

*\* SAMPLE FORM*



*COMPLETE NOTED SECTIONS  
IN BLACK INK*

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												

*\* NOTHING TO FILL OUT ON  
PAGES 1, 3, 7 + 8*

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)      13 Reason(s) for refusal												
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	2 Import permit	3 Export permit	4 In-transit permit	5 Temporary import or export permit
				<input checked="" type="checkbox"/>

**E. PARTICULARS OF APPLICANT**

1 **NATURAL PERSON'S DETAILS**

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

3 SA ID	Passport	<input checked="" type="checkbox"/>
4 Identity number of natural person		
5 Passport number of natural person	PASSPORT # HERE	
6 Surname	LAST NAME	Initials XXX
7 Full names	FIRST + MIDDLE NAMES	
8 Date of birth	YEAR - MONTH - DAY	9 Age XX 10 Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
11 Residential address	PHYSICAL ADDRESS	
	CITY, STATE	12 Postal Code
13 Postal address	SAME AS ABOVE OR LIST OTHERWISE	
		14 Postal Code
15 Trade or profession	XXX	16 If self-employed, specify XXX
17 Name of employer/company	XXX	
18 Business address	ADDRESS	
		19 Postal Code
20 Telephone number	20.1 Home (X) X	20.2 Work (X) X
20.3 Cellphone number	XX	21 Fax (X) X
22 E-mail address	XXX	

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

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

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

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

★ IF SPOUSE ACCOMPANIES

25.1.1 SA ID	Passport	
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	

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

**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	UNITED STATES OF AMERICA									
2	Country of destination	SOUTH AFRICA (OR NAMIBIA, ZIMBABWE VIA SOUTH AFRICA)									
3	Port of entry	OR TAMBO AIRPORT, JOHANNESBURG									
4	Port of exit	OR TAMBO AIRPORT, JOHANNESBURG									
5	Reason for permit	HUNTING SAFARI									

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 *ENTRY DATE*      Date      *YEAR* - *MONTH* - *DAY*

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 *ENTRY DATE* *EXIT DATE*

9.1 FROM      Date      *YEAR* - *MONTH* - *DAY*      TO      9.2      Date      *YEAR* - *MONTH* - *DAY*

**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					-					
------	--	--	--	--	---	--	--	--	--	--

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
RIFLE	BOLT	30-06	700	WINCHESTER	08213549	SAME

2

DETAILS OF AMMUNITION

2.1

2.1.1 Type	2.1.2 Quantity
30:06	50

2.2

2.2.1 Type	2.2.2 Quantity

NOTE: CANNOT IMPORT TWO FIREARMS OF SAME CALIBRE ON PERMIT

3 **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.

4 **SIGNATURE OF PERSON CURRENTLY IN POSSESSION**

4.1 **APPLICANT NAME**

Name of person currently in possession in block letters

4.2 Date *DATE YOU SIGN ON #4.3*  
Y E A R - M O N T H - D A Y

4.3 *SIGN HERE*  
Signature of person currently in possession

4.4 Place *CITY + STATE WHERE YOU ARE*

5 **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) *DATE YOU SIGN ON #3*

1 **NAME-PRINTED**

Name of applicant in block letters

2 Date Y E A R - M O N T H - D A Y

3 *\*SIGN IN PRESENCE OF POLICE OFFICIAL OR IN ADVANCE IF APPLYING FOR PRE-APPROVED PERMIT*  
Signature of applicant

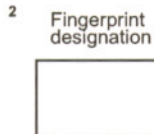
Place *CITY + STATE WHERE YOU ARE*

*HOME IF IN ADVANCE OR IF IN PERSON*

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



Right index fingerprint of applicant



3 Date

Name of applicant in block letters

5 Place

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

6.1 Name of police official in block letters

6.2 Persal number of police official

6.3 Rank of police official in block letters

6.4 Signature of police official

7 **PARTICULARS OF WITNESS**

7.1 Name of witness in block letters

7.2 Persal number of witness

7.3 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	
		<sup>4</sup> Postal Code