

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A PERMIT TO COLLECT AMMUNITION Section 18 and 19 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	A .	FOR OFFI WHERE								
	¹ Application	reference No)							
DATE DECEMEN										
DATE RECEIVED	J									
B. FOR OFFICIAL USE BY P	OLICE STATION	WHERE TH	IE APPL	ICATION	I IS RE	CEIV	/ED			
Province										
Area										
Police station										
Component code					1					
Firearm applications register reference number	SAPS 86	10			YE	AR				
c. FOR OFFICIAL US	SE BY THE CENT	RAL FIREA	RMS RE	GISTER	(CFR)				
¹ Outstanding/Additional information required										
- 2 F	Persal number		-		-			³ Date		
									Ī	
⁴ Signature of police official				⁵ Name ir	hlock l	attars				
⁶ Application for a permit approved (Indicate with a	an X)			TTGITTO II	DIOOK					
- 7 F	Persal number		-		-			⁸ Date		
									I	
⁹ Signature of CFR officer	10 Officer o	ode:	11	Name in	block le	etters				
¹² Application for a permit refused (Indicate with an		Reason(s)			DIOOK IC					
	Persal number						_	15 Date		
 	r ersar number							Date		
¹⁶ Signature of CFR officer	¹⁷ Officer o	ode	18	Name in	block le	etters			•	

	D.					PAR'	TICU	LAR	S OF	APP	LICA	TNA										
1	NATURAL PERSON'S DET.	AILS																				
2	Type of identification (Indica	ate with	n an X)																			
2.1	SA ID	F	Passpo	ort						No	on-SA	citize	en wi	th per	mane	nt res	idenc	e*				
3	Identity number												-					-			-	
4	Passport number																					
5	Surname															6 I	nitials	3				
7	Full names																					
8	Residential address																					
															9 _F	Posta	l Code	е				
10	Postal address														•							
															11	Pos	tal Co	de				
12	Description of type of reside	nce (e	g shad	ck, fla	t, car	avan,	cotta	ge, h	ouse,	hoste	el)											
13	Trade or profession								14	lf self	-emp	loyed	, spe	cify								
15	Name of employer/company									Г	П	Π		Т								
16	Business address																					
																¹⁷ Pc	stal C	Code				
18	Telephone number	18.	.1 Hor	me	()			18	.2 V	Vork	(,)							
18.3	Cellphone number									19	F	ах	(,)							
20	E-mail address																					
21	Marital status (Indicate with a	n X)]																		
21.1	Single		Marrie	ed				Dive	orced					Wido	W				Wide	ower		
	Other (specify)																					
22	PARTICULARS OF APPLIC	ANT'S	S SPO	USE/	'PAR'	TNER	(If app	olicabl	e)													
22.1	Type of identification (Indica	ate with	n an X)																			
22.1.1	SA ID Pa	asspor	rt																			
22.2	Identity number of spouse/pa	artner											-					-			-	
22.3	Passport number of spouse/	partne	er																			
23	JURISTIC PERSON'S DETA	AILS																				
24	OTHER BODIES (eg body cor	porate,	, close	corpor	ation (or com	pany)															
25	Registered company name																					
26	Trading as name																					
	* In the case of a Non-SA citi	zen pr	roof of	perm	anen	it resid	dence	must	be su	ıbmit	ted.											
27	FAR number											1										
								1			1	1										_
28	Postal address		<u> </u>																			

30	Business address														 	
			_								31	Postal C	ode		<u> </u>	
32	Business telephone number	32.1 Work	()			32.2	Fax		()				 	
33	E-mail address														 	
34	RESPONSIBLE PERSON'S D	ETAILS														
35	Responsible person (full names	s and surname	;)													
36	Type of identification (Indicate wi	ith an X)				SA ID						Passpor	t num	nber		
37	Identity number of responsible	person							-				-		-	
38	Passport number of responsible	e person														
39	Cellphone number															
40	Physical address															
											41 P	Postal Co	ode			
42	Postal address															
											⁴³ P	ostal Co	de			
44																
	OTHER DETAILS (Indicate with 2	Χ)													 	
45	Private collector					Public co	llecto	r								
46	Reason(s) for applicant to colle	ct ammunition													 	
							•••••				•••••				 ************	
							•••••		•••••		•••••		************		 ************	
47	PLEASE MOTIVATE IF MORE	THAN 200 RC	OUNDS OF	AMMU	JNITIC	ON OF AN	NY PA	RTIC	ULAI	R CAL	.IBRE I	S REQU	JIRED)		

48	COMPLETE IN CASE OF A PRIVATE COLLE	CTOR (Indicate	with an	X)									
49	Are you a member of an accredited association	n? (Indicate with	an X)	YES		NO	If yes	, subr	nit the	follo	wing o	details	3
50	Name of accredited association												
51	FAR number of accredited association												
52	Membership number			⁵³ Date	joined			-			-		
				⁵⁴ Expiry				-			-		
55	Description of the place where the ammunition	will be stored											<u>l</u>
	· · · · · · · · · · · · · · · · · · ·			l			 						
				•••••			 						
56													
00	Manner in which the ammunition will be display	/ed		<u> </u>			 						
57	COMPLETE IN CASE OF A PUBLIC COLLEC	CTOR											
50													_
58	WHERE WILL THE AMMUNITION BE DISPLA	AYED?											
58.1	Name of the accredited museum							T			•		
58.2	Accreditation number of the museum			^{58.3} Dat	e issue	ed		-			-		
58.4	Manner in which the ammunition will be display	/ed											
						•••••	 						

