

SOUTH AFRICAN POLICE SERVICE

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

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

FOR OFFICIAL USE BY THE POLICE STATION

OFFICIAL DATE STAMP

	WHERE TH	E APPLICATION	I IS CAPTURE	:D
	¹ Application reference No			
DATE RECEIVED				
B. FOR OFFICIAL USE BY POL	ICE STATION WHERE THE	APPLICATION IS	RECEIVED	
Province				
Area				
Police station				
Component code				
Firearm applications register reference number	SAPS 86 NO		YEAR	
c. FOR OFFI	CIAL USE BY THE DECIDING	OFFICER		
¹ Outstanding/Additional information required	THE DECIDING	JITIOLIK		
- 2 Per	sal number	-	-	³ Date
⁴ Signature of police official	ν)	⁵ Name in b	lock letters	
⁶ Application for a permit approved (Indicate with an)	^)			
- 1 7 Per	rsal number	T -	-	⁸ Date
		1 1 1		
⁹ Signature of deciding officer	¹⁰ Officer code	¹¹ Name in blo	ock letters	
¹² Application for a permit refused (Indicate with an X)	¹³ Reason(s) for	refusal		
 	ersal number	T. I T	.	15 Date
	isai numbei	1-11	-	Date
¹⁶ Signature of deciding officer	¹⁷ Officer code	¹⁸ Name in bl	ock letters	

	D.					T	YPE	OF I	PERI	MIT (I	ndicat	e with	an X)										
	Multiple impo export permit	ort or		² Imp	oort pe	rmit		3	Ехр	ort pei	mit		4 Ir	n-trans	sit peri	mit		5	Tempor ex	porar xport	y impo permi	ort t	
	E.					P	ART	ICUL	_ARS	S OF	APP	LICA	NT										
1	NATURAL PERSO	N'S DE	TAIL	.s																			
2	Type of identificati	ion (Indi	icate	with an X)	_																		
2.1	SA ID	ı	Pass	port		\neg																	
3	Identity number of r	natural p	perso	on										-					-			-	
4	Passport number of	f natura	l per	son																			
5	Surname																6	nitials					
7	Full names																						
8	Date of birth				-			-			9 /	\ge					¹⁰ (Gende	er	Ма	ale	Fen	nale
11	Residential address	<u> </u>		I																			
																¹² P	osta	l Cod	Э				
13	Postal address																						
																14 P	osta	al Cod	е				
15	Trade or profession	ı								16	If se	lf-em	ploye	d, spe	ecify	П							
17	Name of employer/o	compan	ny																				
18	Business address				<u> </u>	<u> </u>				<u> </u>					<u> </u>								
																19	Pos	stal Co	ode				
20	Telephone number			20.1 Ho	me	()				20.:	2 Wo	ork		()							
20.3	Cellphone number										21	Fax	x		()							
22	E-mail address														<u>I</u>								
22					7																		
23	Marital status (Indic	ate with	an X)	1																			
24	Single			Marri	ed				Divo	rced				١	Nidow	,				Wide	ower		
	Other (specify)																						
25	PARTICULARS OF	APPLI	ICAN	T'S SPO)USE/I	PARTI	NER	(If ann	licable	.)													
					_			(,													
25.1	Type of identificati	ion (Indi	icate	with an X)																			
25.1.1	SA ID	F	Pass	port																			
25.2	Identity number of s	spouse/	partr	ner										-					-			-	
25.3	Passport number of	f spouse	e/par	tner																			
25.4	Full Name and surn	ame																					
26	JURISTIC PERSON	N'S DE	TAIL	s																			
27	Registered compan	v name)																				
28	Trading as name	,																					
29	FAR number																						

