

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR THE RENEWAL OF A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Section 24, 35, 49 and 63 of the Firearm Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY WHERE THE APPLIC	
	¹ Application reference No	
DATE RECEIVED		
B. FOR OFFICIAL USE BY PC	LICE STATION WHERE THE APPLICAT	ION IS RECEIVED

1	Province			
2	Area			
3	Police station			
4	Component code			
5	Firearm applications register reference number	SAPS 86	NO	YEAR

С.

TYPE OF LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION (Indicate with an X)

1	Licences	3	Permits	
1.1	Licence to possess a firearm for self-defence	3.1	Permit to possess ammunition in a private collection	
1.2	Licence to possess a restricted firearm for self- defence	3.2	Permit to possess ammunition in a public collection	
1.3	Licence to possess a firearm for security officer purposes	3.3	Import permit	
1.4	Licence to possess a firearm for occasional hunting and sports-shooting	3.4	Export permit	
1.5	Licence to possess a firearm for dedicated hunting and dedicated sports-shooting	3.5	In-transit permit	
1.6	Licence for professional hunting	3.6	Multiple import and export permit	
1.7	Licence to possess a firearm in a private collection	3.7	Temporary import/export permit	
1.8	Licence to possess a firearm in a public collection (museums)			
1.9	Licence to possess a firearm for business purposes: Business in hunting			
1.10	Licence to possess a firearm for business purposes			
2	Licence issued to particular categories of persons			
2.1	Licence to deal in firearms and ammunition			
2.2	Licence to manufacture firearms and ammunition			
2.3	Licence to conduct business as a gunsmith			

7	Details of original licence, permit, certificate or authorization																					
8	Licence, permit, certificate or authorization number													Date issu	ied		E	xpiry	iry date			
-							_															
	D.				PAR	TICU	JL	ARS O	F AP	PLIC	ANT											
1	NATURAL PERSON'S D	DETAILS																				
2	Type of identification (In	Indicate wit	th an X)																			
2.1	SA ID		Passport						e*													
3	Identity number of natura	al person		_								-				-			-			
4	Passport number of natu	ural perso	on																			
5	Surname													6	Initials	3						
7	Full name																					
8	8 Residential address																					
									⁹ Postal Code													
10	Postal address																					
	11											¹¹ Po	stal C	ode								
12	Business telephone num	nber ¹²	^{2.1} Home	()	^{12.2} Work (()								
12.3	Cellphone number					¹³ Fax ()																
14	E-mail address																					
15	JURISTIC PERSON'S D	DETAILS																				
۱ ۵۰ آ																						
16	OTHER BODIES																					
17	Registered company nar	me																				
18	Trading as name																					
19	FAR number																					
20	Postal address																					
														²¹ Po	stal C	ode						
22	Business address																•					
				_										²³ Po	stal C	ode						
24	Business telephone num	nber ²	^{24.1} Work	()					24.2	Fax		()								
25	E-mail address																					
26	RESPONSIBLE PERSO	ON'S DET	TAILS																			
27	Responsible person (full	names a	and surnan	ne)																		
28	Type of identification (Ind	dicate with	an X)				SA ID							Pass	port n	umbe	er					
29	Identity number of respo	onsible pe	erson									-				-			-			
30	Passport number of responsible person																					

* Proof of permanent residence must be submitted if an applicant is not a SA citizen.

31	Cellphone	numbe	er																							
32	Physical ad	ddress	i																							
																			³³ P	ostal C	Code					
34	Postal add	lress																								
																			³⁵ F	ostal (Code					
36	OTHER INFORMATION (Indicate with an X)																									
37	MAS YOU			ANDED IN 90 DA	AVC							с т.		VICT						CUD		ue r		201		
	(Indicate with			ANDED IN 90 DA	AIS	5 DE	DEFU	-ORI			KT U	- 16	16 6	:212	TING		ENC	,		, 306			(EA	301		
	YES		NO	Reason(s)																						
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	YES		NO	Reason(s)																						
39	WAS YOU	R APP	LICATION H	ANDED IN AFTEI	ER TI	THE	E EX	EXPI	PIRY	OF	EXIS	TIN	G LI	CEN	ICE.	IF Y	'ES, \$	SUB	міт 1	HE R	EASC)N (In	dicat	e wit	h an X	()
	YES		NO	Reason(s)																						
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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.

SAPS 518(a)

PHOTO

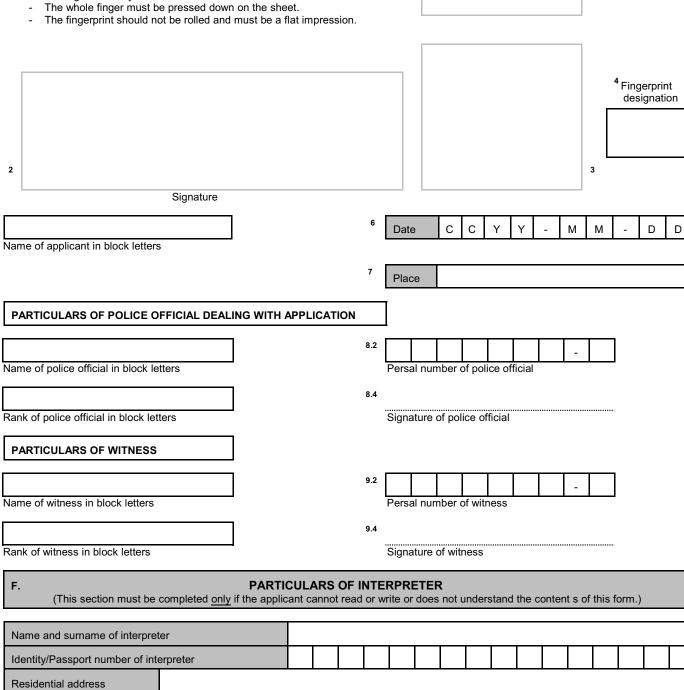
1

SIGNATURE OF APPLICANT (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 the 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.



Postal address

⁴ Postal Code

⁶ Postal Code

Ε.

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7	Telephone number	^{7.1} Home	()				^{7.2} Work	()						
8	Cellphone number						⁹ Fax	()						
10	E-mail address															
11	Interpreted from (language)						to									
						40				1						
						12	Date	C	Y	Y	-	М	М	-	D	D
13						14	Place									
	Signature of interpreter															
15						16						-]		
	Rank of police official in block le	tters(if applicab	le)				Persal numb	per of p	olice	official	(if app	licable	e)	-		
	G.	ORIZED PERSON														
	-								-							
1	Name and surname of nomine	e/authorized pe	rson													
2	Identity/Passport number of no	minee/authoriz	ed person													
						3										
						J	Date	C	Y	Y	-	М	М	-	D	D
4						5	Place									
	Signature of nominee/authorized	person	•				1 1000									
	H. FOR OFFICI	AL USE BY 1	HE DESI	GNATE	ED FIRE	ARN	IS OFFICE	R/ST/	ATION		MISS	SION	ER			
1]			2	Date	c	C Y	Y	Γ.	м	М	_	D	D
	Name of Designated Firearms C	fficer/Station C	_ ommission	er in blo	ock letters		Duio	<u> </u>	· ·			101	101			
3			1			4										
	Rank of Designated Firearms Of	ficer/Station Co	mmissione	er in blo	ck letters		Place									
5											-					
		0.00				6	ĽĹĹ,					-				
	Signature of Designated Firearm	s Officer/Statio	n Commiss	sioner			Persal numb Commission		Desigr	ated F	irearm	ns Offi	cer/Si	tation		