persal number of police official

6.3

Rank of police official in block letters

6.4 .....  
Signature of police official

**PARTICULARS OF WITNESS**

7.1

Name of witness in block letters

7.2

Persal number of witness

7.3

Rank of witness in block letters

7.4 .....  
Signature of witness

**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	Identify/Passport number of interpreter	<input type="text"/>
3	Residential address	<input type="text"/>
		4 Postal Code <input type="text"/>

Page 3 of 4

5	Postal address	<input type="text"/>
		6 Postal Code <input type="text"/>
7	Telephone number	7.1 Home ( ) <input type="text"/> 7.2 Work ( ) <input type="text"/>
8	Cellphone number	9 Fax ( ) <input type="text"/>
10	E-mail address	<input type="text"/>
11	Interpreted from (language)	<input type="text"/> to <input type="text"/>

12 Date  -  -

13 .....  
Signature of interpreter

14 Place

15

Rank of police official in block letters (if applicable)

16

Persal number of police official (if applicable)

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

1

Name of Designated Firearms Officer/Station Commissioner in block letters

2

Date

 -  - 

2

Rank of Designated Firearms Officer/Station Commissioner in block letters

4

Place

3

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

6

Persal number of Designated Firearms Officer/ Station Commissioner



<b>18 Deactivation refused</b> (Indicate with an X) <input type="checkbox"/>	<b>19 Reason(s) for refusal</b>				
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%; border-bottom: 1px solid black; text-align: center;"> <input style="width:100%; height: 15px;" type="text"/> </td> <td style="width:30%; padding: 5px;"><b>20 Persal number</b></td> <td style="width:30%; border-bottom: 1px solid black; text-align: center;"> <input style="width:100%; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/> </td> <td style="width:5%; padding: 5px;"><b>21 Date</b></td> </tr> </table>	<input style="width:100%; height: 15px;" type="text"/>	<b>20 Persal number</b>	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/>	<b>21 Date</b>	
<input style="width:100%; height: 15px;" type="text"/>	<b>20 Persal number</b>	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/>	<b>21 Date</b>		
<p style="text-align: center;">.....</p>	<input style="width: 30px; height: 15px;" type="text"/>	<input style="width: 150px; height: 15px;" type="text"/>			
22 Signature of CFR officer	23 Officer code	24 Name in block letters			

**D PARTICULARS OF THE HOLDER OF THE LICENCE**

**1 NATURAL PERSON'S DETAILS**

2.1	SA ID <input style="width: 20px;" type="text"/>	Passport <input style="width: 20px;" type="text"/>		
3	Identity number of natural person	<input style="width:100%; height: 15px;" type="text"/>		
4	Passport number of natural person	<input style="width:100%; height: 15px;" type="text"/>		
5	Surname		6 Initials	<input style="width: 40px; height: 15px;" type="text"/>
7	Residential address			
			8 Postal Code	<input style="width: 40px; height: 15px;" type="text"/>
9	Postal address			
			10 Postal Code	<input style="width: 40px; height: 15px;" type="text"/>
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	<input style="width:100%; height: 15px;" type="text"/>		
19	Postal address			
			20 Postal Code	<input style="width: 40px; height: 15px;" type="text"/>
21	Business address			
			22 Postal Code	<input style="width: 40px; height: 15px;" type="text"/>
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	<input type="text"/>	
29	Passport number of responsible person	<input type="text"/>	
30	Cellphone number	<input type="text"/>	
31	Physical address	<input type="text"/>	
		32 Postal Code	<input type="text"/>
33	Postal address	<input type="text"/>	
		34 Postal Code	<input type="text"/>

Page 2 of 5

**E PARTICULARS OF FIREARM**

1	Licence number	<input type="text"/>
---	----------------	----------------------

2	<b>TYPE OF FIREARM</b> (Indicate with an X)
---	------------------------------------------------

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

4	Calibre	<input type="text"/>
5	Make	
6	Model	

Firearm component type:

7	Barrel serial number	7.1 Make	<input type="text"/>
8	Frame serial number	8.1 Make	
9	Receiver serial number	9.1 Make	

**GUNSMITH'S DETAILS**

11	Gunsmith's trading as name	<input type="text"/>
----	----------------------------	----------------------

12	FAR number	<input type="text"/>
----	------------	----------------------

14	Reason for deactivation	<input type="text"/>
----	-------------------------	----------------------

15

Name of gunsmith in block letters

16 Date  -  -

17 .....  
Signature of gunsmith

18 Place

**DECLARATION BY THE HOLDER OF THE LICENCE**

I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000), to make false statement in this notification.

**PARTICULARS OF THE HOLDER OF THE LICENCE**

21

Name of the holder of the licence in block letters

22 Date  -  -

24 .....  
Signature of the holder of the licence

25 Place

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

1  2 Fingerprint designation

Right index fingerprint of applicant

3 Date  -  -

4   
Name of reporting person in block letters

5 Place

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

6.1   
Name of police official in block letters

6.2   
Persal number of police official

6.3   
Rank of police official in block letters

6.4 .....  
Signature of police official

**PARTICULARS OF WITNESS**

7.1   
Name of witness in block letters

7.2   
Persal number of witness

7.3   
Rank of witness in block letters

7.4 .....  
Signature of witness

**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	Identify/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			
11	Interpreted from (language)		to	

12 Date  -  -

13  
14 Place

.....  
Signature of interpreter  
15

16   
Persal number of police official (if applicable)

Rank of police official in block letters (if applicable)

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

1 RECOMMENDATION REGARDING THE APPLICATION

2 Motivation regarding the notification

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 522**  
**CANCELLATION OF AN APPLICATION FOR A LICENCE, PERMIT,**  
**CERTIFICATE OR AUTHORISATION**

SAPS 522



SOUTH AFRICAN POLICE SERVICE

**CANCELLATION OF AN APPLICATION FOR A LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION**

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

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

1	<b>Competency certificate</b>	4.3	Application for accreditation as an official institution	
1.1	Application for a competency certificate	5	<b>Permits</b>	
1.2	Application for a further competency certificate	5.1	Application for a permit to collect ammunition in a private collection	
2	<b>Licences</b>	5.2	Application for a permit to collect ammunition in a public collection	
2.1	Application for a licence to possess a firearm	5.3	Application for multiple import or export permit	
2.2	Application for a licence to deal in firearms and/or ammunition	5.4	Application for permanent import or export permit	
2.3	Application for a licence to manufacture firearms and/or ammunition	5.5	Application for a temporary import or export permit	
2.4	Application for a licence to business as a gunsmith	5.6	Application for an in-transit permit	
3	<b>Temporary authorisation</b>	5.7	Application for permit to transport firearms and ammunition	
3.1	Application for a temporary authorisation to possess a firearm	6	Application for a duplicate licence, permit, certificate or authorisation for lost, stolen and defaced licences	
3.2	Application for a temporary authorisation to trade firearms and ammunition	7	Application for the renewal of a licence, permit or authorisation	
3.3	Application for a temporary authorisation to conduct business as a gunsmith	8	Application to declare premises a firearm-free zone	
3.4	Application for a temporary authorisation to display firearms and ammunition	9	Application to manufacture a new firearm or ammunition type	
4	<b>Accreditations</b>	10	Application for compensation	
4.1	Application for accreditation as an association	11	Application for authorisation to possess more than 2400 primers	
4.2	Application for accreditation for business purposes	12	Other (specify)	

Page 1 of 4

**C PARTICULARS OF THE APPLICANT**

1 **NATURAL PERSON'S DETAILS**2 **Type of identification** (Indicate with an X)

2.1	SA ID		Passport			
3	Identity number	<input type="text"/>				
4	Passport number	<input type="text"/>				
5	Surname				6 Initials	<input type="text"/>
7	Full names					
8	Residential address					
				9 Postal Code	<input type="text"/>	
10	Postal address					
				11 Postal Code	<input type="text"/>	
12	Telephone number	12.1 Home	( )	12.2 Work	( )	
12.3	Cellphone number			13 Fax	( )	
14	E-mail address					

15 **JURISTIC PERSON'S DETAILS**

**OTHER BODIES**

17	Registered company name				
18	Trading as name				
19	FAR number	<input type="text"/>			
20	Postal address				
				21 Postal Code	<input type="text"/>
22	Business address				
				23 Postal Code	<input type="text"/>
24	Business telephone number	24.1 Work	( )	24.2 Fax	( )
25	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	<input type="text"/>			
29	Passport number of responsible person	<input type="text"/>			
30	Cellphone number (if applicable)				
31	Physical address				
				32 Postal Code	<input type="text"/>
33	Business address				
				34 Postal Code	<input type="text"/>

**D PARTICULARS OF APPLICANT TO BE CANCELLED**

1	Type of licence, permit, certificate or authorisation	Licence, permit, certificate or authorisation number	Application reference number

2

Reason why cancellation of application is requested	

3

Date on which cancellation is requested

Date  -  -

4	Police station that handled the original application
5	Firearm applications register reference number
	SAPS 86 <input style="width: 150px;" type="text"/>

6 **DECLARATION OF REPORTING PERSON**

I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this cancellation.

