



SOUTH AFRICAN POLICE SERVICE

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

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

| |
|---------------------|
| OFFICIAL DATE STAMP |
| DATE RECEIVED |

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

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

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

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

RESPONSIBLE PERSON'S DETAILS

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

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

NATURAL PERSON'S DETAILS

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

JURISTIC PERSON'S DETAILS

| | | | | | | | |
|----|-----------------------------------|----------------|--|--|--|--|--|
| 15 | Registered company name | | | | | | |
| 16 | Trading as name | | | | | | |
| 17 | FAR number | | | | | | |
| 18 | Company registration or CC number | | | | | | |
| 19 | Postal address | | | | | | |
| | | 20 Postal Code | | | | | |

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

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

RESPONSIBLE PERSON'S DETAILS

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

G. IMPORT AND/OR EXPORT DETAILS

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

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

Date on which the import/export will take place

| | | | | | | | | | | | | | | |
|------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|
| Date | | | | | | - | | | | | | | | |
|------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|

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

Period for which permit is required

9.1 FROM

| | | | | | | | | | | | | | | |
|------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|
| Date | | | | | | - | | | | | | | | |
|------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|

 TO 9.2

| | | | | | | | | | | | | | | |
|------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|
| Date | | | | | | - | | | | | | | | |
|------|--|--|--|--|--|---|--|--|--|--|--|--|--|--|

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

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

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

9

Validity of the transporter's permit

FROM

| | | | | | | | | | |
|------|--|--|--|--|---|--|--|--|--|
| Date | | | | | - | | | | |
|------|--|--|--|--|---|--|--|--|--|

TO

| | | | | | | | | | |
|------|--|--|--|--|---|--|--|--|--|
| Date | | | | | - | | | | |
|------|--|--|--|--|---|--|--|--|--|

10

| | |
|------------------------|--|
| Transport route | |
| | |
| | |
| | |
| | |
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| | |

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 |
|----------|------------|-------------|-----------|----------|-------------------------------------|--------------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

2

DETAILS OF AMMUNITION

2.1

| 2.1.1 Type | 2.1.2 Quantity |
|------------|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

2.2

| 2.2.1 Type | 2.2.2 Quantity |
|------------|----------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

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

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

4 SIGNATURE OF PERSON CURRENTLY IN POSSESSION

4.1
Name of person currently in possession in block letters

4.2 Date -

4.3
Signature of person currently in possession

4.4 Place

5 DECLARATION OF APPLICANT

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

J. SIGNATURE OF APPLICANT (Sign only if applicable)

1
Name of applicant in block letters

2 Date -

3
Signature of applicant

4 Place

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

1
Right index fingerprint of applicant

2 Fingerprint designation
4

3 Date -

Name of applicant in block letters

5 Place

6 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

6.1
Name of police official in block letters

6.2 -
Persal number of police official

6.3
Rank of police official in block letters

6.4
Signature of police official

7 PARTICULARS OF WITNESS

7.1
Name of witness in block letters

7.2 -
Persal number of witness

7.3
Rank of witness in block letters

7.4
Signature of witness

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

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

N. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person _____

2 Identity/Passport number of nominee/authorized person _____

_____ 3 Date _____

4 _____ 5 Place _____

Signature of nominee/authorized person _____

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

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

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 _____

Personal number of Designated Firearms Officer/Station Commissioner