59	OTHER INFORMATION	(Indicate with an X)			
60	HAVE YOU EVER BEEN (Indicate with an X)	I CONVICTED OF AN	OFFENCE COMMIT	TED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?	
	YES	NO	If yes, submit	the following details	
60.1	Police station (1)			60.2 CAS/Case number	
60.3	Charge				
60.4	Outcome				
60.5	Police station (2)			60.6 CAS/Case number	
60.7	Charge				
60.8	Outcome				
61	ARE THERE ANY CASE	S PENDING AGAINS	T YOU? (Indicate with	an X)	
	YES	NO	If yes, submit	the following details	
61.1	Police station (1)			61.2 CAS/Case number	
61.3	Offence				
61.4	Police station (2)			61.5 CAS/Case number	
61.6	Offence				
62	HAVE ANY OF YOUR FI	REARM(S) EVER BE	EN LOST/STOLEN?	(Indicate with an X)	
	YES	NO		the following details	
62.1	Police station ⁽¹⁾		,	62.2 CAS/Case number	
62.3	Circumstances				
62.4	Details of firearm				
62.5	Police station (2)			62.6 CAS/Case number	
62.7	Circumstances				
62.8	Details of firearm				
63	WAS A CASE OF NEGL	IGENCE OPENED AN	ND INVESTIGATED F	REGARDING THE STOLEN/LOST FIREARM? (Indicate with an X)	
	YES	NO	If yes, submit t	he following details	
63.1	Police station (1)			63.2 CAS/Case number	
63.3	Charge			^{63.4} Outcome	
63.5	Police station (2)			63.6 CAS/Case number	
63.7	Charge			63.8 Outcome	
64	HAVE YOU EVER BEEN	I DECLARED UNFIT	TO POSSESS A FIRE	EARM? (Indicate with an X)	
	YES	NO	If yes, submit t	he following details	
64.1	Police station ⁽¹⁾			^{64.2} CAS/Case number	
64.3	Charge				
64.4	Date from			64.5 Period	
64.6	Police station (2)			64.7 CAS/Case number	
64.8	Charge				
64.9	Date from			64.10 Period	

							SAPS 520(c)
65	HAS A FIREARM TH	IAT \	WAS IN YOUR POSS	ESS	ION BEEN CONFISCATED	? (Indicate with an X)	
	YES		NO		If yes, submit the following	g details	
65.1	Police station (1)					65.2 CAS/Case number	
65.3	Circumstances					65.4 Outcome	
65.5	Police station (2)					65.6 CAS/Case number	
65.7	Circumstances					65.8 Outcome	
66	DECLARATION BY	APP	LICANT				

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

E.	SIGNATURE OF APPLICA	NT	(Sign only if applicable)
	 Note: The requirements of the photo: The photograph must be in colour and may not exceed the border. The photo must be the size of a standard passport photograph. The photo must be a full front view of the head and shoulders of the applicant. The background of the photo must be plain. The applicant may not be wearing a hat or sunglasses on the photograph. The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form. The applicant must sign in black ink. The signature may not exceed the border. The whole finger must be pressed down on the sheet. The fingerprint should not be rolled and must be a flat impression. 		PHOTO
2	Signature		⁴ Fingerprint designation
	Olynature	•	
Jam	e of applicant in block letters	6	Date
		7	Place
PA	RTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION		
lam	e of police official in block letters	8.2	Persal number of police official
		8.4	
Rank	of police official in block letters		Signature of police official

9	PARTICULARS OF WITNESS																
9.1						9.	2								Ī		
	Name of witness in block letters							Persa	num	ber of	witness	<u> </u> ;	-		J		
9.3						9.	4										
	Rank of witness in block letters							Signati			SS						
	F.	P	ARTI	ICUL	ARS	OF IN	ΓERPF	RETE	R								
	(This section must be completed only									under	stand th	e conte	ents o	f this f	form.)		
1	Name and surname of interpreter																
2	Identity/Passport number of interpreter																
3	Residential address																
	·										4 P	ostal Co	ode				
5	Postal address																
											⁶ P	ostal C	ode				
7	Telephone number 7.1 Home	()				7.2	Work	()						
8	Cellphone number						9	Fax	()						
10	E-mail address																
11	Interpreted from (language)							to									
						1	2 Da	te				1-			_		
13						1	4 Pla	ace									
	Signature of interpreter																-
15						1											
	Rank of police official in block letters (if applicable	le)					l	Persal	numl	per of	police o	fficial (i	f appl	icable)		
	G. PA	REN	ITAL	. COI	NSEN	IT IN C	ASE (OF A	MINC)R							
1	Recommended									Not r	recomm	ended					
	Rosoninciaca									11011	COOMMI	criaca					
2	Name and surname of parent/guardian			1		1 1			1	1	1	-	1	ı	ı	ı	
3	Identity/Passport number of parent/guardian																
4	Comments of parent/guardian]														
										-	Ī		1	1	1 1	1	
						ţ	Da	te				-			-		
6							7 Pla	ace									
	Signature of parent/guardian								-								

*** NOTIFICATION OF CHANGE OF ADDRESS ***

Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

H. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

		RECOMMENDATION WITH		TO THE AFFE				
	Recommended	<u> </u>			Not reco	mmended		
Motivation								
Additional con	ditions							
			5					
lama of Docing	noted Eironama Officer/Cha	ion Commissioner in block I		Date		- 1		
lame of Design	nated Firearms Officer/Stat	iion Commissioner in block I		Date			-	
lame of Design	nated Firearms Officer/Stat	ion Commissioner in block I				-		
		ion Commissioner in block I	etters 7	Date Place				
			etters 7					

Commissioner