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

1

2 Date  -  -

Name of reporting person in block letters

3 .....  
Signature of reporting person

4 Place

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

1

2 Fingerprint designation

3 Date  -  -

Right index fingerprint of reporting person

4

Name of reporting person in block letters

5 Place

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

6.1

Name of police official in block letters

6.2

Persal number of police official

6.3

Rank of police official in block letters

6.4 .....  
Signature of police official

7 **PARTICULARS OF WITNESS**

7.1

Name of witness in block letters

7.2

Persal number of witness

7.3   
Rank of witness in block letters

7.4 .....  
Signature of witness

**G PARTICULARS OF INTERPRETER**  
(This section must be completed only if the applicant cannot read or write or does not understand the content 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"/>			
					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							
11	Interpreted from (language)			to		<input type="text"/>		

12 Date  -  -

13 .....  
Signature of interpreter

14 Place

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

16   
Persal number of police official (if applicable)

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

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

2 Date  -  -

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

4 Place

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

6   
Persal number of Designated Firearms Officer/Station Commissioner

**SAPS 522 (a)**  
**SURRENDERING OF FIREARM ITEM(S)**

SAPS 522 (a)



SOUTH AFRICAN POLICE SERVICE  
**SURRENDERING OF FIREARM ITEM(S)**  
Firearms Control Act, 2000 (Act 60 of 2000)

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

A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED											
1 Transaction reference No	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										

B FOR OFFICIAL USE BY POLICE STATION WHERE THE FIREARM ITEM(S), LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION IS SURRENDERED											
1 Province											
2 Area											
3 Police station											
4 Component code											
5 SAPS 13 reference number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										
6 General firearm transactions register number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										

**C PARTICULARS OF SURRENDERING PERSON**

1 **NATURAL PERSON'S DETAILS**

2 SA ID		Passport													
3 Identity number of natural person	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>														
4 Passport number of natural person	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>														
5 Surname				6 Initials	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> </tr> </table>										
7 Residential address															
8 Postal Address				8 Postal Code	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> </tr> </table>										
9 Postal Address				10 Postal Code	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> </tr> </table>										
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	<input type="text"/>

Page 1 of 5

19	Postal address		20 Postal Code	<input type="text"/>
21	Business address		22 Postal Code	<input type="text"/>
23	Business telephone number	23.1 Work ( )	23.2 Fax ( )	
24	E-mail address			

**RESPONSIBLE PERSON'S DETAILS**

26	Responsible person (full name and surname)			
27	Type of identification (Indicate with an X)	SA ID		Passport number
28	Identity number of responsible person	<input type="text"/>		
29	Passport number of responsible person	<input type="text"/>		
30	Cellphone number			
31	Physical address		32 Postal Code	<input type="text"/>
33	Postal address		34 Postal Code	<input type="text"/>

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

36

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

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

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

Date  -  -

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

--

**D DETAILS OF LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION 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)

<p>1 <input style="width:250px; height:25px;" type="text"/></p> <p>Name of person surrendering in block letters</p> <p>3 ..... Signature of person surrendering</p>	<p>2 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">Date</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>4 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="padding: 2px;">Place</td><td style="width: 250px; height: 25px;"></td></tr></table></p>	Date									Place	
Date												
Place												

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

I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement on this surrendering form.

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

1  2  Fingerprint designation

3 Date  -  -

4   
Name of person surrendering in block letters

5 Place

Right index fingerprint of person surrendering

**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 **7 PARTICULARS OF WITNESS**

7.1  Name of witness in block letters

7.2  Persal number of witness

7.3  Rank of witness in block letters

7.4 .....  
Signature of witness

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

1 Name and surname of interpreter

2 Identify/Passport number of interpreter

3 Residential address  4 Postal Code

5 Postal address  6 Postal Code

7 Telephone number 7.1 Home ( ) 7.2 Work ( )

8 Cellphone number 9 Fax ( )

10 E-mail address

11 Interpreted from (language)  to

12 Date  -  -

13 .....  
Signature of interpreter

14 Place

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

16   
Persal number of police official (if applicable)

**I FOR OFFICIAL USE BY THE POLICE STATION**

PARTICULARS OF POLICE OFFICIAL WHO RECEIVED THE FIREARM LICENCE,  
PERMIT, CERTIFICATE, AUTHORISATION OR ITEM(S)

1

Name 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

**SAPS 522 (b)**  
**FORFEITURE OF FIREARM ITEM(S)**

SAPS 522 (b)



SOUTH AFRICAN POLICE SERVICE  
**FORFEITURE OF FIREARM ITEM(S)**  
Firearms Control Act, 2000 (Act 60 of 2000)

<b>OFFICIAL DATE STAMP</b>	<b>A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE FIREARM ITEM IS KEPT</b>	
	1 Province	
	2 Area	
	3 Police station	
	4 Component code	
<b>DATE RECEIVED</b>	5 Property (SAPS 13) register reference number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**B PARTICULARS OF THE HOLDER OF LICENCE, PERMIT OR AUTHORISATION**

1 **NATURAL PERSON'S DETAILS**

2	SA ID		Passport			
3	Identity number of natural person			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
4	Passport number of natural person			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
5	Surname				6 Initials	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7	Residential address					
				8 Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
9	Postal Address					
				10 Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
19	Postal Address				
				20 Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
21	Business Address				

		22 Postal Code		<input type="text"/>	
23	Business telephone number	23.2 Work	( )	23.2 Fax	( )
24	E-mail address				

Page 1 of 3

**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		<input type="text"/>		
29	Passport number of responsible person		<input type="text"/>		
30	Cellphone number				
31	Physical address				
				32 Postal Code	<input type="text"/>
33	Postal address				
				34 Postal Code	<input type="text"/>

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

**DETAILS OF FIREARM**

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

**DETAILS OF PARTS**

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

**DETAILS OF AMMUNITION**

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

16	Reason(s) for forfeiture
----	--------------------------

[Empty rectangular box]

17

<b>Disposal instruction</b>	
-----------------------------	--

18

Forfeiture date

<b>Date</b>	□□□□	-	□□	-	□□
-------------	------	---	----	---	----

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

1

[Empty rectangular box]

Name of police official in block letters

2

<b>Date</b>	□□□□	-	□□	-	□□
-------------	------	---	----	---	----

3

[Empty rectangular box]

Rank of police official in block letters

4

<b>Place</b>	[Empty rectangular box]
--------------	-------------------------

5

.....  
Signature of police official

6

□□□□□□□□□□

Persal number of police official

**SAPS 523  
ACKNOWLEDGEMENT OF RECEIPT OF FIREARM DOCUMENTATION**

SAPS 523



**SOUTH AFRICAN POLICE SERVICE  
ACKNOWLEDGEMENT OF RECEIPT OF FIREARM DOCUMENTATION**

**A PARTICULARS OF POLICE STATION**

1

<b>Police station where documentation was received</b>	[Empty rectangular box]
--------------------------------------------------------	-------------------------

2

<b>Telephone number</b>	( )	<b>3 Fax</b>	( )
-------------------------	-----	--------------	-----

4

<b>Reference No</b>	□□□□□□□□□□□□□□□□
---------------------	------------------



1

Name of Designated Firearms Officer in block letters

3

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

Persal number of Designated Firearms Officer

2

Rank of Designated Firearms Officer in block letters

4

.....  
Signature Designated Firearms Officer

5

OFFICIAL STAMP
----------------

**SAPS 523 (a)**  
**REMITTANCE ADVICE FOR FIREARM APPLICATIONS**

523 (a)



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

**A PARTICULARS OF POLICE STATION**

1	Police station where documentation was captured			
2	Telephone number	( )	3 Fax	( )
4	Reference number of register	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**B TYPE OF APPLICATION RECEIVED**

1	Type of application			

**C PARTICULARS OF APPLICANT**

(Complete if applicable)

**NATURAL PERSON'S DETAILS**

1				
2	Identity number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3	Passport number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
4	Surname			5 Initials <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**JURISTIC PERSON'S DETAILS**

6				
7	Registered company name			
8	Trading as name			
9	FAR number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**RESPONSIBLE PERSON'S DETAILS**

10				
11	Responsible person (full name and surname)			
12	Type of identification (Indicate with an X)	SA ID		Passport number
13	Identity number of responsible person	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
14	Passport number of responsible person	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Page 1 of 2

**D PAYMENT DETAILS**

1	FCS application reference No	<input type="text"/>
2	Amount to be paid	R <input type="text"/>

**E PARTICULARS OF DESIGNATED FIREARMS OFFICER**

1	<input type="text"/>	2 <input type="text"/>	5 OFFICIAL DATE STAMP
	Name of Designated Firearms Officer in block letters	Rank of Designated Firearms Officer in block letters	
3	<input type="text"/>	4	
	Persal number of Designated Firearms Officer	..... Signature Designated Firearms Officer	

### SAPS 530 NOTICE OF APPEAL

SAPS 530



SOUTH AFRICAN POLICE SERVICE  
**NOTICE OF APPEAL**

Section 133 of the Firearms Control Act, 2000 (Act 60 of 2000)

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

**A FOR OFFICIAL USE BY THE APPEAL BOARD**

<b>1 Outstanding/Additional information required</b>										
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										<b>2 Date</b>

..... <b>3 Signature of the Secretary: Appeal Board</b>	<table border="1" style="width: 100%; height: 20px;"></table> <b>4 Name in block letters</b>
------------------------------------------------------------	-------------------------------------------------------------------------------------------------

<b>5 Appeal upheld</b> (Indicate with an X)	<b>6 Conditions</b>								
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									<b>7 Date</b>

..... <b>8 Signature of the Chairperson: Appeal Board</b>	<table border="1" style="width: 100%; height: 20px;"></table> <b>9 Name in block letters</b>
--------------------------------------------------------------	-------------------------------------------------------------------------------------------------

<b>10 Appeal not upheld</b> (Indicate with an X)	<b>11 Comments</b>								
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> - <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									<b>12 Date</b>

..... <b>13 Signature of the Chairperson: Appeal Board</b>	<table border="1" style="width: 100%; height: 20px;"></table> <b>14 Name in block letters</b>
---------------------------------------------------------------	--------------------------------------------------------------------------------------------------

**B PARTICULARS OF APPLICANT**

1 **NATURAL PERSON'S DETAILS**

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

14 **JURISTIC PERSON'S DETAILS**

15 **OTHER BODIES**

16	Registered company name	<input type="text"/>		
17	Trading as name	<input type="text"/>		
18	FAR number	<input type="text"/>		
19	Postal address	<input type="text"/>		
			20 Postal Code	<input type="text"/>
21	Business address	<input type="text"/>		
			22 Postal Code	<input type="text"/>
23	Business telephone number	23.1 Work	( )	23.2 Fax ( )
24	E-mail address	<input type="text"/>		

25 **RESPONSIBLE PERSON'S DETAILS**

26	Responsible person (full name and surname)	<input type="text"/>		
27	Type of identification (Indicate with an X)	SA ID		Passport number
28	Identity number of responsible person	<input type="text"/>		
29	Passport number of responsible person	<input type="text"/>		
30	Cellphone number	<input type="text"/>		
31	Physical address	<input type="text"/>		
			32 Postal Code	<input type="text"/>
33	Postal address	<input type="text"/>		
			34 Postal Code	<input type="text"/>

