

SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CEASING TO CARRY ON BUSINESS Section 146 of the Firearms Control Act, 2000 (Act No 60 of 2000)

ĺ	OFFICIAL DATE	STAMP	A.						USE							ı		
			1	Notificat	ion ref	feren	ce No)										
			<u> </u>						<u> </u>		<u> </u>				<u> </u>	<u> </u>		
	DATE RECEIV	/ED																
	B. FOR OFF	FICIAL USE BY POLI	CE S	TATIO	N WI	HER	E TH	IE N	OTIFI	CAT	ION	IS RI	ECE	IVED				
1	Province																	
2	Area																	
3	Police station																	
4	Component code									_					ı			
5	SAPS 13 reference number																	
6	General firearm transactions re	egister number																
	C. PARTICULARS	OF THE HOLDER C	F TH	E LICE	NCE	, PE	RMI1	Γ, CE	RTIF	ICA ⁻	TE O	R AL	JTHO	ORIZ	ATIO	N		
1																		
	NATURAL PERSON'S DETAI	LS																
1.1	SA ID Pas	sport																
2	Identity number of natural pers	on							-					-			-	
3	Passport number of natural pe	rson																
4	Surname											5 I	nitial	s				
6	Residential address														_	_		
											7 F	Postal	Cod	е				
8	Postal address																	
											⁹ I	Posta	l Cod	le				
10	Telephone number	^{10.1} Home ()				10.2	Worl	<	()							
10.3	Cellphone number						11	Fax		()							
12	E-mail address																	
13	JURISTIC PERSON'S DETAIL	_S																
14	Registered company name																	
15	Trading as name																	
16	FAR number																	
17	Postal address			1	L													
											1	8						T

SAPS 521(a)

19	Business address															
										²⁰ P	ostal C	ode				
21	Business telephone number	^{21.1} Work	()				21.2	Fax	()						
22	E-mail address															
23	RESPONSIBLE PERSON'S D	DETAILS														
24	Responsible person (full name	and surname)														
25	Type of identification (Indicate w	rith an X)				SA ID				Р	asspor	t num	ber			
26	Identity number of responsible	person							-			-			-	
27	Passport number of responsible	le person														
28	Cellphone number															
29	Physical address															
										³⁰ P	ostal C	ode				
31	Postal address												I 1	ı	ı	
										³² P	ostal C	ode				
33	Reason for ceasing to carry on	as a business														
	,									 						
34	Date of ceasing to carry on as	a business					Date)			-			-		
35	Address where firearms will be	stored until they	are dispo	sed of						 						
										 				•		
										³⁶ P	ostal C	ode				
37	Particulars of the manner in wh	nich the firearm(s) will be di	ispose	d of											
			-		l					 						

D. LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION DETAILS

1	Details of licence, permit, certifica	te or authorization
	Type of licence, permit, certificate or authorization	Licence, permit, certificate or authorization number
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DECLARATION BY REPORTING PERSON

I am aware that it is an offence in terms of the Firearms Control Act, 2	2000 (Act No 60 of 2000), to make a false statement in this notification.
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E	SIG	NATURE	OF R	EPO	RTING	PERS	ON (Sign o	nly if a	applica	ble)						
					2	Dat	e								_		T
ame of reporting person		_															
					4	Plac	се										
gnature of reporting person																	
=. (This section m	ust be comp	oleted	only i	f the rep	orting p	ersor	n canı	not re	ad or	write)					
,					3	Date	е					-			-		T
	Fingerprint designation	_							l	l	l	1		1	Į.		_
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		ل			5	Nan	ne of	repor	ting p	ersor	in bl	ock le	etters	;			
					·	Plac	ce										_
Right index fingerprint of reporti	ng person																
PARTICULARS OF POLICE O	FFICIAL DEAL	ING WITH	NOTII	FICAT	ION												
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ame of police official in block le	etters	_				Pers	al nur	nber (of pol	ice of	ficial		-]		
		1			6.4												
ank of police official in block let	ters					Signa	ature	of pol	lice o	fficial							
PARTICULARS OF WITNESS		7															
PARTICULARO OF WITH EOU									ı		ı		1		7		
ame of witness in block letters					7.2		al	mber (of with				-				
ame of withess in block letters		7			7.4	reis	ai iiui	nber	OI WIL	11622							
ank of witness in block letters					7.4	Sign		of wit									
ank of withess in block letters						Signa	ature	OI WIL	11033								_
G. (This section must be cor	npleted only if t								not u	nders	tand t	the co	onten	ts of t	his fo	m.)	
			1													,	-
Name and surname of interpre			Н			1	I	1	1	I	1	1	1		1	1	_
Identity/Passport number of int	erpreter																_
Residential address											l _			_	1		1
D / 1 11											Post	tal Co	ode				_
Postal address										6				_	l		7
Tolophono number	7.1 Home	()				7.2	Work		,		Post	ial Co	ode		ļ		_
Telephone number Cellphone number	Home	()				9 F			()							_
E-mail address							ах		()							_
L mail address						1											_
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				Place								
Signature of ir	ıterpreter											
			16						-			
Rank of police	e official in block letters (if	applicable)			Persal n	umber o	of polic	ce offic	cial (if	applica	ıble)	
	FOR OFFICIAL	HEE BY THE DECICION	TED FIDE	ADMC C	NEELCED#	TATI	ON C	OBABA	ICCIC	MED		
Н.	FUR OFFICIAL	USE BY THE DESIGNAT	IED FIKE	ARIVIS C	JFFICER/S	SIAIR	JN C	OIVIIVII	13310	NEK		
Results of in	spection of firearms											
Address who	ere firearms are stored											
		I										
Comments												
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			5	Date				-		-		
Name of Design	gnated Firearms Officer/S	Station Commissioner in block	k letters									
			7	Place								
Rank of Desig	nated Firearms Officer/S	tation Commissioner in block	letters									
			9									
Signature of D	Designated Firearms Offic	er/Station Commissioner		Persal	number of E)esiana	ted Fir	rearms	- Office	er/Stat	ion	
Signature of E	osignatou i noanno Onic			Commis	ssioner	Josepha	.54 1 11	Juille	, O 1110	or, otal		