

## SOUTH AFRICAN POLICE SERVICE

## APPLICATION FOR COMPENSATION Section 137 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED										
	<sup>1</sup> Application referen	ce No									
							•				
DATE RECEIVED											
B. FOR OFFICIAL USE BY PO	LICE STATION WHER	E THE APF	PLICATION	ON IS F	RECE	IVED					
Province											
Area											
Police station											
Component code											
General firearm transactions register ref No											
c. FOR OFFICIAL USE	BY THE CENTRAL F	IREARMS	REGIST	ER (CF	R)						
<sup>1</sup> Outstanding/Additional information required				( -	,						
	rsal number		_ [	Π.	Π	3	Date				
		1 1			<u> </u>						
<sup>4</sup> Signature of police official				ne in blo	ck lette	ers	ī				
<sup>6</sup> Application for compensation approved (Indicate with an X)	<sup>7</sup> Amoun to be pa	t of compen aid	sation	R				-			
- 8 Pe	rsal number		-	-	П	9	Date				
									_		
10 Signature of CFR officer	11 Officer code	( - )	<sup>12</sup> Nam	e in blo	ck lette	ers					
13 Application for compensation refused (Indicate with an X)	Reas	on(s) for ref	usai								
- 15 Pe	ersal number		-			16	Date				
									1		

	D.	P/	ARTICU	JLARS O	F AP	PLICAN	IT							
1	NATURAL PERSON'S DI	ETAILS												
2	Type of identification (Inc	dicate with an X)												
2.1	SA ID	Passport			No	n-SA citi	zen with	n perma	nent res	sidence	*			
3	Identity number of natural	person					-				-		-	
4	Passport number of natur	al person												
5	Surname								6	Initials				
7	Full name													
8	Residential address													
									9 Pos	tal Cod	е			
10	Postal address													
									<sup>11</sup> Po	stal Co	de			
12	Business telephone numb	per 12.1 Home (	)			12.2 Wo	ork	(						
12.3	Cellphone number					<sup>13</sup> Fax	ĸ	(						
14	E-mail address													
15	JURISTIC PERSON'S DE	ETAILS												
16	Registered company nam	е												
17	Trading as name													
18	FAR number													
19	Postal address													
									<sup>20</sup> Pos	tal Cod	le			
21	Business address												•	
									<sup>22</sup> Pos	tal Cod	е			
23	Business telephone numb	per <sup>23.1</sup> Work (	)			<sup>23.2</sup> Fa	x	(						
24	E-mail address													
25	RESPONSIBLE PERSON	N'S DETAILS												
26	Responsible person (full r	name and surname)												
27	Type of identification (India	cate with an X)		SA	ID				Pa	ssport	numbe	er		
28	Identity number of respon	sible person					-				-		-	
29	Passport number of respo	onsible person												
30	Cellphone number													
31	Physical address													
									32 Pos	tal Cod	е			
33	Postal address											•	-	
									34 🗖	tal Cad				

<sup>\*</sup> In case of a non-SA citizen proof of permanent residence must be submitted.

33	REPRESENTATIVE'S DETAIL	.S												
36	Name and surname												 	
37	Postal address													
											38 Postal Co	ode		
39	Telephone number	<sup>39.1</sup> Home	(	)				<sup>39.2</sup> W	ork	(	)		 	
39.3	Cellphone number							<sup>40</sup> Fa	ıx	(	)			
41	E-mail address													
42	PARTICULARS OF FIREARM	LICENCE, F	PERMIT	, CER	TIFICAT	ΓE OR /	AUTHO	RIZATI	ON	]				
43	Licence, permit, certificate or authorization type													
44	Licence, permit, certificate or authorization number													
45	DETAILS OF FIREARM													
46	Туре												 	
47	Calibre												 	 
48	Make												 	 
49	Model													
	Firearm component type:													
50	Barrel serial number									5	<sup>0.1</sup> Make			
51	Frame serial number									5	<sup>1.1</sup> Make			
52	Receiver serial number										<sup>2.1</sup> Make			
53	OTHER PARTICULARS													
54	Police station name													
55	SAPS 13 register reference nu	mber												
56	Case reference number													
57	Motivation for compensation												 	 
58	E						<del>                                     </del>		7	59 .			 	
	Expected compensation amou	nt R					-			Amou	nt in words	<b>[</b>	 	 