35 **REPRESENTATIVE'S DETAILS**

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

Page 2 of 5

38	Identity number of representative	<table border="1" style="width: 250px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>																									
39	Passport number of representative	<table border="1" style="width: 250px;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>																									
40	Cellphone number																										
41	Physical address																										
			42 Postal Code	<table border="1" style="width: 60px;"> <tr> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> </tr> </table>																							
43	Postal address																										
			44 Postal Code	<table border="1" style="width: 60px;"> <tr> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> <td style="width: 15px; height: 20px;"></td> </tr> </table>																							
45	E-mail address																										

**C TYPE OF APPEAL** (Indicate with an X)

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

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

8	Grounds for appeal	
---	--------------------	--



Signature of authorised person/representative

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

1  2 Fingerprint designation

3 Date    -   -

4   
Name of applicant in block letters

5 Place

Right index fingerprint of applicant

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

6.1   
Name of police official in block letters

6.2   
Persal number of police official

6.3   
Rank of police official in block letters

6.4 .....  
Signature of police official

**7 PARTICULARS OF WITNESS**

7.1   
Name of witness in block letters

7.2   
Persal number of witness

7.3   
Rank of witness in block letters

7.4 .....  
Signature of witness

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

1	<b>Name and surname of interpreter</b>			
2	<b>Identify/Passport number of interpreter</b>	<input style="width: 100%; height: 20px;" type="text"/>		
3	<b>Residential address</b>			<b>4 Postal Code</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
5	<b>Postal address</b>			<b>6 Postal Code</b> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>
7	<b>Telephone number</b>	<b>7.1 Home</b> ( )	<b>7.2 Work</b> ( )	
8	<b>Cellphone number</b>		<b>9 Fax</b> ( )	
10	<b>E-mail address</b>			
11	<b>Interpreted from (language)</b>		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 531 REQUEST TO ALTER FIREARM BY A GUNSMITH

SAPS 531



SOUTH AFRICAN POLICE SERVICE  
**REQUEST TO ALTER FIREARM BY A GUNSMITH**  
Section 59 of the Firearms Control Act, 2000 (Act 60 of 2000)

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

A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED											
1 Application reference No	<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										

B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED												
1	Province											
2	Area											
3	Police station											
4	Component code											
5	General firearm transactions register No		<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>									

C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)																							
<b>1 Outstanding/Additional information required</b>																							
<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											2 Persal number	<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											3 Date
..... 4 Signature of police official		<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> 5 Name in block letters																					
<b>6 Alteration approved</b> (Indicate with an X)																							
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..... 9 Signature of CFR officer		<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> 10 Officer code		<table border="1" style="width: 100%; height: 15px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> 11 Name in block letters																			
<b>12 Alteration refused</b> (Indicate with an X)		<b>13 Reason(s) for refusal</b>																					

<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									14 Persal number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> - <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> - <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>									15 Date
..... 16 Signature of CFR officer	<table border="1" style="width: 30px; height: 20px; display: inline-table;"></table> 17 Officer code	<table border="1" style="width: 150px; height: 20px; display: inline-table;"></table> 18 Name in block letters																	

Page 1 of 5

**D TYPE OF REQUEST TO ALTER FIREARM** (Indicate with an X)

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

6 Reason(s) for the request to have a firearm altered by a gunsmith

7 Date of request

	Date	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> - <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table> - <table border="1" style="width: 20px; height: 20px; display: inline-table;"></table>							

8 **DETAILS OF FIREARM(S) THAT MUST BE ALTERED**

	(1)	(2)	(3)	(4)
9 Type of licence				
10 Licence number				
11 Expiry date				
12 Calibre				
13 Make				
14 Model				
Firearm component type:				
15 Barrel serial number				
15.1 Make				

16	Frame serial number				
16.1	Make				
17	Receiver serial number				
17.1	Make				

Page 2 of 5

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

2	SA ID		Passport			
3	Identity number	<input type="text"/>				
4	Passport number	<input type="text"/>				
5	Surname		6 Initials	<input type="text"/>		
7	Residential address				8 Postal Code	<input type="text"/>
9	Postal address				10 Postal Code	<input type="text"/>
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	<input type="text"/>				
19	Postal address				20 Postal Code	<input type="text"/>
21	Business address				22 Postal Code	<input type="text"/>
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	<input type="text"/>			
29	Passport number of responsible person	<input type="text"/>			
30	Cellphone number				

31	Physical address		32 Postal Code	<input type="text"/>
33	Postal address		34 Postal Code	<input type="text"/>

**F PARTICULARS OF GUNSMITH**

1	Gunsmith's name	
2	Gunsmith's FAR number	<input type="text"/>

Page 3 of 5

3	Postal address		4 Postal Code	<input type="text"/>
5	Business address		6 Postal Code	<input type="text"/>
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 60 of 2000), to make false statement in this request form.

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

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

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

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

**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

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

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

Page 4 of 5

3 Residential address  4 Postal Code   
5 Postal address  6 Postal Code   
7 Telephone number 7.1 Home ( ) 7.2 Work ( )  
8 Cellphone number 9 Fax ( )  
10 E-mail address   
11 Interpreted from (language)  to

12 Date  -  -

13 .....  
14 Place

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

16   
Persal number of police official (if applicable)

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

1 Name and surname of nominee/authorised person   
2 Identity/Passport number of nominee/authorised person

3 Date  -  -

4 .....  
Signature of nominee/authorised person

5 Place

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

RECOMMENDATION REGARDING THE APPLICATION	
Recommended	Not recommended
Motivation	

3

Name of Designated Firearms Officer/Station Commissioner in block letters

5

Rank of Designated Firearms Officer/Station Commissioner in block letters

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

4 Date  -  -

6 Place

Persal number of Designated Firearms Officer/Station Commissioner

## SAPS 532 INFRINGEMENT NOTICE

SAPS 532



SOUTH AFRICAN POLICE SERVICE

### INFRINGEMENT NOTICE

Section 122 of the Firearms Control Act, 2000 (Act 60 of 2000)

<b>OFFICIAL DATE STAMP</b>	<b>A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE INFRINGEMENT NOTICE IS ISSUED</b>										
<b>DATE RECEIVED</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">1 Province</td> <td style="width: 40%;"></td> </tr> <tr> <td style="padding: 2px;">2 Area</td> <td></td> </tr> <tr> <td style="padding: 2px;">3 Police station</td> <td></td> </tr> <tr> <td style="padding: 2px;">4 Component code</td> <td></td> </tr> <tr> <td style="padding: 2px;">5 Infringement notice reference No</td> <td style="text-align: center;"> <input style="width: 100%; height: 15px;" type="text"/> </td> </tr> </table>	1 Province		2 Area		3 Police station		4 Component code		5 Infringement notice reference No	<input style="width: 100%; height: 15px;" type="text"/>
1 Province											
2 Area											
3 Police station											
4 Component code											
5 Infringement notice reference No	<input style="width: 100%; height: 15px;" type="text"/>										

#### B PARTICULARS OF INFRINGER

##### 1 NATURAL PERSON'S DETAILS

2 SA ID		Passport			
3 Identity number of natural person	<input style="width: 100%; height: 15px;" type="text"/>				
4 Passport number of natural person	<input style="width: 100%; height: 15px;" type="text"/>				
5 Surname				6 Initials	<input style="width: 40px; height: 15px;" type="text"/>
7 Residential address					
9 Postal Address				8 Postal Code	<input style="width: 40px; height: 15px;" type="text"/>
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	<input style="width: 100%; height: 15px;" type="text"/>				
19 Postal address				20 Postal Code	<input style="width: 40px; height: 15px;" type="text"/>
21 Business address					

			22 Postal Code	<input type="text"/>
23	Business telephone number	23.1 Work ( )	12 Fax ( )	

Page 1 of 3

24	E-mail address	<input type="text"/>
----	----------------	----------------------

**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	<input type="text"/>		
29	Passport number of responsible person	<input type="text"/>		
30	Cellphone number	<input type="text"/>		
31	Physical address	<input type="text"/>		
		32 Postal Code	<input type="text"/>	
33	Postal address	<input type="text"/>		
		34 Postal Code	<input type="text"/>	

**PARTICULARS OF LICENCES, PERMITS, CERTIFICATES OR AUTHORISATIONS**

DETAILS OF LICENCES, PERMITS, CERTIFICATES OR AUTHORISATIONS			
Type	Number	Date of issue	Expiry date

38	Particulars of alleged offence	<input type="text"/>
----	--------------------------------	----------------------



3 Date served 

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

4 Place served 

Place	
-------	--

5 Time served 

Time	
------	--

6 .....  
Signature of infringer

**SAPS 532 (a)**  
**RESPONSE TO INFRINGEMENT NOTICE**

SAPS 532 (a)



SOUTH AFRICAN POLICE SERVICE

**RESPONSE TO INFRINGEMENT NOTICE**

Section 122 of the Firearms Control Act, 2000 (Act 60 of 2000)

<b>OFFICIAL DATE STAMP</b>	<b>A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE INFRINGEMENT NOTICE WAS ISSUED</b>	
<b>DATE RECEIVED</b>	1 Province	
	2 Area	
	3 Police station	
	4 Component code	
	5 Address of police station	
	6 Telephone number	
	7 Fax number	
	8 Infringement notice reference number	

**B PARTICULARS OF INFRINGER**1 **NATURAL PERSON'S DETAILS**

	SA ID		Passport			
2	Identity number of natural person		<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>			
3	Passport number of natural person		<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>			
4	Surname			6 Initials	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	
5	Residential address				8 Postal Code	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
6	Postal Address				10 Postal Code	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>
7	Telephone number	11.1 Home	( )	11.2 Work	( )	
8	Cellphone number			12 Fax	( )	
9	E-mail address					

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

	Registered company name				
16	Trading as name				
17	FAR number	<input style="width: 100%; height: 20px; border: 1px solid black;" type="text"/>			
18	Postal address				
19					

