



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)									
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	<input type="checkbox"/>	2 Import permit	<input type="checkbox"/>	3 Export permit	<input type="checkbox"/>	4 In-transit permit	<input type="checkbox"/>	5 Temporary import or export permit	<input type="checkbox"/>
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E. PARTICULARS OF APPLICANT
1 NATURAL PERSON'S DETAILS
2 Type of identification (Indicate with an X)

2.1 SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>																									
3 Identity number of natural person								-								-				-								
4 Passport number of natural person																												
5 Surname															6 Initials													
7 Full names																												
8 Date of birth					-																							
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	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
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	<input type="checkbox"/>	Passport	<input type="checkbox"/>																									
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																												

		31 Postal Code					
32	Business address						
		33 Postal Code					
34	Business telephone number	34.1 Work	()	34.2 Fax	()		
35	E-mail address						

RESPONSIBLE PERSON'S DETAILS

37	Responsible person (full name and surname)							
38	Type of identification (Indicate with an X)	SA citizen		Non-SA citizen with permanent residence*				
39	Identity number of responsible person					-	-	
40	Passport number of responsible person							
41	Cellphone number							
42	Physical address							
		43 Postal Code						
44	Postal address							
		45 Postal Code						
46	Type of competency certificate (if applicable)							
47	Date of issue					-	-	
		48 Expiry date						

F. PARTICULARS OF THE CURRENT OWNER OF THE FIREARM(S)

NATURAL PERSON'S DETAILS

2	Surname			3 Initials			
4	Full names						
5	Identity number of natural person					-	-
6	Passport number of natural person						
7	Residential address						
		8 Postal Code					
9	Postal address						
		10 Postal Code					
11	Telephone number	11.1 Home	()	11.2 Work	()		
11.3	Cellphone number			12 Fax	()		
13	E-Mail address						

JURISTIC PERSON'S DETAILS

15	Registered company name						
16	Trading as name						
17	FAR number						
18	Company registration or CC number						
19	Postal address						
		20 Postal Code					

* In case of a non-SA citizen proof of permanent residence must be submitted.

21	Business address												
							22	Postal Code					
23	Business telephone number	23.1	Work					23.2	Fax				
24	E-mail address												

25 **RESPONSIBLE PERSON'S DETAILS**

26	Responsible person (full name and surname)																
27	Type of identification (Indicate with an X)		SA ID				Passport number										
28	Identity number of responsible person																
29	Passport number of responsible person																
30	Cellphone number																
31	Physical address																
												32	Postal Code				
33	Postal address																
												34	Postal Code				

G. IMPORT AND/OR EXPORT DETAILS

1	Country of origin											
2	Country of destination											
3	Port of entry											
4	Port of exit											
5	Reason for permit											

6 In case of a permanent import/export permit, submit the date on which the import/export will take place

7 Date on which the import/export will take place

Date						-						
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8 In case of a multiple import or export permit/temporary import or export permit/in-transit permit, submit the following

9 Period for which permit is required

9.1 FROM

Date						-						
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TO

Date						-						
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H. TRANSPORTER'S DETAILS (Complete only in the case of an in-transit permit for business purposes)

1	FAR number											
2	Transporter's name and surname											
3	Transporter's trading name											
4	Method of transport											
5	Transporter's responsible person (name and surname)											
6	Type of identification (Indicate with an X)		SA citizen				Non-SA citizen with permanent residence*					
7	Identity number of responsible person											
8	Cellphone number											

* In case of a non-SA citizen proof of permanent residence must be submitted.

9 Validity of the transporter's permit FROM

Date					-				
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TO

Date					-				
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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

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.

SIGNATURE OF PERSON CURRENTLY IN POSSESSION

[Empty box for name of person currently in possession]

Name of person currently in possession in block letters

4.2 Date [][][][][] - [][][][]

4.3 Signature of person currently in possession

4.4 Place [Empty box for place]

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 [Empty box for name of applicant]

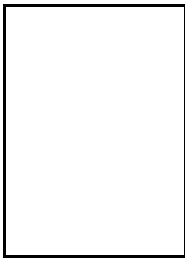
Name of applicant in block letters

2 Date [][][][][] - [][][][]

3 Signature of applicant

4 Place [Empty box for place]

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



Right index fingerprint of applicant

2 Fingerprint designation



4

3 Date [][][][][] - [][][][]

[Empty box for name of applicant]

Name of applicant in block letters

5 Place [Empty box for place]

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

6.1 [Empty box for name of police official]

Name of police official in block letters

6.2 [][][][][][][][] - [][][]

Persal number of police official

6.3 [Empty box for rank of police official]

Rank of police official in block letters

6.4 Signature of police official

PARTICULARS OF WITNESS

7.1 [Empty box for name of witness]

Name of witness in block letters

7.2 [][][][][][][][] - [][][]

Persal number of witness

7.3 [Empty box for rank of witness]

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

					-			-	
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14 Place

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13 Signature of interpreter

15

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Rank of police official in block letters (if applicable)

16

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Persal number of police official (if applicable)

M. PARENTAL CONSENT IN CASE OF A MINOR

1

Recommended		Not recommended	
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2 Name and surname of parent/guardian

3 Identity/Passport number of parent/guardian

4 Comments of parent/guardian

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5 Date

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6 Signature of parent/guardian

7 Place

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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

2 Recommended Not recommended

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