60	BANK PARTICULARS	
61	Account holder name	
62	Account type	
63	Account number	
64	Name of bank	
65	Branch name	
66	Bank branch code	
67	DECLARATION BY APPLICANT	
	I am aware that it is an offence in terms of the Firearms Control Act, 2 form.	000 (Act No 60 of 2000), to make a false statement in this application
	E. SIGNATURE OF APPLIC	CANT (Sign only if applicable)
1	SIGNATURE OF APPLICANT	
2		3 Date
	Name of applicant in block letters	
4	Signature of applicant	5 Place
6	SIGNATURE OF REPRESENTATIVE	
7		8 Date
	Name of representative in block letters	
9	Signature of representative	10 Place
	F. (This section must only be completed	if the applicant cannot read or write.)
1	<sup>2</sup> Fingerprint	Date
	Fingerprint designation	
	4	Name of applicant in block letters
		Name of applicant in block letters
		<sup>5</sup> Place
	Right index fingerprint of applicant	
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICAT	TION
6.1		6.2
	Name of police official in block letters	Persal number of police official
6.3	Rank of police official in block letters	6.4 Signature of police official
	Rank of police official in block letters	Signature of police official
7	PARTICULARS OF WITNESS	
7.1		7.2
	Name of witness in block letters	Persal number of witness
7.3		7.4

Signature of witness

Rank of witness in block letters

	G. (This section must be	e completed <u>only</u> if the	PARTICULA e applicant c						unders	stand	the	conte	nts of	this t	orm.)		
1	Name and surname of interpre	eter															
2	Identity/Passport number of ir																
3	Residential address				ı							1		1			
										4 F	Posta	l Cod	е				
5	Postal address																
										<sup>6</sup> F	Posta	l Cod	е				
7	Telephone number	<sup>7.1</sup> Home (	)			7.2	Work	: (		)						·	
8	Cellphone number					9	Fax	(		)							
10	E-mail address																
11	Interpreted from (language)					1	io.										
					12	-		<u>-</u>									
						Date	9			J		-		<u> </u>	-		
13					14												
	Signature of interpreter					Plac	e										
15					16						1		$\overline{1}$		7		
	Rank of police official in block le	attora (if applicable)									f poli	00 off	- ioiol /	if one	lioobl	٥)	
	Rank of police official in block is	etters (ii applicable)					r	Persa	l num	per o	ı poli	ce on	iciai (	парр	ilicabi	e)	
		AL USE BY THE D	ESIGNATE	D FIR	REARM	IS OFI									illeabl	e)	
1			ESIGNATE	D FIR	REARM	IS OF									псар	e)	
1	H. FOR OFFICI	AL USE BY THE D	ESIGNATE MENDATION				FICE	R/ST	ATIO						ПСАБІ	e)	
	H. FOR OFFICI	AL USE BY THE D					FICE	R/ST	ATIO	N C	OMI	MISS			ilicabi	е)	
1	H. FOR OFFICI	AL USE BY THE D					FICE	R/ST	ATIO	N C	OMI	MISS			ilicabi	е)	
	H. FOR OFFICIA	AL USE BY THE D					FICE	R/ST	ATIO	N C	OMI	MISS			incabi		
	H. FOR OFFICIA	AL USE BY THE D					FICE	R/ST	ATIO	N C	OMI	MISS			incabi	e)	
	H. FOR OFFICIA	AL USE BY THE D					FICE	R/ST	ATIO	N C	OMI	MISS				e)	
	H. FOR OFFICIA	AL USE BY THE D					FICE	R/ST	ATIO	N C	OMI	MISS			ilicabi	e)	
	H. FOR OFFICIA	AL USE BY THE D					FICE	R/ST	ATIO	N C	OMI	MISS			ilicabi <sup>1</sup>		
	H. FOR OFFICIA	AL USE BY THE D					FICE	R/ST	ATIO	N C	OMI	MISS			ilicabi		
	H. FOR OFFICIA	AL USE BY THE D					APPL	R/ST	ATIO	N C	OMI	MISS			-		
2	H. FOR OFFICIA	RECOMPONENT OF THE DESCRIPTION O	MENDATION	N REG	ARDIN	3 THE	APPL	R/ST	ATIO	N C	OMI	MISS			-		
2	Rec Motivation	RECOMPONENT OF THE DESCRIPTION O	MENDATION	N REG	ARDIN	3 THE	APPL	R/ST	ATIO	N C	OMI	MISS			-		
2	Rec Motivation	RECOMI ommended  Officer/Station Commi	ssioner in blo	ock let	4 ters	Date	APPL	R/ST	ATIO	N C	OMI	MISS			-		
2	Rec Motivation	RECOMI ommended  Officer/Station Commis	issioner in blo	ock let	4 ters	Date	APPL	R/ST	ATIO	N C	OMI	MISS			-		