	20 Postal Code	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

Page 1 of 3

21	<b>Business address</b>			22 Postal Code	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
23	<b>Business telephone number</b>	23.1 Work ( )		23.2 Fax ( )					
24	<b>E-mail address</b>								

25 **RESPONSIBLE PERSON'S DETAILS**

26	<b>Responsible person (Full names and surname)</b>																
27	<b>Type of identification (Indicate with an X)</b>	SA ID		Passport number													
28	<b>Identity number of responsible person</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>															
29	<b>Passport number of responsible person</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>															
30	<b>Cellphone number</b>																
31	<b>Physical address</b>			32 Postal Code	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>												
33	<b>Postal address</b>			34 Postal Code	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>												

35	<b>Particulars of alleged offence</b>	
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36	<b>Administrative fine payable</b>	<b>R</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										

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

<b>Pay the administrative fine</b>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>	
<b>Pay the administrative fine in instalments</b>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>	
<b>Trial in court</b>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 100%;"></td></tr> </table>	

38	
	Name of infringer in block letters

39	<b>Date</b>	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

40	
	Signature of infringer

41	<b>Place</b>	
----	--------------	--

**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

## SAPS 533 REQUEST TO CANCEL A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION

SAPS 533



SOUTH AFRICAN POLICE SERVICE

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

Section 28, 42, 56, 70, 81 and 88(1) of the Firearms Control Act, 2000 (Act 60 of 2000)

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

<b>A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</b>											
1 Request reference No	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										

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

<b>C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)</b>																							
<b>1 Outstanding/Additional information required</b>																							
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											2 Persal number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											3 Date
..... 4 Signature of police official		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> 5 Name in block letters																					
<b>6 Cancellation of firearm licence, permit, certificate or authorisation approved</b> (Indicate with an X)																							
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											7 Persal number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											8 Date
..... 9 Signature of CFR officer		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> 10 Officer code		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> 11 Name in block letters																			
<b>12 Cancellation of firearm licence, permit, certificate or authorisation refused</b> (Indicate with an X)		<b>13 Reason(s) for refusal</b>																					

<input style="width:100%; height: 15px;" type="text"/>	14 Persal number	<input style="width:100%; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/> - <input style="width:15px; height: 15px;" type="text"/>	15 Date
..... 16 Signature of CFR officer	<input style="width:30px; height: 15px;" type="text"/> 17 Officer code	<input style="width:150px; height: 15px;" type="text"/> 18 Name in block letters	

**D PARTICULARS OF THE REQUESTER**

1	SA ID	<input style="width:100%; height: 15px;" type="text"/>	Passport	<input style="width:100%; height: 15px;" type="text"/>	Persal number	<input style="width:100%; height: 15px;" type="text"/>
2	Identity number of the requester		<input style="width:100%; height: 15px;" type="text"/>			
3	Passport number of the requester		<input style="width:100%; height: 15px;" type="text"/>			
4	Persal number	<input style="width:100%; height: 15px;" type="text"/>	5 Rank	<input style="width:100%; height: 15px;" type="text"/>		
6	Surname	<input style="width:100%; height: 15px;" type="text"/>			7 Initials	<input style="width:30px; height: 15px;" type="text"/>
8	Residential address					
10	Postal address				9 Postal Code	<input style="width:30px; height: 15px;" type="text"/>
12	Telephone number		12.1 Home	( )	12.2 Work	( )
12.3	Cellphone number				12 Fax	( )
14	E-mail address					
15	Trade or profession		16 If self-employed, specify			
17	Name of employer/company					
18	Business address					
20					19 Postal Code	<input style="width:30px; height: 15px;" type="text"/>
20.3	Telephone number		20.1 Home	( )	20.2 Work	( )
22	Cellphone number				21 Fax	( )
22	E-mail address					

**E DETAILS OF FIREARM LICENCE, PERMIT, CERTIFICATE, OR AUTHORISATION TO BE CANCELLED**

1	Licence, permit, certificate or authorisation number	2 Licence, permit, certificate or authorisation number	3 Date issued

**F PARTICULARS OF THE HOLDER OF THE FIREARM LICENCE, PERMIT, CERTIFICATE, OR AUTHORISATION**

1 **NATURAL PERSON'S DETAILS**

1.1	SA ID		Passport	
1.2	Identity number of natural person			<input type="text"/>
2	Passport number of natural person			<input type="text"/>
3	Surname			4 Initials <input type="text"/>
5	Residential address			
				6 Postal Code <input type="text"/>

Page 2 of 4

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

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

14	Registered company name			
15	Trading as name			
16	FAR number	<input type="text"/>		
17	Postal address			
				18 Postal Code <input type="text"/>
19	Business address			
				20 Postal Code <input type="text"/>
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			<input type="text"/>
27	Passport number of responsible person			<input type="text"/>
28	Cellphone number			
29	Physical address			
				30 Postal Code <input type="text"/>
31	Postal address			
				32 Postal Code <input type="text"/>

33

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

Large empty rectangular box for providing reasons for cancellation.

34

Date on which cancellation is requested

Date

Grid for date: [ ][ ][ ][ ][ ] - [ ][ ] - [ ][ ]

35

**DECLARATION BY THE REQUESTER**

I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement on this request from.

**G SIGNATURE OF REQUESTER**

1

Empty box for name of requester.

Name of requester in block letters

2

Date

Grid for date: [ ][ ][ ][ ] - [ ][ ] - [ ][ ]

3

Empty box for rank of requester.

Rank of requester in block letters

4

Place

Empty box for place.

5

.....

Signature of requester

6

Grid for personal number: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Personal number of requester

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

1

**RECOMMENDATION REGARDING THE CANCELLATION OF THE FIREARM LICENCE, PERMIT, CERTIFICATE, OR AUTHORISATION**

1.1

Recommended		Not recommended	
Motivation			

2

Empty box for name of designated officer.

Name of Designated Firearms Officer/Station Commissioner in block letters

3

Date

Grid for date: [ ][ ][ ][ ] - [ ][ ] - [ ][ ]

4

Empty box for rank of designated officer.

Rank of Designated Firearms Officer/Station Commissioner in block letters

5

Place

Empty box for place.

6

--

Signature of Designated Firearms Officer/Station Commissioner

7

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

Persal number of Designated Firearms Officer/Station Commissioner

## SAPS 533 (a) REQUEST TO SUSPEND A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION

SAPS 533 (a)



SOUTH AFRICAN POLICE SERVICE

### REQUEST TO SUSPEND A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORISATION

Section 41, 55, 69 and 80 of the Firearms Control Act, 2000 (Act 60 of 2000)

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

A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED											
1 Request reference No	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										

B FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED											
1 Province											
2 Area											
3 Police station											
4 Component code											
5 General firearm transactions register No	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										

C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)																							
1 Outstanding/Additional information required																							
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											2 Persal number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											3 Date
..... 4 Signature of police official		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> 5 Name in block letters																					
6 Suspension of firearm licence, permit, certificate or authorisation approved (Indicate with an X)		7 Reason(s) for suspension																					
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>												8 Period of suspension											
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											9 Persal number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											10 Date
..... 11 Signature of CFR officer		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> 12 Officer code		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> 13 Name in block letters																			
14 Suspension of firearm licence, permit, certificate or authorisation refused (Indicate with an X)		15 Reason(s) why suspension is unnecessary																					

<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>											16 Persal number	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>													17 Date
..... 18 Signature of CFR officer	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table> 19 Officer code				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:100%;"></td> </tr> </table> 20 Name in block letters																				

**D PARTICULARS OF THE REQUESTER**

1 **NATURAL PERSON'S DETAILS**

	SA ID		Passport		Persal number											
2	Identity number of the requester					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>										
3	Passport number of the requester					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>										
4	Persal number	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>											5 Rank			
6	Surname						7 Initials	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>								
8	Residential address						9 Postal Code	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>								
10	Postal address						11 Postal Code	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>								
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>										
20	Postal address					21 Postal Code	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>					
22	Business address					23 Postal Code	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> </table>					
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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
30	Passport number of responsible person	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
31	Cellphone number			
32	Physical address			
		33 Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
34	Postal address			
		34 Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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

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

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

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

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

Date on which suspension is requested

Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>	-	<input type="text"/> <input type="text"/>
------	-------------------------------------------------------------------------------------	---	-------------------------------------------	---	-------------------------------------------

**7 DECLARATION BY REQUESTER**

I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this request form.

**F SIGNATURE OF REQUESTER**

1

Name of requester in block letters

3

Rank of requester in block letters

5 .....

Signature of requester

2 **Date**  -  -

4 **Place**

6

Persal number of requester

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

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

2 

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

2 Motivation regarding the request for suspension

3

Name of Designated Firearms Officer/Station Commissioner in block letters

5

Rank of Designated Firearms Officer/Station Commissioner in block letters

7 .....

Signature of Designated Firearms Officer/Station Commissioner

4 **Date**  -  -

6 **Place**

8

Persal number of Designated Firearms Officer/Station Commissioner



17 Trading name

Page 1 of 4

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

**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**

**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	<input type="text"/>			
4	Postal Address				
		5 Postal Code	<input type="text"/>		
6	Business address				
		7 Postal Code	<input type="text"/>		
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 authorisation(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 60 of 2000), to make a false statement in this transfer of firearm ownership form.

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

1	<b>SIGNATURE OF CURRENT OWNER</b>	
2	<input type="text"/>	3 Date <input type="text"/> - <input type="text"/> - <input type="text"/>
	Name of current owner in block letters	
4	.....	5 Place <input type="text"/>
	Signature of current owner	
6	<b>SIGNATURE OF DEALER/GUNSMITH</b>	
7	<input type="text"/>	8 Date <input type="text"/> - <input type="text"/> - <input type="text"/>
	Name of dealer/gunsmith in block letters	
9	.....	10 Place <input type="text"/>
	Signature of dealer/gunsmith	

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

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

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

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

Rank of police official in block letters

Signature of police official

Page 3 of 4

**7 PARTICULARS OF WITNESS**

7.1

Name of witness in block letters

7.2

Persal number of witness

7.3

Rank of witness in block letters

7.4 .....

