

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 no 60 of 2000)

OFFICIAL DATE STAMP	A. F	OR OFFICIAL					
	¹ Application re	eference No					
	² Number of ap	oplication			of		
DATE RECEIVED							
B. FOR OFFICIAL USE BY PO	LICE STATION W	HERE THE A	PPLICATION	ON IS RE	CEIVED		
Province							
Area							
Police station							
Component code							
Firearm applications register reference No	SAPS 86 NC)		YEAR			
c. FOR OFFICIAL US	E BY THE CENTR	AL FIREARM	S REGISTI	ER (CFR))		
¹ Outstanding/Additional information required							
	ersal number			_		³ Date	
	0.00.1.00.					2010	
⁴ Signature of police official			⁵ 1	Name in bl	lock letters	s	
⁶ Application for licence approved (Indicate with an	X)						
	ersal number					8 Data	
	ersai number		-			⁸ Date	
⁹ Signature of CFR officer	¹⁰ Officer cod	de	11	Name in b	olock lette	rs	
12 Application for licence refused (Indicate with an X) 13 I	Reason(s) for re	efusal				
_	Persal number		-	-		¹⁵ Date	
		1 1 1	<u> </u>				
¹⁶ Signature of CFR officer	¹⁷ Officer cod	de	¹⁸ I	Name in b	lock letter	s	

	D.		TYPE	OF APPLICATION FOR	RAL	ICENCE TO POS	SESS A FIRI	EARM(S	5)		
	¹ Main firearm	licence holde	r	² Additional firearm	licen	ce holder	(Indicate with a	n X)			
	Section number			Type of li	cence	e/permit				eriod of validity	Х
ı	13	Licence to po	ossess	s a firearm for self-defence					Fi	ve years	
2	14	Licence to po	ossess	s a restricted firearm for self-	-defen	ice			T	wo years	
3	15	Licence to po	ossess	s a firearm for occasional hu	nting	and/or sport-shootin	g		Т	en years	
4	16	Licence to po	ossess	a firearm for dedicated hun	iting a	nd/or dedicated spo	ort-shooting		Т	en years	
5	17	Licence to po	ossess	s a firearm in a private collec	tion				Т	en years	
6	19	Licence to po	ossess	s a firearm, in a public collec	tion				Т	en years	
	20	Licence to po	ossess	s a firearm for business purp	oses:	Business in hunting)		Fi	ve years	
	20	Licence to po	ossess	s a firearm for business purp	oses:	Other business pur	poses		T	wo years	
9	20	Licence to populations	ossess	s a firearm for business purp	oses:	For use in theatrica	ll, film and TV		Tv	wo years	
0	20	Licence to po	ossess	s a firearm for business purp	oses:	As a security busin	ess		T	wo years	
1	20	Licence to po	ossess	s a firearm for business purp	oses:	For training purpose	es		Tv	wo years	
2	20	Licence to po	ossess	s a firearm for business purp	oses:	As a game rancher			T	wo years	
	E.			DESCRIPTION	OF I	FIREARM (Indicate v	with an X)				
	TYPE OF FIR	EARM									
	Rifl	le		Shotgun		Handgur	1		Com	bination	
	Other, specify			Chotgun	l	rianagar			0011	bination	
	indeterminable type)										
	DETAILS OF	FIREARM (Ind	licate wi	ith an X)							
	Action			Semi-automatic		Automatic			Manua	al	
	Action			Other action (specify)		7 tatomato			Maria		_
ı				Carrot dealers (eposity)							
	Names and ac	ldresses engra	aved in	the metal							
	Calibre						1.4 Calibre co	nde			 Ī
	Make					J	Cambre of	ouc			<u> </u>
	Model										
	Firearm comp	onent type:	J								
	Barrel serial nu							1.8	Make		
	Frame serial n								Make		
1	Receiver seria								Make		
· 			•								
ļ	F			PARTICUL	ARS	OF CURRENT C	OWNER				
	Type of owne	r (Indicate with a	ın X)								
		A e owner		B Firearm dealer		C Company	D Imported fi	rearm		E Estate	

