

SOUTH AFRICAN POLICE SERVICE

CERTIFICATE IN TERMS OF REGULATION 86(8) OF THE FIREARMS CONTROL REGULATIONS, 2004

RENEWAL OF FIREARM LICENCE - TRANSITIONAL PERIOD

A. PARTICULARS OF THE FIREARM LICENCE HOLDER																				
NATURAL PERSON'S D	ETAILS																			
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Residential address																				
⁸ Postal Code																				
JURISTIC PERSON'S DI	ETAILS																			
		_ _																		
OTHER BODIES																				
Registered company nam	ne																			
Trading as name																				
Business address																				
¹⁴ Postal Code																				
B. PARTICULARS OF SAFE STORAGE FACILITY																				
Safe																				
Strongroom																				
Device																				
Apparatus																				
Instrument																				
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Short description of the s	are, stro	ongroo	m, aevi	ce, app	aratus c	or inst	rumer	nt												
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I HEREBY CERTIFY THAT THE ABOVE SAFE, STRONGROOM, DEVICE, APPARATUS OR INSTRUMENT HAS BEEN PHYSICALLY INSPECTED BY ME AND THAT IT COMPLIES WITH THE REQUIREMENTS FOR SAFES, STRONGROOMS, APPARATUS, DEVICES OR INSTRUMENTS FOR THE SAFE KEEPING OF FIREARMS IN TERMS OF REGULATION 28 OF THE ARMS AND AMMUNITION REGULATIONS, 1994.

7			8	Date					-			-		
	Name of Designated Firearms Officer/police official	al in block letters												
9		10	Place											
	Rank of Designated Firearms Officer/police official	in block letters												
11		12												
	Signature of Designated Firearms Officer/police of		Persal num	nber c	of Des	signat	ted Fi	rearm	ns Off	ficer/p	olice	officia	al	
	OFFICIAL DATE STAMP													
	DATE RECEIVED													