Signature of witness

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

1	Name and surname of interpreter			
2	Identify/Passport number of interpreter <input type="text"/>			
3	Residential address			4 Postal Code <input type="text"/>
5	Postal address			6 Postal Code <input type="text"/>
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)

**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

5   
Persal number of police official

Page 4 of 4

## SAPS 535 FORWARDING SCHEDULE

SAPS 535



### SOUTH AFRICAN POLICE SERVICE FORWARDING SCHEDULE

1 Forwarding police station name

2 Name of destination police station

3 Component code of forwarding police station  
 -  -

4 Forwarding date  
 -  -

**Forwarding police station**

**Recipient police station**

5 No	6 Name	7 Identity/FAR number	8 Document type	9 Reference number	10 Number of pages of document	11	<input checked="" type="checkbox"/>	12 Page numbers not received

13 **PARTICULARS OF FORWARDING DESIGNATED FIREARMS OFFICER**

14

Name of Designated Firearms Officer in block letters

15

Rank of Designated Firearms Officer in block letters

16

Persal number of Designated Firearms Officer

17

.....  
Signature of Designated Firearms Officer

**A ACKNOWLEDGE OF RECEIPT**

1 Remarks

**B** **RECIPIENT**

1   
Name of police official in block letters

2   
Rank of police official in block letters

3 

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

  
Persal number of police official

4 .....  
Signature of police official

OFFICIAL DATE STAMP

**SAPS 536  
APPLICATION FOR AUTHORISATION TO POSSESS MORE THAN 2 400  
PRIMERS**

SAPS 536



SOUTH AFRICAN POLICE SERVICE

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

Section 93 of the Firearms Control Act, 2000 (Act 60 of 2000)

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

A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED											
1 Application reference No	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										

B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED												
1	Province											
2	Area											
3	Police station											
4	Component code											
5	General firearms transactions register number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>										

C FOR OFFICIAL USE BY THE DECIDING OFFICER																							
1 Outstanding/Additional information required																							
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											2 Persal number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											3 Date
..... 4 Signature of police official		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> 5 Name in block letters																					
6 Application for authorisation to possess approved (Indicate with an X)																							
<input type="checkbox"/>																							
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											7 Persal number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											8 Date
..... 9 Signature of deciding officer		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table> 10 Officer code				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> 11 Name in block letters																	
12 Application for authorisation to possess refused (Indicate with an X)																							
<input type="checkbox"/>																							
13 Reason(s) for refusal																							

<input style="width:100%; height: 20px;" type="text"/>	14 Persal number	<input style="width:100%; height: 20px;" type="text"/> - <input style="width:100%; height: 20px;" type="text"/> - <input style="width:100%; height: 20px;" type="text"/>	15 Date
..... 16 Signature of deciding officer	<input style="width:100%; height: 20px;" type="text"/> 17 Officer code	<input style="width:100%; height: 20px;" type="text"/> 18 Name in block letters	

**D PARTICULARS OF APPLICANT**

1 **NATURAL PERSON'S DETAILS**

2	SA ID	<input style="width:100%; height: 20px;" type="text"/>	Passport	<input style="width:100%; height: 20px;" type="text"/>	
3	Identity number of natural person		<input style="width:100%; height: 20px;" type="text"/>		
4	Passport number of natural person		<input style="width:100%; height: 20px;" type="text"/>		
5	Surname			6 Initials	<input style="width:100%; height: 20px;" type="text"/>
7	Residential address				
				8 Postal Code	<input style="width:100%; height: 20px;" type="text"/>
9	Postal address				
				10 Postal Code	<input style="width:100%; height: 20px;" type="text"/>
11	Telephone number	11.1 Home	( )	11.2 Work	( )
11	Cellphone number			12 Fax	( )
13	E-mail address				

14 **JURISTIC PERSON'S DETAILS**

15 **OTHER BODIES**

16	Registered company name	<input style="width:100%; height: 20px;" type="text"/>			
17	Trading as name	<input style="width:100%; height: 20px;" type="text"/>			
18	FAR number	<input style="width:100%; height: 20px;" type="text"/>			
19	Company registration or CC number	<input style="width:100%; height: 20px;" type="text"/>			
20	Postal address				
				21 Postal Code	<input style="width:100%; height: 20px;" type="text"/>
22	Business address				
				23 Postal Code	<input style="width:100%; height: 20px;" type="text"/>
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	<input style="width:100%; height: 20px;" type="text"/>	Passport number	<input style="width:100%; height: 20px;" type="text"/>
29	Identity number of responsible person		<input style="width:100%; height: 20px;" type="text"/>		

30	Passport number of responsible person	<input type="text"/>
31	Cellphone number	<input type="text"/>
32	Physical address	<input type="text"/>
		33 Postal Code <input type="text"/>
34	Postal address	<input type="text"/>
		35 Postal Code <input type="text"/>

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

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

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

Firearm 1	
Firearm 2	
Firearm 3	
Firearm 4	

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

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

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

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

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

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

**7 PARTICULARS OF WITNESS**

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

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

1	Name and surname of interpreter			
2	Identify/Passport number of interpreter	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
3	Residential address			4 Postal Code
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5	Postal address			6 Postal Code
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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

14 Place

.....  
Signature of interpreter

15

Rank of police official in block letters (if applicable)

16

Persal number of police official (if applicable)

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

1

RECOMMENDATION REGARDING THE APPLICATION

1.1

	Recommended		Not recommended	
Motivation				

2

Name of Designated Firearms Officer/Station Commissioner in block letters

3

Date     -   -

4

Rank of Designated Firearms Officer/Station Commissioner in block letters

5

Place

6

Signature of Designated Firearms Officer/Station Commissioner

7

Persal number of Designated Firearms Officer





**SAPS 350 (a)  
DEALER'S RETURN: STOCK RECEIVED**



SOUTH AFRICAN POLICE SERVICE  
**DEALER'S RETURN: STOCK RECEIVED**  
Section 39(8) of the Firearms Control Act, 2000 (Act 60 of 2000)

Date    -   -

to

Date    -   -

**PARTICULARS**

1 Name of dealer <input style="width:95%;" type="text"/>	2 Licence number of dealer <input style="width:95%;" type="text"/>
----------------------------------------------------------	--------------------------------------------------------------------

A. OF FIREARM(S) RECEIVED					C. FROM WHOM RECEIVED			
1) type	2 Model	3 Calibre	4 Serial number	5 Make	1 Name	2 Identification/Passport/FAR No	3 Licence No	4

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

It is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000) to provide false information on this form.

7

8

Date

-   -

Name of responsible person in block letters

responsible person

**ACKNOWLEDGE OF RECEIPT (FOR OFFICIAL USE BY THE SOUTH AFRICAN POLICE SERVICE)**

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

1 Firearms type	3 Model	4 Calibre	5 Serial number	6 Make	7 Remarks

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

Name of official in block letters

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

Personal number of official

2

Rank of official in block letters

4  
 .....  
 Signature of official

OFFICIAL DATE

**SAPS 350 (b)  
DEALER'S RETURN: STOCK SUPPLIED**



SOUTH AFRICAN POLICE SERVICE  
**DEALER'S RETURN: STOCK SUPPLIED**  
Section 39(8) of the Firearms Control Act, 2000 (Act 60 of 2000)

Date    -  -

to

Date    -  -

**PARTICULARS**

1 Name of dealer	2 Licence number of dealer	<input type="text"/>
------------------	----------------------------	----------------------

A FIREARM(S) SUPPLIED					C TO WHOM SUPPLIED			
1 Type	2 Model	3 Calibre	4 Serial number	5 Make	1 Name	2 Identification/Passport/FAR No	3 Licence No	4

Page 1 of 2

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It is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000) to provide false information on this form.

7

8

Date    -  -

.....

Name of responsible person in block letters

responsible person

**KNOWLEDGE OF RECEIPT (FOR OFFICIAL USE BY THE SOUTH AFRICAN POLICE SERVICE)**

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

Firearms type	3 Model	4 Calibre	5 Serial number	6 Make	7 Remarks

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

\_\_\_\_\_

Name of official in block letters

2 \_\_\_\_\_

Rank of official in block letters

\_\_\_\_\_

Number of official

4  
.....  
Signature of official

OFFICIAL DATE STAMP

**SAPS 350 (c)  
MANUFACTURER'S RETURN: STOCK MANUFACTURED**

SAPS 350 (c)



SOUTH AFRICAN POLICE SERVICE  
**MANUFACTURER'S RETURN: STOCK MANUFACTURED**  
Section 53(7) of the Firearms Control Act, 2000 (Act 60 of 2000)

1 Period from 

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
------	----------------------	----------------------	----------------------	----------------------

 - 

<input type="text"/>	<input type="text"/>
----------------------	----------------------

 - 

<input type="text"/>
----------------------

 to 

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
------	----------------------	----------------------	----------------------	----------------------

 - 

<input type="text"/>	<input type="text"/>
----------------------	----------------------

 - 

<input type="text"/>
----------------------

**A MANUFACTURER'S PARTICULARS**

1 Trading as name of manufacturer		2 Licence number of manufacturer	<table border="1" style="display: inline-table;"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

**B DETAILS OF FIREARM(S) MANUFACTURED**

1 Firearm(s) type	2 Model	3 Calibre	4 Serial number	5 Make	6 Date manufactured

Page 1 of 2

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

8 

<input type="text"/>
----------------------

 9 

<input type="text"/>
----------------------

 10 

Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
------	----------------------	----------------------	----------------------	----------------------

 - 

<input type="text"/>	<input type="text"/>
----------------------	----------------------

 - 

<input type="text"/>
----------------------

.....  
Signature of responsible person

Name of responsible person in block  
letters

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

1

PARTICULARS OF FIREARM(S) THAT COULD NOT BE REGISTERED						
2 Firearms type	3 Model	4 Calibre	5 Serial number	6 Make	7 Remarks	

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

1   
Name of official in block letters

2   
Rank of official in block letters

OFFICIAL DATE STAMP

Persal number of official

4 .....  
Signature of officials

**SAPS 350 (d)**  
**MANUFACTURER'S RETURN: STOCK SUPPLIED**



SOUTH AFRICAN POLICE SERVICE  
**MANUFACTURER'S RETURN: STOCK SUPPLIED**  
 Section 53(7) of the Firearms Control Act, 2000 (Act 60 of 2000)

Date    -   -

to

Date    -   -

**MANUFACTURER'S PARTICULARS**

Name of		2 Licence number of manufacturer	<input type="text"/>
---------	--	----------------------------------	----------------------

FIREARM(S) SUPPLIED					C TO WHOM SUPPLIED			
1) type	2 Model	3 Calibre	4 Serial number	5 Make	1 Name	2 Identification/Passport/FAR No	3 Licence No	4

Page 2 of 2

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that it is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000) to provide false information on this form.