NATURAL PERSON'S DETAILS

3	TYPE A (Private owner)																					
4	Surname												1	⁵ Ini	ials	;			Ī	Ī		
6	Full names																					
7	Identity number										-						-				-	
8	Residential address										•					·						
														⁹ Po	stal	l Cod	е					
10	Postal address																	_				
														¹¹ P	osta	al Co	de					
12	Telephone number	^{12.1} Ho	me	()					12.2 W	/ork			()						
12.3	Cellphone number										¹³ Fa	ax			()						
14	E-mail address																					
15	Are there any additional firearm	licence	holder	s for	this fir	earm'	? (Indic	cate w	ith an	X)		YES	3					١	10			
16	JURISTIC PERSON'S DETAIL	s																				
ļ	TORIOTIO I EROOM O DETAIL																					
17	TYPE B (Firearm dealer)																					
18	Registered company name																					
19	Trading as name																					
20	FAR number																					
21	Postal address								u u													
														²² P	osta	al Co	de					
23	Business address																					
														²⁴ P	ost	al Co	de					
25	Business telephone number	25.	¹ Work	<	()					25.2	Fax		()				•	•	
26	E-mail address																					
27	Responsible person (Name and	d surnam	e)																			
28	Type of identification (Indicate wi	ith an X)				SA c	itizen				No	on-SA	\ ci	tizen	wit	h per	man	ent re	esid	ence	*	
29	Identity number of responsible	person									-						-				-	
30	Cellphone number																					
31	Physical address																					
														³² P	osta	al Co	de					
33	Postal address																					
														³⁴ P	ost	al Co	de					
35	SAP 350 (A) DETAILS Firearm received from																					
36	Name																					
37	Identification number or FAR no	umber																	Τ			
38	Address			<u> </u>		<u> </u>	1	1	1	1	 1	<u> </u>	<u> </u>				<u> </u>	1		1	1	
39	Postal code		$\overline{\mathbf{L}}$				40 D	ate re	eceive	∍d									Τ	-		

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

ļ	TYPE C (Companies)																				
42	Registered company name																				
43	Trading as name																				
44	FAR number																				<u>'</u>
45	Postal address																				
		•												46	Posta	al Cod	le				
47	Business address																				
		•												48	Posta	al Cod	le				
49	Business telephone number	49.	¹ Work		()						49.2	Fax	()					
50	E-mail address																				
51	Responsible person (Name and	surnam	e)																		
52	Type of identification (Indicate with	an X)				SA c	itizen					No	n-SA	citize	n wit	h perr	nane	nt res	idenc	e*	
53	Identity number of responsible pe	erson										-					-			-	
54	Cellphone number												•								
55	Physical address																				
		-												56	Post	al Cod	de				
57	Postal address																				
														58	Posta	al Cod	le				
59		1																	•		
	TYPE D (Imported firearms)																				
60	Import permit number																				
61	Date issued															-			-		
62	Expiry date															-			-		
63												=		•					=		-
	TYPE E (Estate)																				
64	Type of estate (Indicate with an X)																				
65																			ı		
	Executorship		Admin	istrato	orship)			Сι	urator	ship					Trust	t				
66	Surname														67 In	itials					
68	Full names																		•		•
69	Identity number of the owner of the	he firea	rm									-					-			-	
70	Name and surname of executor,	adminis	strator,	curato	or, tru	ıstee	or liq	uidat	or												
•																					
71	Type of identification (Indicate with	an X)	No	n-SA	citize	n wit	h perr	nane	nt res	sidenc	e*					SA ci	tizen				
72	Identity number of executor, adm trustee or liquidator	ninistrato	or, cura	tor,								-					-			-	
73	Telephone number	^{73.1} Ho	me	())						732 _V	/ork		()					
73.3	Cellphone number			_								⁷⁴ Fa	ax		()					
75	Physical address																				
														7	⁶ Pos	tal Co	ode				
77	Postal address																				
														7	⁸ Pos	tal Co	de				

