

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ACCREDITATION AS AN OFFICIAL INSTITUTION Section 8 of the Firearms Control Act, 2000 (Act No 60 of 2000)

| OFFICIAL DATE STAMP | A. | FOR OI REGIST | | | | | | | | | |
|--|----------------------|--------------------|-----------|-----------|---------|-----------|----------|-----|-------------------|---|---------|
| | ¹ Applica | ation refere | nce No | | | | | | | | |
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| DATE RECEIVED | | | | | | | | | | | |
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| B. FOR OFFICIAL USE BY THE DECID | ING OFFI | CER AT T | HE CEN | ITRAL | FIREA | RMS R | EGIS | TER | (CFR) | | |
| ¹ Outstanding/Additional information required | | | | | | | | | | | |
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| | | | 1 1 | | 1 1 | | 1 | | 2 - 1 | | |
| Perc | sal number | | | - | | - | | | ³ Date | | |
| | | | | | | | | | | 7 | |
| ⁴ Signature of police official | | | | 5 | , Name | in block | letters | 3 | | ا | |
| · , | | | | | 1401110 | III DIOOR | 101101 | | | | |
| ⁶ Application for accreditation approved (Indicate with an X) | | | | | | | | | | | |
| | | | | | | | | | | | |
| - ⁷ Pers | sal number | | | - | | - | | | ⁸ Date | | |
| | | | | | | | | | | _ | |
| | | | | | | | | | | J | |
| ⁹ Signature of deciding officer | | cer code | | | | in block | letter | s | | | _ |
| 12 Application for accreditation refused (Indicate with a | an X) | ¹³ Reas | on(s) for | r refusal | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 14 Por | sal number | | | | | | | | 15 Date | | |
| | Jai Hullibel | | | | | | <u> </u> | | Date | | |
| | | | | | | | | | | 7 | |
| 16 Signature of deciding officer | 17 Offi | cer code | <u> </u> | 18 | ³ Name | in block | letter | 'S | | J | |

| | C. GOVERNMENT INSTITUTION'S DETAILS (Indicate with an X) | | | | | | | | | | | | | |
|----|--|-----------------------|---------|------------|----------|---------|--------|---------|-----------------|----------|-----|-----|-------|------|
| 1 | Name of government institution | n | | | | | | | | | | | | |
| 2 | Physical address | | | | | | | | | | | | | |
| | | | | | | | | | ³ Post | al Code | | | | |
| 4 | Postal address | | | | | | | | | | | | | |
| | | | | | | | | | ⁵ Post | al Code | | | | |
| 6 | Contact telephone number | ^{6.1} Work (|) | | | | 6.2 | Fax | (|) | | | | |
| 7 | E-mail address | | | | | | | | | | | | | |
| 8 | RESPONSIBLE PERSON'S D | ETAILS | | | | | | | | | | | | |
| 9 | Responsible person (full name | and surname) | | | | | | | | | | | | |
| 10 | Type of identification (Indicate w | rith an X) | | | SA ID | | | | F | Passport | num | ber | | _ |
| 11 | Identity/Passport number of re- | sponsible person | | | | | | | | | | | | |
| 12 | Cellphone number | | | | | | | | | | | | | |
| 13 | Physical address | | | | | | | | | | | | · · · | |
| | | | | | | | | | 14 P | ostal Co | de | | | |
| 15 | Postal address | | | | | | | | | | | 1 | | |
| ļ | | | | | | | | | ¹⁶ F | ostal Co | ode | | | |
| 18 | PROOF SIGNATURES OF RE Signature of responsible person OTHER DETAILS | | | | 19 . | Signatu | e of r | esponsi | ble pers | on | | | | |
| 21 | MOTIVATION OF PURPOSE | FOR WHICH ACCRI | DITATI | ON IS RE | OUIRED | | | | | | | | | |
| | morroanion or road occ | OR WINGIT AGORE | -DITAII | ON IO NE | QOINED | | | | | | | | | |
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| 22 | MOTIVATION REGARDING T | HE NEED FOR THE | OFFICI | IAL INSTIT | UTION TO |) POS | SESS | FIREAR | MS | | | | | |
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| ARTICULARS OF THE PLACE WHERE REGISTERS WILL BE KEPT FOR INSPECTION BY A POLICE OFFIC | IAL |
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| ESCRIPTION OF THE LINKED WORKSTATION THAT MUST BE MAINTAINED | |
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| URPOSE FOR WHICH FIREARMS ARE NEEDED | |
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| ETAILS OF THE TYPE OF FIREARMS AND THE NUMBER ROUNDS OF AMMUNITION THE OFFICIAL INSTIT CQUIRE | TUTION INTENDS TO |
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| | |
| ESCRIPTION OF SAFETY CONTROL PROCEDURES REGARDING THE SAFEGUARDING OF FIREARMS AN ACILITIES | ID THE SAFEKEEPING |
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DECLARATION BY APPLICANT

| | this application. | | | | | | | | | |
|-----|---|----------------------------|-------------|-----|--|--|--|--|--|--|
| | D. | SIGNATURE | OF APPLICA | NT | (Sign only if applicable) | | | | | |
| 1 | 2 | Fingerprint designation | | 3 | Date | | | | | |
| | | designation 4 | | | | | | | | |
| | | | | | Name of applicant in block letters | | | | | |
| | | | | 5 | | | | | | |
| | Right index fingerprint of applican | t | | | Place | | | | | |
| | . ag. a maox migo pina or approan | • | | 6 | | | | | | |
| | | | | | Signature of applicant | | | | | |
| 7 | PARTICULARS OF POLICE OF | FICIAL DEALING WITH | APPLICATION | | | | | | | |
| 7.1 | | | | 7.2 | | | | | | |
| | Name of police official in block lett | ters | | | Persal number of police official | | | | | |
| 7.3 | | | | 7.4 | | | | | | |
| | Rank of police official in block letter | ers | | | Signature of police official | | | | | |
| 8 | PARTICULARS OF WITNESS | | | | | | | | | |
| 8.1 | | | | 8.2 | | | | | | |
| | Name of witness in block letters _ | | | | Persal number of witness | | | | | |
| 8.3 | | | | 8.4 | | | | | | |
| | Rank of witness in block letters | | | | Signature of witness | | | | | |
| | E. (This section must only | | CULARS OF I | | ERPRETER write or does not understand the content of this form.) | | | | | |
| 1 | Name and surname of interprete | er | | | | | | | | |
| 2 | Identity/Passport number of inter | rpreter | | | | | | | | |
| 3 | Residential address | | | | | | | | | |
| | | | | | ⁴ 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 | | | | | |
| 13 | | | | 14 | Diese | | | | | |
| | Signature of interpreter | | | | Place | | | | | |
| 15 | | | | 16 | | | | | | |
| | Rank of police official in block lette | ers(if applicable) | | | Persal number of police official(if applicable) | | | | | |