

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACQUISITION OF FIREARMS BY OFFICIAL INSTITUTIONS

Section 97 of the Act, 2000 (Act no 60 of 2000)

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED											
	¹ Application reference	• No										
	² Number of application	n	of									
		•										
DATE RECEIVED												
BAIL NEGLIVED												
B. FOR OFFICIAL USE BY PO	LICE STATION WHERE	THE APPLICATION	N IS RECEIVED									
Province												
Area												
Police station												
Component code												
Firearm applications register reference No	SAPS 86 NO		YEAR	_								
c. FOR OFFICIAL USE	E BY THE CENTRAL FIF	REARMS REGISTE	R (CFR)									
¹ Outstanding/Additional information required			,									
	rsal number	-	<u> </u>	³ Date								
⁴ Signature of police official		⁵ N	lame in block letter	S								
⁶ Application for licence approved (Indicate with an X)											
	rsal number		-	⁸ Date								
⁹ Signature of CFR officer	¹⁰ Officer code		Name in block lette	rs								
12 Application for licence refused (Indicate with an X)	¹³ Reason	(s) for refusal										
- 14 P	ersal number		-	¹⁵ Date								
16		18										
¹⁶ Signature of CFR officer	¹⁷ Officer code	10 1	lame in block letter	S								

D.

LIST OF FIREARMS FOR ACQUISITION

Description of firearm

To be completed by the SA Police Service

¹ Type	² Action	³ Calibre	⁴ Calibre code	⁵ Manufacturer's serial number	⁶ Make

	E			F	PAR	TICU	LARS	oF	CUR	REN	IT O	WNE	R								
1	Type of owner (Indicate with an X)																				
1.1	A Firearm dealer Anothe	r offic		B verni	ment	institu	ıtion			Impo	C orted	firear	m								
2	JURISTIC PERSON'S DETAILS																				
3	TYPE A (Firearm dealer)																				
4	Registered company name																				
5	Trading as name																				
6	FAR number																				
7	Postal address																				
														8 Pc	ostal (Code)				
9	Business address																				
														10	Postal	Coc	de				
11	Business telephone number	11.1	Work		()						11.2	Fax	()				<u> </u>		
12	E-mail address				,	,								`	,						
13	Responsible person (Name and sur	name)		-	-		-	-	-							-	-	-	-	-
14	Type of identification (Indicate with an					SA	citizen					No	on-SA	citizer	n with	perr	mane	ent res	sidenc	ce*	
15	Identity number of responsible personal						Т		П			-	П	П	Т		-			-	
16	Cellphone number								<u> </u>	<u> </u>		<u>I</u>	<u> </u>				<u> </u>		<u> </u>	<u> </u>	
17	Physical address																				
	,													¹⁸ F	Postal	Cod	le				
19	Postal address																		<u> </u>	<u> </u>	<u> </u>
		<u> </u>												20 [Postal	I Cor	do				I
ļ				_											OStar	000					
21	TYPE B (Another official/governmen	nt inst	itutior	1)																	
22	Registered name/government institution																				
23	Trading as name																				
24	FAR number					<u> </u>															
25	Postal address																				
														²⁶ F	Postal	Cod	le				
27	Business address																				
														²⁸ F	Postal	Cod	le				
29	Business telephone number	29.1	Work		()						29.2	Fax	()						
30	E-mail address																				
31	Responsible person (Name and sur	name)																		
32	Type of identification (Indicate with an	X)				SA	citizen					No	on-SA	citizer	n with	perr	mane	nt res	sidenc	ce*	
33	Identity number of responsible personal	on										-					-			-	
34	Collabora number											•									