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																		SAF	PS 271
79	Physical address w	here firearm(s) is	s kept																
		()	•									8	30 Pos	tal Ca	a d a				
													Pos	talCo	oae				
81	DECLARATION	BY DEDSON V	NHO IS	I AWEIII I V	/ INI	DOSSE	SSION	I OE	TUE	CIDE	A D I	1/2\							
	DECLARATION	DI PERSON V	VIIO IS	LAVVFULLI	IIN	PUSSE	33101	I OF	INE	FIRE	AKI	1(3)							
	I hereby declare that	the above firear	m(s) is/ar	e legally in m	y pos	ssession	and tha	at I pro	opose	to se	ll or s	upply	y it to	the a	pplica	ant on	ce th	Э	
	necessary licence(s)							` '											
	I am aware that it is a this application.	an offence in terr	ns of sec	tion 120 (9)(f)	of th	ne Firear	ms Cor	itrol A	ct, 20	00 (A	ct No	60 o	f 2000	0), to	make	a fal	se sta	tem	ent in
	ппо арриовиот																		
82	Name and surname	e of current owne	er/authoriz	zed person															
83	Identification numb	er of current own	ner/author	rized															
	person														_				
84	Destaurties			7			85	D : 1											
	Designation							Dat	е					-			-		
•																			1
86							87	Pla	ce										
	Signature of current	owner/authorized	d person																
	G.	PARI	TICULAF	RS OF APP	LICA	ANT (Con	nnlete or	alv the	section	that h	as he	aring	on vou)					
						(0011		,	30000	ut1		2.mg	J you	-,					
1	PARTICULARS OF	EXISTING CO	MPETEN	CY CERTIFIC	ATE	(Indicate	with an 2	X)											
								_	_		_								
1.1	А	Competency co	ertificate t	to trade in fire	arms	3													
1.2	В	Competency co	ertificate t	to manufactu	e fire	earms													
1.3	С	Competency co	ertificate t	to conduct bu	sines	ss as a o	unsmitl	า											
1.4	D	Competency co																	
			ertinicate		III Cai	TIT (Illuica					-								
1.5		Handgun		Rifle			S	hotgu	n										
	Competency certific	cate number						_											
1.6	Date of issue		-	-		1.	⁷ Expi	ry dat	е					-			-		
2	DETAILS O	F FIREARMS IN	YOUR P	OSSESSION	ANE	FOR W	HICH Y	OU F	IAVE	A LIC	ENC	E. PI	ERMI'	T OR	AUTI	HORI	ZATIO	ON	
2.1		Calibre		Make		1	rrel Ser						er Se				nce/p		4
	Type	Calibre		Make		Ба	ilei Sei	iai ivo	,	ГІс	iiie/ii	No	ei se	IIai		autho			
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NATURAL PERSON'	S DETAI	LS																		
PRIVATE PERSON																				
Type of identification	n (Indicate	with an X)																		
SA citizen		-SA citizer	n with p	erman	ent resi	dence	e* T	Ш	1			1		1	1	<u> </u>	1			I
Identity number of private	vate pers	on									-			8.		-		├	+-	
Surname														ا	nitials	3		<u> </u>	<u> </u>	
Full names							1	11	Δ					12	0		Ι.,	-1-	Τ	
Date of birth			-						Age			<u> </u>	<u> </u>		Gend	er	IVI	ale	Fen	nale
Residential address														¹⁴ Po:	otal C	odo	_	Τ	T	l
Postal address														FU	siai C	oue	_	<u> </u>	<u> </u>	<u> </u>
rostal address														¹⁶ Po:	etal C	ode				
Type of residence (eg	ı shack f	lat carava	n cotta	ane ho	nuse ho	stel r	or hom	neless	:)				_	1 0.	star O	ouc	_	<u> </u>	<u> </u>	
Trade or profession	, oridon, i		11, 00110	ago, no	7430, 110	0101 0	_		-empl	oved	sne	cify								
Name of employer/co	mnany							11 3011	CITIPI	oyeu,	, opc	Ony								
Business address	mpany																			
240000 444.000														²² Po:	stal C	ode			Ī	
Telephone number		^{23.1} Hom	е	()						23.	² Wor		()					
Cellphone number											24	Fax		()					
E-mail address																				
Marital status (Indicat	e with an >	Κ)																		
Single		Marrie	ed			Div	orced					Wido	w				Wid	ower		
9															II.					

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

5.1

23.3

Other (specify)

