

wife / family member.

## TESTIMONIAL

THIS TESTIMONIAL MUST BE COMPLETED, IF YOU ARE MARRIED, YOUR SPOUSE MUST COMPLETE ONE OF THESE DOCUMENTS, IF YOU ARE NOT MARRIED, YOUR'E MARTNER. IF NO PARTNER A FAMILY MEMBER SUCH AS YOUR FATHER, MOTHER, BROTHER OR SISTER THEN WE ALSO NEED ONE FROM A FRIEND, COLLEAUGUE, OR NEIGHBOUR.

### DETAILS OF PERSON GIVING TESTIMONIAL

FULL NAMES AND SURNAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TEL NO(H): \_\_\_\_\_

TEL NO(W): \_\_\_\_\_

CELL NO: \_\_\_\_\_

ID NO: \_\_\_\_\_

WHAT IS YOUR RELATION TO THE APPLICANT? \_\_\_\_\_

HOW LONG HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

WOULD YOU SAY THAT THE APPLICANT IS RESPONSIBLE/SUITED TO POSSESS A FIREARM?

WHY? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU OF THE OPINION THAT THE APPLICANT HAS PROBLEMS CONTROLLING HIS/HER TEMPER ON ANY EMOTIONAL PROBLEMS THAT MAY HAVE AN INFLUENCE ON POSSESSING A FIREARM?

HOW DOES THE APPLICANT DEAL WITH CONFLICT IN GENERAL?

ARE YOU OF THE OPINION THAT THE APPLICANT MISUSES ALCOHOL/HABIT-FORMING SUBSTANCES?

NAME THE ASPECT(S) THAT MUST BE CONSIDERED WHEN THE APPLICANT IS CONSIDERED.

IS THERE ANY REASON ACCORDING TO YOU, WHICH SHOULD DISQUALIFY THIS APPLICANT TO POSSESS A FIREARM?

(ATTACH ADDITIONAL MOTIVATION IF SPACE IS NOT ADEQUATE FOR THE ABOVE TESTIMONIAL)

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_