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

																		SA	NPS 3	349(a)	
35	Physical address												_	_	_	_		1			
													36	Post	al Co	de					
37	Postal address																				
													38	Post	al Cod	de					
39	TYPE C (Imported	firearms)																			
40	Import permit num	ber																			
41	Date issued														-			-			
42	Expiry date														-			-			
43	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 sell or supply it to the applicant once the necessary permit/authority has/have been obtained and that the particulars of the firearm(s) are correct and accurate.																				
	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.																				
44	Name and surnam	e of current own	er/auth	norized person																	
45	Identification numb	per of current own	ner/au	thorized							1					-			-		
46	Designation							47	Date	e					-			-			
48								49	51												
	Signature of current	owner/authorize	d pers	 on					Plac	е											
	_	DAD	F10111	4 DO OF 4 D	DI 10.		-														
	F.	PAR	IICUI	LARS OF AP	PLICA	AIN I	l (Comp	olete on	ly the	section	n that I	nas be	aring	on you	1.)						
1	PARTICULARS O	F EXISTING CO	MPET	ENCY CERTIF	ICATE	(Inc	dicate w	ith an X	()												
1.1	A	Competency of	ertifica	ate to trade in fi	rearm	s															
1.2	В			ate to manufact			ns														
1.3	С	Competency of	ertifica	ate to conduct t	ousine	ss a	ıs a gu	nsmith	1												
1.4	D	Competency of	ertifica	ate to possess	a firea	rm (Indicate	with a	n X)												
		Handgun		Rifle				Sł	notgur	1											
1.5	Competency certifi	icata numbar																			
1.6	Date of issue		١.				1.7	Evnii	y date	۵.					Ι.						
	Date of issue	1 1 1	1 -	<u> </u>				LλβΙΙ	y uall				<u> </u>	<u> </u>		<u> </u>	<u> </u>				
2	DETAILS O	F FIREARMS IN	YOU	R POSSESSIO	N ANI) FC	OR WH	IICH Y	OU H	IAVE	A LIC	CENC	E. P	ERMI	T OR	AUT	HORIZ	ZATIO)N		
2.1	Type	Calibre		Make		Π		el Seri						er Se			Lice	nce/p	ermit		
													No			authorization No					
						ļ					ļ					ļ					
																ļ					

								1					ı							SA	PS 3	49(a)
3	OFFICIAL INSTITUT	TIONS DE	TAILS																			
4	Name																					
5	FAR number		П																			J
6	Postal address																					
															⁷ Pos	stal C	Code					
8	Business address																					
															⁹ Pos	stal C	Code					
10	Business telephone	number	10.1 _W	/ork	()							10.2	Fax	()						
11	E-mail address																					
12	Number of persons 6	employed b	by the i	nstitutior	to us	se fire	arms															
13	Responsible person	(Names ar	nd surr	name)																		
14	Type of identification	l (Indicate wi	ith an X)				SA ci	tizen				No	n-SA	citizen	with	pern	naner	nt res	idence	e*	
15	Identity number of re	sponsible	person	1									-					-			-	
16	Cellphone number																					
17	Physical address																					
															¹⁸ P	ostal	Code	е				
19	Postal address																					
															²⁰ Po	ostal	Code	Э				
21	Mativation of purpos	o for which	the fir	roorm io	roguir	od (A :-	- C b l	1 - 4 11	l to													
	Motivation of purpos	e for which	i uie iir	eaiiii is i	equire	eu (Ap	рисаь	ie to all	types	of ap	piicatio	ons)										

23.6	Offence					
24		<u>.</u>				
24	HAS ANY OF YOUR A	AND/OR INSTITUTION	I'S FIR	REARM(S) EVER BEEN LO	ST/STOLEN? (Indicate with	an X)
	YES	NO		If yes, submit the following	ng details	_
24.1	Police station (1)				^{24.2} CAS/Case number	
24.3	Circumstances					
24.4	Details of firearm					
24.5	Police station (2)				^{24.6} CAS/Case number	
24.7	Circumstances					
24.8	Details of firearm					

25	IN CASE A FIREARM	CASE A FIREARM WAS LOST NEGLIGENTLY, WAS ANY CASE OPENED AND INVESTIGATED BY THE SAPS? (Indicate with an X)												
	YES		NO		If yes, submit the following	yes, submit the following details								
25.1	Police station (1)					^{25.2} CAS/Case number								
25.3	Charge					^{25.4} Outcome								
25.5	Police station (2)					^{25.6} CAS/Case number								
25.7	Charge					^{25.8} Outcome								

DECLARATION BY APPLICANT

22

22.1

22.3

22.4

22.5

22.7

22.8

23

23.1

23.3

23.4

26

(Indicate with an X) YES

Police station (1)

Police station (2)

YES

Police station (1)

Police station (2)

Offence

Charge

Outcome

Charge

Outcome

NO

NO

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.

