SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR MULTIPLE IMPORT OR EXPORT PERMIT/ PERMANENT IMPORT OR EXPORT PERMIT/TEMPORARY IMPORT OR EXPORT PERMIT/IN-TRANSIT PERMIT FOR PERSONAL USE (Individuals and companies)

Section 73(2), 74, 76, 77, 78, 80, 81 and 82 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED										
[1] Application reference No										

B. FOR OFFICIAL USE BY POLICE STATION WHERE APPLICATION IS RECEIVED			
1 Province			
2 Area			
3 Police station			
4 Component code			
5 Firearm applications register reference number	SAPS 86	NO	YEAR

C. FOR OFFICIAL USE BY THE DECIDING OFFICER			
[1] **Outstanding/Additional information required**			
[2] Persal number		[3] Date	
[4] Signature of police official		[5] Name in block letters	
[6] **Application for a permit approved** (Indicate with an X)			
[7] Persal number		[8] Date	
[9] Signature of deciding officer	[10] Officer code	[11] Name in block letters	
[12] **Application for a permit refused** (Indicate with an X)		[13] **Reason(s) for refusal**	
[14] Persal number		[15] Date	
[16] Signature of deciding officer	[17] Officer code	[18] Name in block letters	

D. TYPE OF PERMIT (Indicate with an X)

1 Multiple import or export permit		2 Import permit		3 Export permit		4 In-transit permit		5 Temporary import or export permit	

E. PARTICULARS OF APPLICANT

1 **NATURAL PERSON'S DETAILS**

2 **Type of identification** (Indicate with an X)

2.1	SA ID		Passport	

3	Identity number of natural person								-					-				-		
4	Passport number of natural person																			

5	Surname																														6 Initials			
7	Full names																															
8	Date of birth					-			-			9 Age				10 Gender		Male		Female												
11	Residential address																															
																													12 Postal Code			
13	Postal address																															
																													14 Postal Code			
15	Trade or profession																	16 If self-employed, specify														
17	Name of employer/company																															
18	Business address																															
																													19 Postal Code			
20	Telephone number	20.1 Home														20.2 Work																
20.3	Cellphone number															21 Fax																
22	E-mail address																															

23 **Marital status** (Indicate with an X)

24	Single		Married		Divorced		Widow		Widower	
	Other (specify)									

25 **PARTICULARS OF APPLICANT'S SPOUSE/PARTNER** (If applicable)

25.1 **Type of identification** (Indicate with an X)

25.1.1	SA ID		Passport	

25.2	Identity number of spouse/partner								-					-				-		
25.3	Passport number of spouse/partner																			
25.4	Full Name and Surname																			

26 **JURISTIC PERSON'S DETAILS**

27	Registered company name																															
28	Trading as name																															
29	FAR number																															
30	Postal address																															

| | | |

| | | |

9 Validity of the transporter's permit

FROM	Date					-			-		
TO	Date					-			-		

10

Transport route	

I. DETAILS OF FIREARMS

1

1.1 Type	1.2 Action	1.3 Calibre	1.4 Model	1.5 Make	1.6 Frame or receiver serial number	1.7 Barrel serial number

2 **DETAILS OF AMMUNITION**

2.1

2.1.1 Type	2.1.2 Quantity

2.2

2.2.1 Type	2.2.2 Quantity

3 **DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM(S)**

I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to supply it to the applicant once the necessary permit(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate.

4 **SIGNATURE OF PERSON CURRENTLY IN POSSESSION**

4.1 Name of person currently in possession in block letters

4.2 Date - -

4.3 Signature of person currently in possession

4.4 Place

5 **DECLARATION OF APPLICANT**

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.

J. SIGNATURE OF APPLICANT (Sign only if applicable)

1 Name of applicant in block letters

2 Date - -

3 Signature of applicant

4 Place

K. (This section must be completed only if the applicant cannot read or write)

1 Right index fingerprint of applicant

2 Fingerprint designation

4

3 Date - -

Name of applicant in block letters

5 Place

6 **PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

6.1 Name of police official in block letters

6.2 Persal number of police official -

6.3 Rank of police official in block letters

6.4 Signature of police official

7 **PARTICULARS OF WITNESS**

7.1 Name of witness in block letters

7.2 Persal number of witness -

7.3 Rank of witness in block letters

7.4 Signature of witness

L. PARTICULARS OF INTERPRETER

(This section must be completed only if the applicant cannot read or write or does not understand the content of this form.)

1 Name and surname of interpreter

2 Identity/Passport number of interpreter

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 _____
Signature of interpreter

14 Place

15 _____
Rank of police official in block letters (if applicable)

16 ____-____
Persal number of police official (if applicable)

M. PARENTAL CONSENT IN CASE OF A MINOR

1	Recommended		Not recommended

2 Name and surname of parent/guardian	
3 Identity/Passport number of parent/guardian	
4 Comments of parent/guardian	

5 Date ____-____-____

6 _____
Signature of parent/guardian

7 Place

N. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date ____-____-____

4 _____
Signature of nominee/authorized person

5 Place _____

***** NOTIFICATION OF CHANGE OF ADDRESS *****

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

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

1 RECOMMENDATION REGARDING THE APPLICATION

Recommended ☐ Not recommended ☐

2 Motivation regarding the application

3 _____
Name of Designated Firearms Officer/Station Commissioner in block letters

4 Date ____-____-____

5 _____
Rank of Designated Firearms Officer/Station Commissioner in block letters

6 Place _____

7 _____
Signature of Designated Firearms Officer/Station Commissioner

8 ____-____
Persal number of Designated Firearms Officer/Station Commissioner