7

8

Date

-   -

.....

Name of responsible person in block letters

responsible person

**ACKNOWLEDGE OF RECEIPT (FOR OFFICIAL USE BY THE SOUTH AFRICAN POLICE SERVICE)**

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

Firearms type	3 Model	4 Calibre	5 Serial number	6 Make	7 Remarks

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

Name of official in block letters

Personal number of official

2

Rank of official in block letters

4

.....  
Signature of official

OFFICIAL DATE ST

**SAPS 350 (e)  
GUNSMITH'S RETURN: STOCK RECEIVED**



SOUTH AFRICAN POLICE SERVICE  
**GUNSMITH'S RETURN: STOCK RECEIVED**  
Section 67(7) of the Firearms Control Act, 2000 (Act 60 of 2000)

Date    -   -

to

Date    -   -

**GUNSMITH'S PARTICULARS**

Name of		2 Licence number of gunsmith	<input type="text"/>
---------	--	------------------------------	----------------------

**FIREARM(S) RECEIVED**

**C FROM WHOM RECEIVED**

1) type	2 Model	3 Calibre	4 Serial number	5 Make	1 Name	2 Identification/Passport/FAR No	3 Licence No	4

Page 1 of 2

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It is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000) to provide false information on this form.

7

8

Date

-   -

Name of responsible person in block letters

responsible person

**KNOWLEDGE OF RECEIPT (FOR OFFICIAL USE BY THE SOUTH AFRICAN POLICE SERVICE)**

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

Firearms type	3 Model	4 Calibre	5 Serial number	6 Make	7 Remarks

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

\_\_\_\_\_

Name of official in block letters

2 \_\_\_\_\_

Rank of official in block letters

□ □ □ □ □ □ □ □

Number of official

4  
.....  
Signature of official

OFFICIAL DATE STAMP

**SAPS 350 (f)**  
**GUNSMITH'S RETURN: STOCK SUPPLIED**



SOUTH AFRICAN POLICE SERVICE  
**GUNSMITH'S RETURN: STOCK SUPPLIED**  
 Section 67(7) of the Firearms Control Act, 2000 (Act 60 of 2000)

Date    -   -

to

Date    -   -

**GUNSMITH'S PARTICULARS**

Name of		2 Licence number of gunsmith	<input type="text"/>
---------	--	------------------------------	----------------------

**FIREARM(S) SUPPLIED**

**C TO WHOM SUPPLIED**

1) type	2 Model	3 Calibre	4 Serial number	5 Make	1 Name	2 Identification/Passport/FAR No	3 Licence No	4

Page 1 of 2

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It is an offence in terms of the Firearms Control Act, 2000 (Act 60 of 2000) to provide false information on this form.

7

8

Date

-   -

Name of responsible person in block letters

responsible person

**KNOWLEDGE OF RECEIPT (FOR OFFICIAL USE BY THE SOUTH AFRICAN POLICE SERVICE)**

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

Firearms type	3 Model	4 Calibre	5 Serial number	6 Make	7 Remarks

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

Name of official in block letters

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

Identification number of official

Rank of official in block letters

4  
 .....  
 Signature of official

OFFICIAL DATE STAMP

## SAPS 540 APPLICATION FOR AUTHORISATION TO POSSESS MORE THAN 200 ROUNDS OF AMMUNITION

SAPS 540



SOUTH AFRICAN POLICE SERVICE

### APPLICATION FOR AUTHORISATION TO POSSESS MORE THAN 200 ROUNDS OF AMMUNITION

Section 93 of the Firearms Control Act, 2000 (Act 60 of 2000)

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

<b>A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</b>											
1 Application reference No	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										

<b>B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED</b>											
1 Province											
2 Area											
3 Police station											
4 Component code											
5 General firearms transaction register number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>										

<b>C FOR OFFICIAL USE BY THE DECIDING OFFICER</b>																							
<b>1 Outstanding/Additional information required</b>																							
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>											2 Persal number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>											3 Date
..... 4 Signature of police official		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> 5 Name in block letters																					
<b>6 Application for authorisation to possess approved</b> (Indicate with an X)																							
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>											7 Persal number	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td> </tr> </table>											8 Date

..... 9 Signature of deciding officer	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> 10 Officer code		<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 100%;"></td> </tr> </table> 10 Name in block letters	
<b>12 Application for authorisation to possess refused</b> (Indicate with an X)		<b>13 Reason(s) for refusal</b>		

<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>													14 Persal number	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td> <td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>											15 Date
..... 16 Signature of deciding officer				<table border="1" style="width: 60px; height: 20px;"> <tr> <td style="width: 20%;"></td><td style="width: 20%;"></td><td style="width: 20%;"></td> </tr> </table> 17 Officer code				<table border="1" style="width: 200px; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> 18 Name in block letters																	

**D PARTICULARS OF APPLICANT**

1 **NATURAL PERSON'S DETAILS**

2	SA ID		Passport																
3	Identity number of natural person		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																
4	Passport number of natural person		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																
5	Surname			6 Initials	<table border="1" style="width: 60px; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>														
7	Residential address			8 Postal Code	<table border="1" style="width: 60px; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>														
9	Postal address			10 Postal Code	<table border="1" style="width: 60px; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>														
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																			
18	FAR number		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																	
19	Company registration or CC number		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td> </tr> </table>																	
20	Postal address			21 Postal Code	<table border="1" style="width: 60px; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>															
22	Business address			23 Postal Code	<table border="1" style="width: 60px; height: 20px;"> <tr> <td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td> </tr> </table>															
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	<input type="text"/>		
30	Passport number of responsible person	<input type="text"/>		
31	Cellphone number	<input type="text"/>		
32	Physical address	<input type="text"/>		
		33 Postal Code	<input type="text"/>	
34	Postal address	<input type="text"/>		
		35 Postal Code	<input type="text"/>	

**E PARTICULARS OF FIREARM(S) FOR WHICH PERMISSION IS REQUIRED TO POSSESS MORE THAN 200 ROUNDS OF AMMUNITION PER FIREARM**

	(1)	(2)	(3)	(4)
1	Type	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Calibre			
3	Make			
4	Model			
	Firearm component type:			
5	Barrel serial number	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	Frame serial number			
7	Receiver serial number			

8 Provide reason(s) for the need to possess more than 200 rounds of ammunition for each firearm

Firearm 1	<input type="text"/>
Firearm 2	<input type="text"/>
Firearm 3	<input type="text"/>
Firearm 4	<input type="text"/>

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

<p>1 <input style="width: 200px; height: 25px;" type="text"/></p> <p>Name of applicant in block letters</p> <p>3 ..... Signature of applicant</p>	<p>2 <b>Date</b> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> - <input style="width: 20px; height: 15px;" type="text"/> - <input style="width: 20px; height: 15px;" type="text"/></p> <p>4 <b>Place</b> <input style="width: 100px; height: 15px;" type="text"/></p>
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**G.** (This section must be completed only if the applicant cannot read or write.)

<p>1 <input style="width: 70px; height: 100px;" type="text"/></p> <p>2 Fingerprint designation <input style="width: 70px; height: 30px;" type="text"/></p> <p>Right index fingerprint of applicant</p>	<p>3 <b>Date</b> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> - <input style="width: 20px; height: 15px;" type="text"/> - <input style="width: 20px; height: 15px;" type="text"/></p> <p>4 <input style="width: 400px; height: 20px;" type="text"/></p> <p>Name of applicant in block letters</p> <p>5 <b>Place</b> <input style="width: 400px; height: 20px;" type="text"/></p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

<p>6.1 <input style="width: 280px; height: 25px;" type="text"/></p> <p>Name of police official in block letters</p> <p>6.3 <input style="width: 280px; height: 20px;" type="text"/></p> <p>Rank of police official in block letters</p>	<p>6.2 <input style="width: 100px; height: 20px;" type="text"/></p> <p>Persal number of police official</p> <p>6.4 .....</p> <p>Signature of police official</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------

**7 PARTICULARS OF WITNESS**

<p>7.1 <input style="width: 280px; height: 25px;" type="text"/></p> <p>Name of witness in block letters</p> <p>7.3 <input style="width: 280px; height: 20px;" type="text"/></p> <p>Rank of witness in block letters</p>	<p>7.2 <input style="width: 100px; height: 20px;" type="text"/></p> <p>Persal number of witness</p> <p>7.4 .....</p> <p>Signature of witness</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

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

1	<b>Name and surname of interpreter</b>			
2	<b>Identify/Passport number of interpreter</b>	<input style="width: 250px; height: 20px;" type="text"/>		
3	<b>Residential address</b>			<b>4 Postal Code</b> <input style="width: 40px; height: 20px;" type="text"/>
5	<b>Postal address</b>			<b>6 Postal Code</b> <input style="width: 40px; height: 20px;" type="text"/>
7	<b>Telephone number</b>	<b>7.1 Home</b> ( )	<b>7.2 Work</b> ( )	
8	<b>Cellphone number</b>		<b>9 Fax</b> ( )	
10	<b>E-mail address</b>			
11	<b>Interpreted from (language)</b>		<b>to</b>	

12 Date     -   -

13

14 Place

.....  
Signature of interpreter

15

Rank of police official in block letters (if applicable)

16

Persal number of police official (if applicable)

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

1

RECOMMENDATION REGARDING THE APPLICATOR				
Recommended			Not recommended	

1.1

<b>Motivation</b>	
-------------------	--

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 517(g)**  
**APPLICATION FOR THE RENEWAL OF A COMPETENCY CERTIFICATE**

[Form SAPS 517(g) and Accompanying Declaration inserted by GN R1208 of 17 December 2010 (wef 10 January 2011).]