G.	SIGNATURE O	F APPLICAN	「 (Sig	gn only if applicable)
2	Fingerprint designation		3	Date
	4			
				Name of applicant in block letters
			5	Place
Right index fingerprint of applicat	nt		6	
			·	Signature of applicant
PARTICULARS OF POLICE O	FFICIAL DEALING WITH	APPLICATION		
			7.2	
Name of police official in block le	tters			Persal number of police official
			7.4	
Rank of police official in block lett	ers			Signature of police official
PARTICULARS OF WITNESS				
			8.2	
Name of witness in block letters				Persal number of witness
			8.4	
Rank of witness in block letters				Signature of witness
H. (This section must be		CULARS OF I		ERPRETER write or does not understand the content of this form.)
Name and surname of interpret	er			
Identity/Passport number of inte	erpreter			
Residential address				
				⁴ Postal Code
Postal address				
				⁶ Postal Code
Telephone number	^{7.1} Home ()			7.2 Work ()
Cellphone number				* Fax ()
E-mail address Interpreted from (language)				
interpreted from (language)			12	to
			12	Date
			14	Place
Signature of interpreter				. 1.000
			16	
Rank of police official in block lett	ers (if applicable)			Persal number of police official (if applicable)
	*** NOTIFICA	ATION OF CUAN	ICE	OF ADDRESS ***

I E/	AD OFFICIAL LIGE I	BY THE DESIGNATED	EIDEADMS OFFICER
1. FU	JK UFFIGIAL USE I	ST THE DESIGNATED	FIREARING OFFICER

1	REPORT OF DESIGNATED FI	REARMS OFFIC	CER IN TH	IE CASE O	F A RESTRIC	TED FII	REARM FOR S	ELF-	DEFENCE	
2	Place where the applicant resides (indicate	e with an X)	urban ar	ea	rural area		farm		smallholdi	ng
			other							-
3	If the construction of the formula we do		. L.P t.	t. 0 C.U.						
3.1	If the applicant resides in a rural area/on	a farm or smallh	olding, sta	ite the follo	wing				and the Heller	1
3.2	Distance to nearest neighbours								metre/kilo	
	Distance to nearest police station								metre/kilo	metre
4	Does the applicant reside near/not near a	high-risk/crime-	rated area	? If the app	olicant resides	near a	crime-rated are	a sub	mit motivatio	n
5	Does the applicant reside or work in a da	ngorous orog or	a high righ	coroo? If w	aa aubmit ma	tivotion				
	Does the applicant reside of work in a dai	ngerous area or	a High-HSK	alea! II y	es, subiliit iiio	livation.				
_			_							
6	Is the applicant a (Indicate with an X)	edicated hunter		dedicated		priv	ate collector	- 1	public collec	ctor
6.1	How many firearms does the applicant po	ossess?		Poss						
1	J. RECOMMENDAT	TION REGARD	DING THE	E APPLIC	ATION (Applie	cable to a	II types of applica	tions)		
	Recommended						recommended			
1.1	Motivation regarding the application									
1.2	December of the state of the st	. f. () ().		ara a fa arre						
	Report regarding the physical inspection	or the applicants	s sareguar	aing faciliti	es					
•						ı		1		ı
2	Name of Designated Firearms Officer/Stati	on Commissions	ar in blook	3 letters	Date		-		-	
	rvame of Designated Filearms Officer/Stati	on Commissione	FI III DIOCK							
4	Rank of Designated Firearms Officer/Statio	un Commissions	r in blook !	5 etters	Place					
	Train of Designated Filearitis Officer/Statio	on Commissione	I III DIOCK I			ı		1		
6	Signature of Decignated Eigenma Office-10		ioner	7	Porcal numb	or of D-	signated Fire-	- C	fficor/Stotio-	
	Signature of Designated Firearms Officer/S	otation Commiss	ioner		Persal numb Commiss		signated Firear	ms Of	nicer/Station	