

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
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E. PARTICULARS OF APPLICANT

NATURAL PERSON'S DETAILS

Type of identification (Indicate with an X)

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

Marital status (Indicate with an X)

24	Single	Married	Divorced	Widow	Widower
	Other (specify)				

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

Type of identification (Indicate with an X)

25.1.1	SA ID	Passport												
25.2	Identity number of spouse/partner													
25.3	Passport number of spouse/partner													
25.4	Full Name and Surname													

JURISTIC PERSON'S DETAILS

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

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

36 **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)

1 **NATURAL PERSON'S DETAILS**

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

14 **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.

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

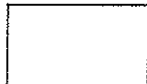
4 Place

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 -
Personal number of police official

6.3
Rank of police official in block letters

6.4
Signature of police official

7 **PARTICULARS OF WITNESS**

7.1
Name of witness in block letters

7.2 -
Personal number of witness

7.3
Rank of witness in block letters

7.4
Signature of witness

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

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

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date

4 Signature of nominee/authorized person

5 Place

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

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

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

1 **RECOMMENDATION REGARDING THE APPLICATION**

2 Recommended Not recommended

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