



**D. TYPE OF ACCREDITATION** (Indicate with an X)

1	As a shooting range	
2	To provide training in the use of firearms	
3	To provide firearms for the use in theatrical, film or television productions	
4	To conduct business in hunting	
5	To provide an in-house security service	
6	As a museum	
7	As a public collector in firearms and ammunition	
8	As a game rancher	
9	For other business purposes (specify the purpose)	

**E. PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

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

2.1	SA citizen	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>																			
3	Identity number																						
4	Surname											5	Initials										
6	Full names																						
7	Date of birth					-					-					8	Age			9	Gender	Male	Female
10	Residential address											11	Postal Code										
12	Postal address											13	Postal Code										
14	Trade or profession											15	If self-employed, specify										
16	Name of employer/company																						
17	Business address											18	Postal Code										
19	Telephone number	19.1	Home	( )				19.2	Work	( )													
19.3	Cellphone number							20	Fax	( )													
21	E-mail address																						

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

23	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
	Other (specify)									

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

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

24.1.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>									
24.2	Identity number of spouse/partner												
24.3	Passport number of spouse/partner												
24.4	Name and surname												



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51 **PARAGRAPH 52 - 55 MUST BE COMPLETED FOR ALL TYPES OF ACCREDITATION**

52 **MOTIVATION OF PURPOSE AND SCOPE FOR WHICH ACCREDITATION IS REQUIRED**

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53 **DESCRIPTION OF THE MAIN PURPOSE OF THE BUSINESS**

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54 **DESCRIPTION OF SECURITY MEASURES PERTAINING TO THE STORAGE, TRANSPORT AND SAFEKEEPING OF FIREARMS TO BE USED**

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55 **DESCRIPTION OF HOW REGISTERS WILL BE KEPT**

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56 **COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION TO PROVIDE IN-HOUSE SECURITY SERVICES**

57 **SCOPE OF WHAT IS TO BE PROTECTED**

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58 **NUMBER OF PERSONS WHO WILL BE ISSUED WITH FIREARMS**

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59 **COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A MUSEUM**

60 **DESCRIPTION OF ACCESS CONTROL**

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61 **DESCRIPTION OF DISPLAY MECHANISMS**

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62 **COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A PUBLIC COLLECTOR**

63 **PARTICULARS OF AN ACCREDITED MUSEUM WHERE THE FIREARM COLLECTION WILL BE DISPLAYED**

63.1 Name

63.2 Accreditation registration number

64 **DECLARATION BY 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.

**F. SIGNATURE OF APPLICANT** (Sign only if applicable)

1

2 Fingerprint designation

3 Date

Name of applicant in block letters

5 Place

6

Signature of applicant

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

7.1

Name of police official in block letters

7.2

Persal number of police official

7.3

Rank of police official in block letters

7.4

Signature of police official

**G. 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)

