

SOUTH AFRICAN POLICE SERVICE

REQUEST TO CANCEL A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION Section 28, 42, 56, 70, 81 and 88(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	A. F	OR OFFICIA WHERE T					
	¹ Request Refe	ence No					
			<u> </u>	<u> </u>	<u> </u>		ı
DATE RECEIVED							
B. FOR OFFICIAL USE BY	POLICE STATIO	N WHERE T	HE REQL	IFST IS R	FCFIVF)	
Province	I OLIOL OTATIO	· · · · · · · · · · · · · · · · · · ·	TIL TIL GO	201 10 1			
Area							
Police station							
Component code							
Firearm applications register reference number	SAPS 86 NO			YE	EAR		
			/				
C. FOR OFFICIAL USE BY THE	CENTRAL FIRE	ARMS REGIS	STER (CF	R)			
¹ Outstanding/Additional information required							
							•••••
- 2 Per	sal number		-	-		³ Date	
4			5				
⁴ Signature of police official			Nar	ne in block	letters		
⁶ Cancellation of firearm licence, permit, certificat authorization approved (Indicate with an X)	e or						
- 7 Per	sal number		-	-		⁸ Date	
			·	·	·		
] [11 No				
⁹ Signature of CFR officer	10 Officer coo		INC	me in bloc	k letters		
12 Cancellation of firearm licence, permit, certificate authorization refused (Indicate with an X)	te or	Reason(s) for	refusal				
	and a complete of		1 1	 	 	15 Data	
	ersal number		1 -			¹⁵ Date	
		1					
16 Signature of CFR officer	¹⁷ Officer cod	J [le	18 Na	me in bloc	k letters		

	D.				PAR	TICL	JLAI	RS OF	THE	RE	QUES	STER	₹								
1	SA ID	Pass	sport	Г	Р	ersal	num	ber													
2	Identity number of the reque	ester				Г	Т					-					-			-	
3	Passport number of the req	quester																			
4	Persal number						-		5 F	Rank											
6	Surname	•	•	•	•										7	nitials	6				
8	Residential address																		•	•	
															⁹ Pos	tal Co	ode				
10	Postal address																		,		
															¹¹ Po	stal C	ode				
12	Telephone number	12.	¹ Home	()					12.2	² Wor	·k	()							
12.3	Cellphone number									13	Fax		()							
14	E-mail address																				
15	Trade or profession							16	If self	-emp	loyed	, spec	cify								
17	Name of employer/company	ıy																			
18	Business address													_					1	1	
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20.3	Telephone number	20.	¹ Home	()								Work	(()					
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1	Licence, permit, certific authorization number	OF THE	2	Licer	nce, pe	ermit,	, cert	ificate o	or auti	horiza	ation t	ууре	3			Date	e issu	ed		ON	
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1 1.1 1.2	F. PARTICULARS C NATURAL PERSON'S DET SA ID F Identity number of natural p	DF THE TAILS Passport	E HOLD	Licer	nce, pe	ermit,	, cert	ificate o	or auti	horiza	ation t	IIIT, C	3		ATE	OR A	AUTH	ed			
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7	Postal address																
											⁸ F	ostal Co	ode				
9	Telephone number	9.1 Home	()				9.2 W	ork/		()						
9.3	Cellphone number						¹⁰ Fa	ıx		()						
11	E-mail address																
12	JURISTIC PERSON'S DET	TAILS															
13	OTHER BODIES																
14	Registered company name																
15	Trading as name																
16	FAR number																
17	Postal address																
											18	Postal C	ode				
19	Business address																
											20	Postal C	ode				
21	Business telephone numbe	r ^{21.1} Work	()				21.2	Fax		()						
22	E-mail address																
23	RESPONSIBLE PERSON'	S DETAILS		_													
24	Responsible person (full na	me and surname)					_									
25	Type of identification (Indica	te with an X)				SA ID						Passpo	t nun	ıber			
26	Identity number of responsi	ble person		Ш					-				-			-	
27	Passport number of respon	sible person															
28	Cellphone number																
29	Physical address												_		t f		
											³⁰ Pc	stal Coo	le				
31	Postal address														T 1		
											³² Po	stal Cod	le				
33	Reason(s) why cancellation	of licence, permi	it, certificate	or autho	orizatio	on is req	uested										
	· · · · ·							—									
34	Date on which cancellation	is requested					Date					-			-		

DECLARATION BY THE REQUESTOR

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I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement on this request form.

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RECOMMEN	NDATION REG	ARDING THE	CANCELL	ATION OF TH	HE FIREA	RM LIC	ENCE	, PEF	RMIT,	, CEF	RTIFI	CATE	OR	AUTI	HORIZ	ZATIO
	Rec	ommended							Not r	ecom	nmen	ded				
Motivation																
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