																SA	NPS 5	o∠∪(a)
30	Postal address																	
											31	¹ Pos	tal C	ode				
32	Business address																	
											33	³ Pos	tal C	ode				
34	Business telephone number	34.1 Work	()				34.2 F	ax	()								
35	E-mail address																	
36	RESPONSIBLE PERSON'S D	ETAILS																
37	Responsible person (full name	and surname))															
38	Type of identification (Indicate w	ith an X)			S	A citizer	1						Pass	sport				
39	Identity number of responsible	person							-					-			-	
40	Passport number of responsible	e person																
41	Cellphone number																	
42	Physical address										40							
44		<u> </u>									43	Posta	al Cod	de				
44	Postal address										45	Б 1	10					ı
												Posta	al Co	de				
46	Type of competency certificate	(If applicable)																
47	Date of issue	-	-		4	8 Expi	ry date	Э					-			-		
	F.	PARTIC	III ADG C															
		TARTIO	OLAKS C	of Cu	RRENT	OWNI	ER O	FTHE	E FIR	REAF	RM(S)							
1	NATURAL PERSON'S DETAIL	\neg	OLANO C	JF CUI	RRENT	OWNI	ER O	F THI	E FIR	REAF	RM(S)							
1 2	NATURAL PERSON'S DETAIL Surname	\neg	OLAKO C	JF CUI	RRENT	OWNI	ER O	FTHE	E FIR	REAF	RM(S)		nitials	8				
		\neg	OLARO C	OF CU	RRENT	OWNI	ER O	FTHE	E FIR	REAF	RM(S)		nitials	6				
2	Surname	LS	OLARS C		RRENT	OWNI	ER O	FTHE	<u>-</u>	REAF	RM(S)		nitials	6				
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2 4 5 6	Surname Full names Identity number of natural pers Passport number of natural pers Residential address	LS	l ()	RRENT	OWNI			-	(⁸ Po	³		-				
2 4 5 6 7	Surname Full names Identity number of natural pers Passport number of natural pe Residential address Postal address	on	(RRENT	OWNI		Work	-	(⁸ Po	³	Code	-				
2 4 5 6 7 9	Surname Full names Identity number of natural pers Passport number of natural pers Residential address Postal address Telephone number	on	(RRENT	OWNI	11.2	Work	-	(⁸ Po	³	Code	-				
2 4 5 6 7 9	Surname Full names Identity number of natural pers Passport number of natural pers Residential address Postal address Telephone number Cellphone number	on rson	()			11.2	Work	-	(⁸ Po	³	Code	-	NO			
2 4 5 6 7 9 11 11.3 13 14	Surname Full names Identity number of natural pers Passport number of natural pers Residential address Postal address Telephone number Cellphone number E-mail address	on rson 11.1 Home	()			11.2	Work	-	(⁸ Po	³	Code	-	NO			
2 4 5 6 7 9 11 11.3 13 14	Surname Full names Identity number of natural pers Passport number of natural pers Residential address Postal address Telephone number Cellphone number E-mail address Are there any additional firearm JURISTIC PERSON'S DETAIL	on rson 11.1 Home	()			11.2	Work	-	(⁸ Po	³	Code	-	NO			
2 4 5 6 7 9 11 11.3	Surname Full names Identity number of natural pers Passport number of natural pers Residential address Postal address Telephone number Cellphone number E-mail address Are there any additional firearm	on rson 11.1 Home	()			11.2	Work	-	(⁸ Po	³	Code	-	NO			

19	Postal address																	
	r sota. addisos										20	Pos	tal Co	ode				
21	Business address																	
											22	Pos	tal Co	ode				
23	Business telephone number	23.1 Work	()				23.2	Fax	()							
24	E-mail address										<u>- </u>							
25																		
20	RESPONSIBLE PERSON'S DI	ETAILS																
26	Responsible person (full name ar	nd surname)																
27	Type of identification (Indicate wi	th an X)		SA	citizen						P	assp	ort nı	umbe	r			
28	Identity number of responsible	person							-					-			-	
29	Cellphone number																	
30	Physical address																	
											³¹ Po	stal (Code					
32	Postal address													_				
											³³ Po	ostal	Code	•				
	G.		IMPOR	T AN		EYPOE	T DE	TAII	S									
	G.		INIFOR	II AII	D/OK I	LAFOI	(I DL	. I All										
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/e	export permit su	ubmit the d	ate on	which t	he impo	ort/exp	ort wi	ill tak	e plac	e :e							
7		<u> </u>				•				•						T		
•	Date on which the import/expor	t will take place	:				Dat	te					-		<u></u>	-		
8	In case of a multiple import or e	export permit/te	mporary im	port or	export	permit/	in-tran	sit pe	ermit :	subm	it the fo	ollow	ing					
9																		
	Period for which permit is requi	red																
10	FROM Date	_	-			то	Dat	te					-			-		
	Н.	TRANSPOR	TER'S D	ETAIL	.S (Com	nplete onl	y in the	case	of an	in-tran	sit perm	it)						
1	FAR number			Τ	П													
2	Transporter's name and surnan	ne		1					J	J								
3	Transporter's trading name																	
4	Method of transport																	
5	Transporter's responsible perso (name and surname)	on																
6	Type of identification (Indicate wi	th an X)		SA cit	izen				Nor	n-SA d	citizen	with	perm	anent	t resid	dence	*	
7	Identity number of responsible	person							-					-			-	
g l																-		