28	PARTICULARS OF APPLICA	NT'S SPO	OUSE	/PAR1	NER																
29	Type of identification (Indicate	e with an X)																		
29.1	SA ID Passport																				
30	Identity number of spouse											-					-			-	
31	Passport number of spouse																				
32	Name and surname																				ı
33	JURISTIC PERSON'S DETAI	LS																			
34	OTHER BODIES (eg body corp	orate, close	corpo	ration o	rcomp	any)															
35	Registered company name																				
36	Trading as name			<u>.</u>	_	8			_			_									
37	FAR number																				
38	Postal address																				
		_												39	Posta	l Cod	е				
40	Business address																				
														41	Posta	l Cod	е				
42	Business telephone number	42.1 Wo	rk	()							42.2	Fax	()						
43	E-mail address																				
44	Number of firearms already re	gistered to	o the l	busine	ss																
45	Number of persons employed	by the bu	siness	s to ha	ındle f	irear	ms														
46	Responsible person (Name ar	nd surnam	ne)																		
47	Type of identification (Indicate v	vith an X)					SA	itizen				No	on-SA	A citiz	en wit	h per	mane	nt res	idenc	e*	
48	Identity number of responsible	person										-					-			1	
49	Cellphone number																				
50	Physical address																				
														51	Posta	al Cod	le				
52	Postal address																				
														53	Posta	l Cod	е				
54	OTHER DETAILS (Applicable to	dedicated	hunter	rs, dedi	cated s	sports	-perso	ns or c	ollecto	ors onl	y.)]									
55	Are you a member of an accre	edited ass	ociatio	on? (In	dicate	with a	an X)	Y	ES		N	10			If yes,	, subn	nit the	e follo	wing o	details	S
56	State name of accredited asso																				
57	FAR number of accredited ass	sociation																			
58	Membership number							⁵⁹ [Date jo	oined						-			-		
									xpiry							-			_		
														_							
61	Motivation of purpose for which	h the firea	arm is	requir	ed (Ap	plica	ble to a	all type	s of ap	plicati	ions)										

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62	HAVE YOU EVER BEEN (Indicate with an X)	CONVICTED OF AN	OFFENCE COMMITTED IN	SIDE OR OUTSIDE THE BORI	DERS OF THE RSA?
	YES	NO	If yes, submit the follo	wing 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	ARE THERE ANY CASE	S PENDING AGAINST	YOU? (Indicate with an X)		
	YES	NO	If yes, submit the follo	wing details	
63.1	Police station ⁽¹⁾			^{63.2} CAS/Case number	
63.3	Offence			······· <u>·</u>	
63.4	Police station (2)			63.5 CAS/Case number	
63.6	Offence			······ <u>·</u>	
64					
04			EN LOST/STOLEN? (Indicate		
64.1	YES	NO	If yes, submit the follo		
	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	WAS A CASE OF NEGL	IGENCE OPENED AN	D INVESTIGATED REGARD	DING THE STOLEN/LOST FIRE	EARM? (Indicate with an X)
	YES	NO	If yes, submit the follow	wing 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	HAVE YOU EVER BEEN	I DECLARED UNFIT T	O POSSESS A FIREARM?	(Indicate with an X)	
	YES	NO	If yes, submit the follow	wing details	
66.1	Police station ⁽¹⁾		ı	66.2 CAS/Case number	
66.3	Charge			<u> </u>	
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	HAS A FIREARM IN YOU	JR POSSESSION BEE	EN CONFISCATED? (Indicat	e with an X)	
	YES	NO	If yes, submit the follow	wing details	
67.1	Police station (1)			67.2 CAS/Case number	
67.3	Circumstances			67.4 Outcome	

67.7	Circumstances			67.8	Outcome						
68	DO YOU HAVE THE	PRESCRIBED SAFE? (I	ndicate with an X)								
	YES	NO									
68.1	IF YES, SUBMIT FU	LL DETAILS (Indicate with	an X, with short description)								
	Type of safe	Handgun	Rifle								
	Strongroom										
	Device										
69	IS SAFE MOUNTED	? (Indicate with an X)									
	YES	NO									
69.1	IF YES, SUBMIT FU	LL DETAILS (Indicate with	an X)								
	Wall	Floor	Ш								
70	DECLARATION BY	APPLICANT									
			on 120 (0)(f) of the Eirogram	Control Ac	t 2000 (A at N	la 60 of 1	2000\ +	maka	o fol	oo stata	mont in
	this application.	ronence in terms or section	on 120 (9)(f) of the Firearms	S COILLOI AC	t, 2000 (ACL N	10 00 01 2	2000), 10	make	a iai	se state	inent in
	Н.	SIGN	IATURE OF APPLICAN	$m{T}$ (Sian only if	applicable)						
				- (9)	арриозако,						
	Note:										
	The requirements	s of the photo:									
	 The photo mu The photo mu applicant. The backgrou The applicant photograph. The applicant on the back of form. The applicant The signature The whole fing 	st be the size of a standa st be a full front view of the nd of the photo must be pmay not be wearing a hat is name and identification the photograph before it must sign in black ink. may not exceed the bord ger must be pressed down	ne head and shoulders of the plain. It or sunglasses on the number must be written is affixed on the application ler.	e	P	HOT	O		1	⁴ Fingel	rprint
	2	Signature							3	desig	nation
5]	6 Date						-	
	Name of applicant in b	lock letters	1	7			•	<u> </u>			
				Place	Э						

