

SAMPLE



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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

SAMPLE

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)
13 Reason(s) for refusal
14 Persal number
15 Date

..... ¹⁶ Signature of deciding officer	<table border="1" style="width: 100%; height: 20px;"> <tr> <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="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>	
	¹⁷ Officer code	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	<input checked="" type="checkbox"/>
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E. PARTICULARS OF APPLICANT

1 **NATURAL PERSON'S DETAILS**

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

2.1 SA ID		Passport		<input checked="" type="checkbox"/>																	
3 Identity number of natural person																					
4 Passport number of natural person	1	2	3	4	5	6	7	8	9	-	-	-									
5 Surname	DOE								6 Initials	J											
7 Full names	JOHN																				
8 Date of birth	1	9	6	7	-	1	0	-	3	0	9 Age	4	9	10 Gender	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female					
11 Residential address	609 E Chicago rd , Sturgis																				
	MICHIGAN , USA										12 Postal Code	4	9	0	9	1					
13 Postal address	609 E Chicago rd , Sturgis																				
	MICHIGAN , USA										14 Postal Code	4	9	0	9	1					
15 Trade or profession	ACCOUNTANT					16 If self-employed, specify	YES														
17 Name of employer/company	A	B	C	A	C	C	O	U	N	T	I	N	G	S	E	R	V	I	C	E	S
18 Business address	123 E CHICAGO RD , STURGIS																				
	MICHIGAN , USA										19 Postal Code	4	9	0	9	1					
20 Telephone number	20.1 Home	(269) 358 2950					20.2 Work	(269) 358 2950													
20.3 Cellphone number	269 358 2950					21 Fax	()														
22 E-mail address	johndoe@yahoo.com																				

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

24 Single		Married	<input checked="" type="checkbox"/>	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		Passport		<input checked="" type="checkbox"/>								
25.2 Identity number of spouse/partner												
25.3 Passport number of spouse/partner	1	2	3	4	5	6	7	8	9	-	-	-
25.4 Full Name and Surname	JANE DOE											

26 **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															
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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	UNITES STATES OF AMERICA														
2	Country of destination	REPUBLIC OF SOUTH AFRICA														
3	Port of entry	JOHANNESBURG														
4	Port of exit	JOHANNESBURG														
5	Reason for permit	HUNTING SAFARIS														

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	2	0	1	7	-	0	5	-	1	3
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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	2	0	1	7	-	0	5	-	1	3
------	---	---	---	---	---	---	---	---	---	---

TO 9.2

Date	2	0	1	7	-	0	5	-	2	3
------	---	---	---	---	---	---	---	---	---	---

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	

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
RIFLE	BOLT	.7 MM MAG	R84	BLASER	123456	123456

2

DETAILS OF AMMUNITION

2.1

2.1.1 Type	2.1.2 Quantity
.7MM MAG	120

2.2

2.2.1 Type	2.2.2 Quantity

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.

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

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)

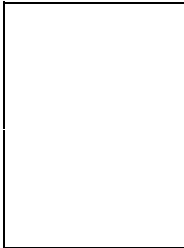
1
Name of applicant in block letters

2 Date - -

3
Signature of applicant

4 Place

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



2 Fingerprint designation



Right index fingerprint of applicant

3 Date -

4
Name of applicant 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

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 Identity/Passport number of interpreter

3

Residential address				
	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																
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13	14
Signature of interpreter	Place

15	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	2
Recommended	Not recommended

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

5	Date																
---	------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

6	7
Signature of parent/guardian	Place

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 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

O. 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