Cellphone number

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

10

FROM

TO

Date			-		-	
Date			-		-	

	Transport route	

DETAILS OF FIREARMS

1.1 Type 1.2 Action 1.4 Model 1.3 Calibre Barrel serial number Make Frame or receiver serial number

DETAILS OF AMMUNITION

3

2.1.1 Type	2.1.2 Quantity

2	.2

!	2.2.1	Туре	2.2.2	Quantity

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

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

4	SIGNATURE OF PERSON CURRENTLY IN POSSESSION		
4.1		4.2	Date
4.3	Name of person currently in possession in block letters	4.4	
	Signature of person currently in possession		Place
5	DECLARATION OF APPLICANT		
	I am aware that it is an offence in terms of section 120 (9)(f) of the Fireathis application.	arms Con	trol Act, 2000 (Act No 60 of 2000), to make a false statement in
	J. SIGNATURE OF APPLIC	ANT (Sig	n only if applicable)
1	Name of applicant in block letters	2	Date
3		4	Place
	Signature of applicant		
	K. (This section must only be complete	ed if the a	pplicant cannot read or write)
1	² Fingerprint	3	Date
	² Fingerprint designation	4	
			Name of applicant in block letters
		5	Place
	Right index fingerprint of applicant		
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION	ON	
6.1	Name of police official in block letters	6.2	Persal number of police official
6.3	-	6.4	- -
	Rank of police official in block letters		Signature of police official
7	PARTICULARS OF WITNESS		
7.1		7.2	
	Name of witness in block letters		Persal number of witness
7.3	Rank of witness in block letters	7.4	Signature of witness
	. DARTION ARO		•
	(This section must be completed only if the applicant cannot	t read or v	vrite or does not understand the content of this form.)
1	Name and surname of interpreter		
2	Identity/Passport number of interpreter		
3	Residential address		⁴ Postal Code
5	Postal address		Postal Code
			⁶ Postal Code

7	Telephone number	7.1 Home	()				7.2 Work	: ()								
8	Cellular phone						⁹ Fax	()								
10	E-mail address																
11	Interpreted from language							to									
						12	Date				Τ.						
							Date									<u> </u>	
13	Signature of interpreter					14	Place										
15	Oignature of interpreter		7			16											
	Rank of police official in block letters (if applicable)							Persal number of police official (if applicable)									
	M. PARENTAL CONSENT IN CASE OF A MINOR																
1	Reco	ommended						_ 1	Not rec	ommer	nded						
2	Name and surname of parent/	guardian															
3	Identity/Passport number pare																
4	Comments of parent/guardian								<u> </u>		<u> </u>	<u> </u>		<u> </u>			
						•••••											
						5	Date				-			-			
			_														
6						7	Place										

Signature of parent/guardian

Name and sumame of nominee/authorized person Identity/Passport number of nominee/authorized person 2	N.		IN CASE O	F NOMI	NEE/	AUTHO	RIZEI	D PEI	RSON	1							
Identity/Passport number of nominee/authorized person ""NOTIFICATION OF CHANGE OF ADDRESS "" The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring O. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER RECOMMENDATION REGARDING THE APPLICATION Recommended Not recommended Not recommended Medivation regarding the application A Date	Name and surr	ame of nominee/aut	horized person														
# Place # Place # Place # Place Place Place				son													
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"NOTIFICATION OF CHANGE OF ADDRESS "" The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring O. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER RECOMMENDATION REGARDING THE APPLICATION Recommended Not recommended Not recommended Motivation regarding the application Motivation regarding the application Jame of Designated Firearms Officer/Station Commissioner in block letters And of Designated Firearms Officer/Station Commissioner in block letters The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring Recommended Not recommended Not recommended Not recommended Designated Firearms Officer/Station Commissioner in block letters The Registrar must be informed of address/circumstances within 30 days of such changes occurring The Registrar must be informed of address/circumstances within 30 days of such changes occurring The Registrar must be informed of address/circumstances within 30 days of such changes occurring The Registrar must be informed of address/circumstances within 30 days of such changes occurring The Registrar must be informed of address/circumstances within 30 days of such changes occurring The Registrar must be informed of address/circumstances within 30 days of such changes occurring The Registrar must be informed of address/circumstances within 30 days of such changes occurring The Registrar must be informed of address/circumstances within 30 days of such changes occurring The Registrar must be informed of address/circumstances within 30 days of such changes occurring The Registrar must be informed of address/circumstances within 30 days of such changes occurring The Registrar must be informed of address/circumstances within 30 days of such changes occurring The Registrar must be informed on the such changes of address/circumstances within 30 days of such changes occurring The Registrar must be informed on the such changes of address/circums							Da	te					-			-	
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lame of Designated Firearms Officer/Station Commissioner in block letters 4 Date			nded							Not	recor	nmer	nded				_
lame of Designated Firearms Officer/Station Commissioner in block letters 6 Place Rank of Designated Firearms Officer/Station Commissioner in block letters	Motivation rega	rding the application															
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8							Pla	ice									
							Pla	ice					1				

Commissioner

	P. FOR OFFICIAL USE BY THE SCRUTINY COMMITTEE (In the case of multiple import or export permit/permanent export permit)											
1	RECOMMENDATION REGARDING THE APPLICATION											
	Recommended			Not recommended								
2	Recommendation from Scrutiny Committee											
	Q(In the c	FOR OFFICIAL U		THE NCACC t/permanent export permit)								
1	REC	COMMENDATION RE	GARDING	THE APPLICATION								
	Recommended	JONNINE NEW YORK THE	0/11/01/10	Not recommended								
2	Recommendation from NCACC				<u> </u>							