

## SOUTH AFRICAN POLICE SERVICE

## **APPLICATION FOR ACCREDITATION FOR BUSINESS PURPOSES**

Section 8 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP		R OFFICIAL USE BY THE HERE THE APPLICATION	
	<sup>1</sup> Application refer	rence No	
DATE RECEIVED			
B. FOR OFFICIAL USE BY PO	OLICE STATION WHE	ERE THE APPLICATION IS	S RECEIVED
Province			
Area			
Police station			
Component code			
Firearm applications register reference No	SAPS 86 NO		YEAR
c. FOR OFFICIAL US	SE BY THE CENTRAL	FIREARMS REGISTER (	CFR)
<sup>1</sup> Outstanding/Additional information required			
	ersal number		- 3 Date
<sup>4</sup> Signature of police official		⁵ Name	e in block letters
<sup>6</sup> Application for accreditation approved (Indicate v	vith an X)		
	ersal number	<del> </del>	- <sup>8</sup> Date
	ersai number		-     ate
<sup>9</sup> Signature of deciding officer	<sup>10</sup> Officer code	<sup>11</sup> Name	e in block letters
<sup>12</sup> Application for accreditation refused (Indicate wi	th an X)	son(s) for refusal	
	Persal number	<del>                                     </del>	- 15 Date
<sup>16</sup> Signature of deciding officer	<sup>17</sup> Officer code	<sup>18</sup> Name	in block letters

	D.	Т	YPE OF	ACCRE	DITAT	ION (	Indicat	te with an	X)							
													l			
	As a shooting range															
	To provide training in the use of															
	To provide firearms for the use		n or televis	sion produ	uctions											
; ;	To conduct business in hunting															
;	To provide an in-house security	y service														
,	As a museum															
<b>.</b>	As a public collector in firearms	s and ammunition	n													
)	As a game rancher															
	For other business purposes (s purpose)	specify the														
	E.		PAR	RTICULA	RS OI	- APF	LICA	ANT								
	NATURAL PERSON'S DETAIL	LS														
<u>!</u>	Type of identification (Indicate	with an V														
!. <b>1</b>																
		-SA citizen with p	permanent	t residenc	e*				1		I I					
<b>;</b>	Identity number							-		5		-			-	
· i	Surname									J	Initials	3				
,	Full names		[ ]			8 ,			1	9						
0	Date of birth	<del>-     -  </del>		-		° A	Age			9	Gend	er	Ma	ale	Fem	nale
•	Residential address									<sup>11</sup> Pos						
2	Destal address									Pos	tai Co	ae				
	Postal address									<sup>13</sup> Pos	tal Ca	do				
4	Trade or profession				15	lf colf	amal	oyed, sp	a aifi i	F08	lai Co	ue				
6	Name of employer/company					II Sell	-empi	oyeu, sp	echy							
7	Business address															
	Dusiness address									<sup>18</sup> Pos	tal Cod	de				
9	Telephone number	<sup>19.1</sup> Home	( )			19.2	Worl	k	1	)	iai oot					
9.3	Cellphone number	7.60	( /			20	Fax		(	)						
1	E-mail address								`	,						
2	Marital status (Indicate with an X	()														
:3	Single	Married		Div	vorced				Widov	V			Wido	ower		
	Other (specify)															
:4	PARTICULARS OF APPLICAN	NT'S SPOUSE/P	ARTNER	(If applicab	ole)											
4.1	Type of identification (Indicate	with an X)														
.1.1	SA ID Pass	sport														
1.2	Identity number of spouse/partr	ner						-				-			-	
1.3	Passport number of spouse/par	rtner														
1.4	Name and surname										_					

25	JURISTIC PERSON'S D		ermar	nent re	esider	nce m	ust be	Sub	mitted	1.											
26	OTHER BODIES (eg body	corporate close	cornora	ation o	r comn	anv)															
	• • • • • • • • • • • • • • • • • • •	corporate, close	оогрого	ation of	Comp	, uny ,															
27	Registered company nan	ne																			
28	Trading as name																	_			
29	Company registration or	CC number																			
30	Postal address																				
														<sup>31</sup> F	os	tal C	ode				
32	Business address																				
														<sup>33</sup> F	os	tal C	ode				
34	Business telephone num	ber <sup>34.1</sup> Wo	rk	(	)							34.2	Fax	(		)					
35	E-mail address																				
36	RESPONSIBLE PERSO	N'S DETAILS																			
37	Responsible person (full	name and surna	ame)																		
38	Type of identification (Indi	cate with an X)						SA	ID					ı	Pas	sport	t num	ber			
39	Identity number of respon	nsible person										-					-			-	
40	Passport number of resp	onsible person																			
41	Cellphone number																				
42	Physical address																				
		_												43 F	os	tal C	ode				
44	Postal address																				
														45 F	os	tal C	ode				
46	PROOF SIGNATURES (	DE DESDONSI	21 E D	EDS		7															
	PROOF SIGNATURES	7 KLOFONOIL	)LL I	LING	<b>714</b>	J															
47									48												
	Signature of responsible p	erson								Sign	ature	of res	ponsi	ble pers	on				••		
49	PARTICULARS OF OTH	ER PERSONS	IN CC	ONTR	OL O	F/OR	RESF	PONS	SIBLE	FOF	R THE	MAN	IAGE	MENT C	)F	THE	ORG	ANIZ	ATIO	N	
50	Identity number		Full n	names						Surr	name						Cap	acity			

