

APPLICATION FOR RENEWAL OF LICENCE(S) IN TERMS OF THE PREVIOUS ACT

(Transitional provisions)

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED
	¹ Application reference No
DATE RECEIVED	
B. FOR OFFICIAL USE BY F	POLICE STATION WHERE THE APPLICATION IS RECEIVED
Province	
Area	
Police station	
Component code	
Firearm applications register reference number	SAPS 86 NO YEAR
C. FOR O	FFICIAL 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 licence approved (Indicate with a	
7	Persal number 8 Date
⁹ Signature of deciding officer	10 Officer code 11 Name in block letters
12 Application for licence refused (Indicate with an	
_ 14	Persal number 15 Date
16 Signature of deciding officer	17 Officer code 18 Name in block letters

	D.					PAR	TIC	JLAF	RS OF	- AP	PLIC	ANT									
1	NATURAL PERSON'S	DETAIL	_S																		
2	SA ID	Pass	sport																		
3	Identity number of natu	ral perso	on										-					-		-	
4	Passport number of na	tural per	son																		
5	Surname															6	Initial	S			
7	Residential address																				
															8	Post	al Co	de			
9	Postal address																				
															1	Pos	stal C	ode			
11	Telephone number		11.1 Hor	ne	()						Wor	k	()						
11.3	Cellphone number										12	Fax		()						
13	E-mail address																				
14	JURISTIC PERSON'S	DETAIL	s																		
ا ا			_																		
15	OTHER BODIES																				
16	Registered company na	ame																			
17	Trading as name																				
18	FAR number																				
19	Company registration of	or CC nu	mber																		
20	Postal address										1										
															2	²¹ Pos	stal C	ode			
22	Business address																				
															2	²³ Pos	stal C	ode			
24	Business telephone nu	mber	24.1 Wo	rk	()					24.2	Fax	()						
25	E-mail address																			 	
26	RESPONSIBLE PERS	ON'S D	ETAILS																		
27	Responsible person (fu	III name	and surna	ıme)																	
28	Type of identification (In								SA	ID						Pa	sspor	t num	ber		
29	Identity number of resp	onsible	person										-					-		-	
30	Passport number of res	sponsible	e person																		
31	Cellphone number																				
32	Physical address																				
															3	³³ Pos	stal Co	ode			
34	Postal address																				
															3	³⁵ Pos	stal C	ode			

																			SAI		17(e
OTHER INFORM	ATION (Indicate with	h an X)																		
Type of competer	ncy certi	ficate																			
Competency certi	ificate n	ımber																			
Date of issue			-			-			40 E	xpiry d	ate					-			-		
DO YOU HAVE T	HE PRE	SCRIBED) SAFE	Ξ? (Indi	cate v	vith ar	n X)														
YES		NO	0																		
IF YES, SUBMIT	FULL C	ETAILS (I	Indicate	with ar	ı X, wi	ith sho	ort des	scriptio	n)												
Type of safe		Handgu	un				F	Rifle													
Strongroom																					
Device																					
IS SAFE MOUNT	ED? (Inc	icate with ar	n X)																		
YES		NO	0																		_
IF YES, SUBMIT	FULL C	ETAILS (I	Indicate	with ar	1 X, w	ith sho	ort des	scriptio	n)												_
Wall																					
E.		AILS OF	CURF	RENT	LICI					S), AU	JTHO	RIZA ⁻	ΓΙΟΝ(3) OF	FIR	REAF	RMS				
E. State the total nur	mber of	AILS OF (CURF currently	RENT y licen	LICI	n you				S), AL	JTHO	RIZA	ΓΙΟΝ(:	S) OF	FIF	REAF	RMS				
E. State the total nur	mber of	AILS OF (CURF currently	RENT y liceno	LICI	n you	ur nam	me			JTHO	RIZA	FION(\$		FIF		RMS Date lice	ence	· was	issue	d
E. State the total nur	mber of	AILS OF (CURF urrently	RENT y liceno	LICI	n you	ur nam	me	RMIT(JTHO	RIZA			FIF			ence	was	issue	d
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DECLARATION BY APPLICANT

3

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.

F.	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 th 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.	е	PHOTO
2	The fingerprint should not be rolled and must be a flat impression. Signature		⁴ Fingerprint designatio
		6	Date
Name	e of applicant in block letters		
		7	Place
	RTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION 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
PAF	RTICULARS OF WITNESS		
		9.2	
Name	e of witness in block letters		Persal number of witness
		9.4	
	of witness in block letters		Signature of witness

(This section must																
Name and surname of interp	oreter						Ī						ī		1	
Identity/Passport number of	interpreter															
Residential address																
										4	Posta	l Coc	de			
ostal address																
	_									6	Posta	al Co	de			
Telephone number	7.1 Home	()				7.2	Work		()						
Cellphone number						9	Fax		()						
E-mail address						<u>-</u>										
nterpreted from (language)							to									
						12	4			T		1				
						Da	te					-			-	
						14		<u> </u>								
gnature of interpreter		•••				Pla	ice	<u> </u>								
_		٦				16									Ī	
ank of police official in block	letters (if applica	_ ble)						Persa	ıl numi	ber of	f polic	e offi	- icial (if app	licable))
H. FOR OFFI						DN40 0			T A T14	ANI 6		4100				
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100011	CIAL USE BY	COMMEN								ON C	OMN	MISS	SION	ER		
	CIAL USE BY									ON C	OMN	MISS	SION	ER		
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		COMMEN	TS REC	GARI	DING	THE AP	PLICA	TION								
Report of inspection of safe		COMMEN	TS RE	GARI	DING	THE AP	PLICA	TION								
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Report of inspection of safe		COMMEN	TS RE(GARI	DING	THE AP	PLICA	TION								

PARTICULARS OF INTERPRETER

G.

Recommendation			
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		5	Date
lame of Designated Firearms Off	ficer/Station Commissioner in blo	ock letters	
		7	Place
ank of Designated Firearms Offi	cer/Station Commissioner in blo	ck letters	
-			
		9	
ignature of Designated Firearms	Officer/Ctation Commissioner		Persal number of Designated Firearms Officer/Station