SAPS 517(g)



SOUTH AFRICAN POLICE SERVICE  
**APPLICATION FOR THE RENEWAL OF A COMPETENCY CERTIFICATE**  
 Section 10A of the Firearms Control Act, 2000 (Act 60 of 2000)

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

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

1  
2  
3  
4

B FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED			
Province			
Police station			
Component code			
Firearm applications register reference number	SAPS 86	NO	YEAR

C FOR OFFICIAL USE BY THE DECIDING OFFICER																			
<b>1 Outstanding/Additional information required</b>																			
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									2 Peral number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									3 Date
..... 4 Signature of police official		<table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 20px;"></table> 5 Name in block letters																	
<b>6 Application for competency approved</b> (Indicate with an X)																			
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									7 Peral number	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>									8 Date
..... 9 Signature of deciding officer		<table border="1" style="display: inline-table; border-collapse: collapse; width: 40px; height: 20px;"></table> 10 Officer code	<table border="1" style="display: inline-table; border-collapse: collapse; width: 150px; height: 20px;"></table> 10 Name in block letters																
<b>12 Application for competency refused</b> (Indicate with an X)		<b>13 Reason(s) for refusal</b>																	

<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>												14 Persal number	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%;"></td><td style="width:10%;"></td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>					-			-			15 Date
				-			-																	
<p style="text-align: center;">.....</p>				<table border="1" style="width: 30px; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>				<table border="1" style="width: 150px; height: 20px;"> <tr> <td style="width:100%;"></td> </tr> </table>																
16 Signature of deciding officer				17 Officer code		18 Name in block letters																		

**D Competency certificate renewal type** (indicate with an x)

1	<b>CERTIFICATES</b>		
1.1	Competency Certificate to possess a Firearm		
1.2	Competency Certificate to Trade in Firearms		
1.3	Competency Certificate to Manufacture Firearms		
1.4	Competency Certificate to Conduct Business as a Gunsmith		
1.5	Competency Certificate to Possess a firearm as a private collector for a specific category		
1.6	Competency Certificate to Possess a muzzle loading firearm		

4	<b>Details of original competency certificate</b>					
	<b>Types of firearm/s indicated on current Competency Certificate</b>	<b>Mark applicable type with a X</b>	<b>Indicate category of collector if applicable (A, B, C)</b>	<b>Competency Certificate Number</b>	<b>Date issued</b>	<b>Expiry date</b>
	Handgun					
	Handgun and Rifle					
	Rifle					
	Shotgun					
	Shotgun and Handgun					
	Rifle and Shotgun					
	Handgun and Rifle and Shotgun					
	Hand Machine Carbine					
	Handgun and Hand Machine Carbine					
	Handgun and Rifle and Hand Machine Carbine					
	Handgun and Shotgun and Hand Machine Carbine					
	Handgun and Rifle and Shotgun and Hand Machine Carbine					
	Rifle and Hand Machine Carbine					
	Rifle, Shotgun and Hand Machine Carbine					
	Shotgun and Hand Machine Carbine					

**E PARTICULARS OF APPLICANT**

1	<b>NATURAL PERSON'S DETAILS</b>														
2	<b>Type of identification</b> (Indicate with an X)														
2.1	SA ID	Passport	Non-SA citizen with permanent residence*												
3	Identity number of natural person		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>												
4	Passport number of natural person		<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>												
5	Surname			6 Initials											
				<table border="1" style="width: 30px; height: 20px;"> <tr> <td style="width:10%;"></td><td style="width:10%;"></td><td style="width:10%;"></td> </tr> </table>											

7	Full name				Title	<input type="text"/>
8	Formal Street Address (residential)					
10	Postal address				9 Postal Code	<input type="text"/>
					11 Postal Code	<input type="text"/>
12	Telephone number	12.1 Home	<input type="text"/>	( )	12.2 Work	( )
12.3	Cellphone number				12.4 Fax	( )
13	E-mail address					

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

15 **WAS YOUR APPLICATION HANDED IN 90 DAYS BEFORE EXPIRY OF THE EXISTING COMPETENCY CERTIFICATE?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If no, provide reason(s)
-----	--------------------------	----	--------------------------	--------------------------

16 **WAS YOUR APPLICATION HANDED IN AFTER THE EXPIRY OF THE EXISTING COMPETENCY CERTIFICATE?** (Indicate with an X)

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, provide reason(s)
-----	--------------------------	----	--------------------------	---------------------------

17 **DECLARATION BY APPLICANT**

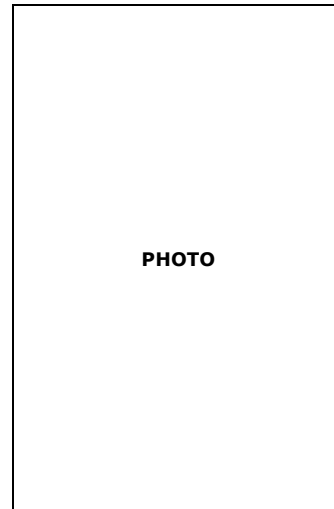
I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this application.

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

Note:

The requirements of the photo:

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



2

Signature

4 Fingerprint designation

3

5  6

Name of applicant in block letters

7

Date  -  -

Place

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

8.1

Name of police official in block letters

8.2

Persal number of police official

8.3

Rank of police official in block letters

8.4 .....

Signature of police official

9 **PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.2

Persal number of witness

9.3

Rank of witness in block letters

9.4 .....

Signature of witness

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

1	Name and surname of interpreter		
2	Identify/Passport number of interpreter	<input style="width: 250px; height: 20px;" type="text"/>	
3	Residential address		4 Postal Code <input style="width: 40px; height: 20px;" type="text"/>
5	Postal address		6 Postal Code <input style="width: 40px; height: 20px;" type="text"/>

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)

**H IN CASE OF NOMINEE/AUTHORISED PERSON**

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

3 Date  -  -

4 .....  
Signature of nominee/authorised person

5 Place

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

1	RECOMMENDATION REGARDING THE APPLICATION (Indicate with an X)	
2	Recommended	Not recommended
2.1	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

**ACCOMPANYING DECLARATION BY APPLICANT PRESCRIBED IN TERMS OF SECTION 10A(3) OF THE FIREARMS CONTROL ACT, 2000 (ACT 60 OF 2000)**

I hereby declare that I am the Applicant for the renewal of a competency certificate with the particulars set out in part E above. I hereby declare that I have taken note that section 9(2) of the Firearms Control Act, 2000 (Act 60 of 2000), provides that a competency certificate may only be issued to a person if he or she-

- (a) is 21 years or older on the day the application is received by the Designated Firearms Officer;
- (b) is a South African citizen or a holder of a permanent South African residence permit;
- (c) is a fit and proper person to possess a firearm, to trade in firearms, to manufacture firearms or to conduct business as a gunsmith, as the case may be;
- (d) is of stable mental condition and is not inclined to violence;
- (e) is not dependent on any substance which has an intoxicating or narcotic effect;
- (f) has not been convicted of any offence under or in terms of this Act or the previous Act and sentenced to a period of imprisonment without the option of a fine;
- (g) has not been convicted, whether in or outside South Africa, of an offence involving the unlawful use or handling of a firearm by him or her or another participant to the offence, whether committed in or outside South Africa;
- (h) has not been convicted, whether in or outside South Africa, of an offence involving-
  - (i) violence or sexual abuse, whether committed in or outside South Africa, and sentenced to a period of imprisonment without the option of a fine; or
  - (ii) physical or sexual abuse which occurred within a domestic relationship as defined in section 1 of the Domestic Violence Act, 1998 (Act 116 of 1998), whether committed in or outside South Africa;
- (i) has not been convicted of fraud in relation to, or supplying false information for the purposes of, obtaining a competency certificate, licence, permit or authorisation in terms of this Act or the previous Act;
- (j) has not been convicted, whether in or outside South Africa, of an offence involving the abuse of alcohol or drugs, whether committed in or outside South Africa, and sentenced to a period of imprisonment without the option of a fine;
- (k) has not been convicted, whether in or outside South Africa, of an offence involving dealing in drugs, whether committed in or outside South Africa, and sentenced to a period of imprisonment without the option of a fine;
- (l) has not been convicted of an offence in terms of the Domestic Violence Act, 1998 (Act 116 of 1998), and sentenced to a period of imprisonment without the option of a fine;
- (m) has not been convicted of an offence involving the negligent handling of a firearm;
- (n) has not been convicted of an offence in terms of the Explosives Act, 1956 (Act 26 of 1956), and sentenced to a period of imprisonment without the option of a fine;
- (o) has not been convicted, whether in or outside South Africa, of an offence involving sabotage, terrorism, public violence, arson, intimidation, rape,

kidnap[p]ing or child stealing, whether committed in or outside South Africa;

- (p) has not become or been declared unfit to possess a firearm in terms of this Act or the previous Act;
- (q) has successfully completed the prescribed test on knowledge of this Act;
- (r) has successfully completed the prescribed training and practical tests regarding the safe and efficient handling of a firearm; and
- (s) has, where applicable, successfully completed the prescribed training and practical tests for firearms dealers, manufacturers, gunsmiths, security officers or other persons who use firearms in the course of their business.

I hereby declare that I still conform with all the requirements of the said section 9(2).

**NAME AND SURNAME IN BLOCK LETTERS**

SIGNATURE

Date:

Place:

**CERTIFICATE BY COMMISSIONER OF OATHS**

I certify that the deponent has acknowledged that he/she knows and understands the content of this statement. The deponent has/has no objection in taking the prescribed oath.

The statement was sworn to/affirmed before me and the deponent's signature/mark/fingerprint was placed thereupon in my presence at ..... (place) on ..... (date) at ..... (time).