Identity number	Full names	Surname	Capacity

51	PARAGRAPH 52 - 55 MUST BE COMPLETED FOR ALL TYPES OF ACCREDITATION
52	MOTIVATION OF PURPOSE AND SCOPE FOR WHICH ACCREDITATION IS REQUIRED
53	
	DESCRIPTION OF THE MAIN PURPOSE OF THE BUSINESS
54	DESCRIPTION OF SECURITY MEASURES PERTAINING TO THE STORAGE, TRANSPORT AND SAFEKEEPING OF FIREARMS TO BE USED
55	DESCRIPTION OF HOW REGISTERS WILL BE KEPT
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
58	NUMBER OF PERSONS WHO WILL BE ISSUED WITH FIREARMS
59	COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A MUSEUM
	COMPLETE ONLY IN THE CASE OF AN APPLICATION FOR ACCREDITATION AS A MUSEUM
60	DESCRIPTION OF ACCESS CONTROL
61	DESCRIPTION OF DISPLAY MECHANISMS

	COMPLETE ONLY IN THE CASE O	F AN APP	LICATI	ON F	OR	ACCR	EDITAT	ON A	SAP	UBL	IC CO	LLE	СТОБ	₹					
	PARTICULARS OF AN ACCREDITE	D MUSEL	JM WH	ERE	THE	FIRE	ARM CC	LLEC	TION	WIL	L BE	DISP	LAYE	ΞD					
.1	Name																		
2	Accreditation registration number																		
	DECLARATION BY APPLICANT	]																	
	I am aware that it is an offence in term	s of sectio	n 120 (	9)(f) (	of the	Firea	arms Cor	itrol A	ct, 20	00 (A	ct No	60 of	f 2000	0), to	make	e a fal	se sta	tem	ent in
	this application.		_				_												
	F.	SIG	SNATU	JRE	OF A	APPL	ICANT	(Sign o	nly if a	pplica	ble)								
	<sup>2</sup> Fir	gerprint signation					3	Date	е					-			-		
	de	signation	4																
			4					Nan	ne of	applio	cant in	ı bloc	k lett	ers					
			•				5												
	Right index fingerprint of applicant							Plac	e										
							6												
								Signa	ature (	of ap <sub>l</sub>	olicant	t							
	PARTICULARS OF POLICE OFFICE	AL DEALI	NG WI	TH A	PPLI	CATIO	NC												
							7.2								-				
	Name of police official in block letters								Persa	al nun	nber o	f poli	ice of	ficial					
							7.4		··········								.,		
	Rank of police official in block letters							S	ignati	ure of	police	e offic	cial						
	G. (This section must be comp	leted <u>only</u>					read or				unde	rstan	nd the	cont	ent o	f this	form.)		
	Name and surname of interpreter																		
	Identity/Passport number of interpret	er																	
	Residential address			-	-	-	-	-			-			-				-	
												4	Post	al Co	de				
	Postal address															_	I		ı
	71		,					72.			,		Pos	tal Co	ode				
	Telephone number  7.1 H  Cellphone number	ome	(	)					Work Fax		(	)							
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	Interpreted from (language)							to	)										
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								Date	9					-		<u> </u>	-		
							14	Plac	ce										
	Signature of interpreter								-										
							16								-				
	Rank of police official in block letters (i	f applicabl	e)						F	Persa	l numl	ber o	f polic	ce offi	icial (	if app	licable	e)	

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

Recommended tion	Not recommended	
mended conditions		
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f Designated Firearms Officer/Station Commissioner in block letters		
	Place	
Designated Firearms Officer/Station Commissioner in block letters	Place	
Designated i rearms officer/station commissioner in block letters		
		7

Commissioner