67.6 CAS/Case number

Police station (2)

8	PARTICULARS OF POLICE O	FFICIAL DEALIN	NG WITH	APPLIC	ATION												
8.1	<u> </u>					8.2							_				
ļ	Name of police official in block le	etters					Pe	ersal n	umber o	of polic	e offic	ial			l		
8.3						8.4											
	Rank of police official in block let	tters					Się	gnatur	e of poli	ce offic	cial						
•	Г																
9	PARTICULARS OF WITNESS																
9.1						9.2							-				
!	Name of witness in block letters						Persa	l numb	per of wi	tness	•	•					
9.3						9.4											
	Rank of witness in block letters								e of witn								
	I		PARTI														
	(This section must be	completed only	if the appli	icant car	nnot rea	d or v	write or	does	not und	erstan	d the	conte	nt of	this fo	orm.)		
1	Name and surname of interpre	ter															
2	Identity/Passport number of int	erpreter															
3	Residential address									_							
_										4	Post	al Co	de				
5	Postal address									_						1	
_									_	6	Posta	al Co	de				
7	Telephone number	7.1 Home	()				7.2	Vork	()							
8	Cellphone number						9 F	ax	()							
10	E-mail address						I										
	Interpreted from (language)						to	L									
						12	Date					-			-		
13						14	Place	е									
ı	Signature of interpreter														•		
15		(1)				16							-	لِللِ	ļ		
	Rank of police official in block let	iters (if applicable	;)					Pe	ersal nun	nber of	polic	e offi	cial (i	appli	ıcable)	_
	J.	PAI	RENTAL	CONS	ENT IN	CA	SE OF	AM	INOR								
1	Reco	mmended							Not	t recon	nmen	ded					
															_		
2	Name and surname of parent/g	guardian			-		ı - ı			-			1				
3	Identity/Passport number of pa	rent/guardian															
4	Comments of parent/guardian																

			- T			1 1	<u> </u>	1	1		_ _
			5	Date			-			-	_
			7	Place							
Signature of parent/guardian											
	*** NOTIFIC	ATION OF CH	HANGE (F ADDRES	S ***						
The Registrar must	be informed of all change	es of address	/circums	ances within	30 day	ys of su	ıch chan	ges o	ccurring	g	
K. F	FOR OFFICIAL USE E	RY THE DE	SIGNAT	FD FIREAR	RMS C	FFICE	=R				
N.		J. 1	J. C. I.		\	,,,,,					_
	ATED FIREARMS OFFIC	ER IN THE C	ASE OF	A RESTRIC	TED F	IREAR	M FOR S	SELF.	-DEFEN	NCE	
Place where the applicant resides	(indicate with an X)	urban area		rural area		farm			sma	allholding	
		other									_
If the applicant resides in a rural a	area/on a farm or smallh	olding, state t	he follow	ng							
Distance to nearest neighbours									met	re/kilome	etr
Distance to nearest police station									met	re/kilome	etre
											_
Does the applicant reside near/no	ot near a high-risk/crime-	rated area? If	the appl	cant resides	near a	crime-	rated are	ea sul	bmit mo	otivation	
Does the applicant reside or work	in a dangerous area or	a high-risk are	ea? If yes	, submit mot	tivation						
Does the applicant reside or work	in a dangerous area or	a high-risk are	ea? If yes	, submit mot	tivation						
Does the applicant reside or work	in a dangerous area or	a high-risk are	ea? If yes	, submit mot	tivation						
Does the applicant reside or work	in a dangerous area or	a high-risk are	ea? If yes	, submit mot	tivation						
Does the applicant reside or work			dicated s	ports-		vate co	llector		public	c collector	
Is the applicant a (Indicate with an X	dedicated hunter			ports-			llector		public	c collecto	r
	dedicated hunter		dicated s	ports-			llector		public	c collecto	
Is the applicant a (Indicate with an X How many firearms does the appl	dedicated hunter	dec	dicated s persor	oorts-	pri	vate co		itions	public	c collecto	r
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Report regarding the physical inspection of the applicant's safeguarding f	facilitie	es										
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Signature of Designated Firearms Officer/Station Commissioner		Pers	al nu	mber	of De	signa	ted F	irearn	ns Of	ficer/s	Statio	n

Commissioner