SIGNATURE OF COMMISSIONER OF OATHS

FULL NAMES:

CAPACITY:

ADDRESS:

**SAPS 349 (a)  
APPLICATION FOR ACQUISITION OF FIREARMS BY OFFICIAL  
INSTITUTIONS**

SAPS 349(a)



SOUTH AFRICAN POLICE SERVICE  
**APPLICATION FOR ACQUISITION OF FIREARMS BY OFFICIAL INSTITUTIONS**  
Section 97 of the Firearms Control Act, 2000 (Act 60 of 2000)

<b>OFFICIAL DATE STAMP</b>	<b>A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</b>
	1 Application reference No <input style="width: 100%;" type="text"/>
	2 Number of application <input style="width: 20%;" type="text"/> of <input style="width: 20%;" type="text"/>
<b>DATE RECEIVED</b>	

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	NO
			YEAR

C FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)			
<b>1 Outstanding/Additional information required</b>			
<input style="width: 100%;" type="text"/>	2 Persal number	<input style="width: 100%;" type="text"/>	3 Date
.....		<input style="width: 100%;" type="text"/>	
4 Signature of police official		5 Name in block letters	
<b>6 Application for licence approved</b> (Indicate with an X) <input style="width: 20px;" type="checkbox"/>			
<input style="width: 100%;" type="text"/>	7 Persal number	<input style="width: 100%;" type="text"/>	8 Date
.....		<input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>
9 Signature of CFR officer		10 Officer code	11 Name in block letters
<b>12 Application for licence refused</b> (Indicate with an X) <input style="width: 20px;" type="checkbox"/>			<b>13 Reason(s) for refusal</b>

<input style="width: 100%; height: 20px;" type="text"/>	14 Persal number	<input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/>	15 Date
..... 16 Signature of CFR officer	<input style="width: 30px; height: 20px;" type="text"/> 17 Officer code	<input style="width: 150px; height: 20px;" type="text"/> 18 Name in block letters	

**D LIST OF FIREARMS FOR ACQUISITION** Description of firearm

1 Type	2 Action	3 Calibre	4 Calibre code	5 Manufacturer's serial number	6 Make
			To be completed by the SA Police Service		

**E PARTICULARS OF CURRENT OWNER**

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

A Firearm dealer	B Another official/government institution	C Imported firearm
---------------------	----------------------------------------------	-----------------------

2 **JURISTIC PERSON'S DEALER**3 **TYPE A** (Firearm dealer)

4	Registered company name			
5	Trading as			
6	FAR number	<input type="text"/>		
7	Postal address			
		8 Postal Code	<input type="text"/>	
9	Business address			
		10 Postal Code	<input type="text"/>	
11	Business telephone number	11.1 Work ( )	11.2 Fax ( )	
12	E-mail address			
13	Responsible person (Name and surname)			
14	Type of identification (Indicate with an X)	SA citizen		Non-SA citizen with permanent residence*
15	Identity number of responsible person	<input type="text"/>		
16	Cellphone number			
17	Physical address			
		18 Postal Code	<input type="text"/>	
19	Postal address			
		20 Postal Code	<input type="text"/>	

21 **TYPE B** (Another official/government institution)

22	Registered name/government institution			
23	Trading as			
24	FAR number			
25	Postal address			
		26 Postal Code	<input type="text"/>	
27	Business address			
		27 Postal Code	<input type="text"/>	
29	Business telephone number	29.1 Work ( )	29.2 Fax ( )	
30	E-mail address			
31	Responsible person (Name and surname)			
32	Type of identification (Indicate with an X)	SA citizen		Non-SA citizen with permanent residence*
33	Identity number of responsible person	<input type="text"/>		
34	Cellphone number			
35	Physical address			

	36 Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
37	Postal address	
	38 Postal Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

39 **TYPE C (Imported firearms)**

40	Import permit number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
41	Date issued	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
42	Expiry date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

43 **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 intend to sell or supply it to the applicant once the necessary permit/authority has/have been obtained and that the particulars of the firearm(s) are correct and accurate.

I am aware that it is an offence in terms of section 120(9)(f) of the Firearms Control Act, 2000 (Act 60 of 2000), to make a false statement in this application.

44	Name and surname of current owner/authorised person	
45	Identification number of current owner/authorised person	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

46	Designation		47	Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
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48	..... Signature of current owner/authorised person	49	Place	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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**F PARTICULARS OF APPLICANT** (Complete only the section that is applicable to you.)

1 **PARTICULARS OF EXISTING COMPETENCY CERTIFICATE** (Indicate with an X)

1.1	A	Competency certificate to trade in firearms	
1.2	B	Competency certificate to manufacture firearms	
1.3	C	Competency certificate to conduct business as a gunsmith	
1.4	D	Competency certificate to possess a firearm (Indicate with an X)	
		Handgun	<input type="checkbox"/>
		Rifle	<input type="checkbox"/>
		Shotgun	<input type="checkbox"/>

1.5	Competency certificate number			
1.6	Date of issue	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	1.7 Expiry date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>

2 **DETAILS OF FIREARMS IN YOUR POSSESSION AND FOR WHICH YOU HAVE A LICENCE, PERMIT OR AUTHORISATION**

2.1	Type	Calibre	Make	Barrel Serial No.	Frame/receiver Serial No	Licence/permit authorisation No

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3 **OFFICIAL INSTITUTIONS DETAILS**

4	Name																								
5	FAR number		<table border="1" style="width: 100%; height: 15px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						
6	Postal address																								
					7 Postal Code	<table border="1" style="width: 40px; height: 15px;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>																			
8	Business address																								
					9 Postal Code	<table border="1" style="width: 40px; height: 15px;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>																			
10	Business telephone number	10.1 Work	( )	10.2 Fax	( )																				
11	E-mail address																								
12	Number of persons employed by the institution to use firearms																								
13	Responsible person (Names and surname)																								
14	Type of identification (Indicate with an X)		SA citizen	Non-SA citizen with permanent residence*																					
15	Identity number of responsible person		<table border="1" style="width: 100%; height: 15px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						
16	Cellphone number																								
17	Physical address																								
					18 Postal Code	<table border="1" style="width: 40px; height: 15px;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>																			
19	Postal address																								
					20 Postal Code	<table border="1" style="width: 40px; height: 15px;"> <tr> <td></td><td></td><td></td><td></td> </tr> </table>																			

21 Motivation of purpose for which the firearm is required (Applicable to all types of applications)

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22	<b>HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?</b> (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
22.1	Police station (1)			22.2 CAS/Case number	
22.3	Charge				
22.4	Sentence				
22.5	Police station (2)			22.6 CAS/Case number	
22.7	Charge				
22.8	Sentence				

23	<b>ARE THERE ANY CRIMINAL CASES PENDING AGAINST YOU?</b> (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
23.1	Police station (1)			23.2 CAS/Case number	
23.3	Offence				
23.4	Police station (2)			23.5 CAS/Case number	
23.6	Offence				

24	<b>HAS ANY OF YOUR AND/OR INSTITUTION'S FIREARM(S) EVER BEEN LOST/STOLEN?</b> (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
24.1	Police station (1)			24.2 CAS/Case number	
24.3	Circumstances				
24.4	Details of firearm				
24.5	Police station (2)			24.6 CAS/Case number	
24.7	Circumstances				
24.8	Details of firearm				

25	<b>IN CASE A FIREARM WAS LOST NEGLIGENTLY, WAS ANY CASE OPENED AND INVESTIGATED BY THE SAPS?</b> (Indicate with an X)				
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details
25.1	Police station (1)			25.2 CAS/Case number	
25.3	Charge			25.4 Outcome	
25.5	Police station (2)			25.6 CAS/Case number	
25.7	Charge			25.8 Outcome	

26 **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 60 of 2000), to make a false statement in this application.

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

1  2 Fingerprint Designation

3 Date   -  -

4   
Name of applicant in block letters

5 Place

6 .....  
Signature of applicant

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

7.1   
Name of police official in block letters

7.2   
Persal number of police official

7.3   
Rank of police official in block letters

7.4 .....  
Signature of police official

**8 PARTICULARS OF WITNESS**

8.1   
Name of witness in block letters

8.2   
Persal number of witness

8.3   
Rank of witness in block letters

8.4 .....  
Signature of witness

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

1	Name and surname of interpreter			
2	Identify/Passport number of interpreter	<input style="width: 250px; height: 20px;" type="text"/>		
3	Residential address			4 Postal Code <input style="width: 40px; height: 20px;" type="text"/>
5	Postal address			6 Postal Code <input style="width: 40px; height: 20px;" type="text"/>
7	Telephone number	7.1 Home ( )	7.2 Work ( )	
8	Cellphone number			9 Fax ( )
10	E-mail address			
11	Interpreted from (language)		to	

12 Date   -  -

13 .....  
Signature of interpreter

14 Place

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

16   
Persal number of police official (if applicable)

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

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

**I FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER**

**REPORT OF DESIGNATED FIREARMS OFFICER IN THE CASE OF A RESTRICTED FIREARM FOR SELF-DEFENCE**

Place where the applicant resides (Indicate with an X)	urban area		rural area		farm		Small-holding	
	other							

**If the applicant resides in a rural area/on a farm or smallholding, state the following**

3.1	Distance to nearest neighbours		metres/kilometre
3.2	Distance to nearest police station		metres/kilometre

**Does the applicant reside near/not near a high-risk/crime-rated area? If the applicant resides near a crime-rated area submit motivation**

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**Does the applicant reside or work in a dangerous area or a high-risk area? If yes, submit motivation**

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Is the applicant a (Indicate with an X)	dedicated hunter		dedicated sports-person		private collector		public collector	
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6.1	How many firearms does the applicant possess?	
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**J RECOMMENDATION REGARDING THE APPLICATION (Applicable to all types of applications)**

Recommend		Not recommended	
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**Motivation regarding the application**

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

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2	<input type="text"/>	3	Date	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
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Name of Designated Firearms Officer/Station Commissioner in block letters

4	<input type="text"/>	5	Place	<input type="text"/>
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Rank of Designated Firearms Officer/Station Commissioner in block letters

6	.....	7	<input type="text"/>
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Signature of Designated Firearms Officer/Station Commissioner

Persal number of Designated Firearms Officer/Station Commissioner