

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 FOR OFFICIAL USE BY THE POLICE STATION Α. WHERE THE APPLICATION IS CAPTURED <sup>1</sup> Application reference No DATE RECEIVED

	B. FOR OFFICIAL USE B	Y POLICE STAT	ION WHERE APPLICATION IS F	RECEIVED
1	Province			
2	Area			
3	Police station			
4	Component code			
5	Firearm applications register reference number	SAPS 86	NO	YEAR

1

3 4 5

С.							FOF		USE B	Y TH	E DI	ECIDI	NG	OFFI	CER						
<sup>1</sup> Outstar	nding	/Add	itiona	al info	ormat	ion r	equir	ed													
						-		<sup>2</sup> Persal nur	mber					-			-			<sup>3</sup> Date	
																					_
		4 5	Signat	ture o	f polic	e offi	cial								⁵ Nar	ne in	block	c lette	rs		
<sup>6</sup> Applica	tion	for a	perm	nit ap	prove	ed (Ind	icate v	vith an X)													
						-		7 Persal nur	mber					-			-			<sup>8</sup> Date	
											7										
		۹ و	Signat	ture o	f deci	ding o	officer		<sup>10</sup> Office	er cod	е			11	Nan	ne in	block	lette	rs		
<sup>12</sup> Applica	ation	for a	perr	nit re	fused	l (Indic	ate wi	th an X)		<sup>13</sup> <b>F</b>	Reaso	on(s) f	or re	fusal							
						-		<sup>14</sup> Persal nu	Imber					-			-			<sup>15</sup> Date	
					-						-										
											٦										
			Signa	ature o	of dec	iding	office	r	<sup>17</sup> Office	er cod	е			11	<sup>3</sup> Nar	ne in	block	c lette	rs		•

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	D.			TYP	E OF	PER	MIT	(Indic:	ate wit	h an X	()									
	<sup>1</sup> Multiple import or export permit	2	mport pe	ermit	:		port mit			4	In-tra perm				5	Tem or ex	porary kport j	y impo permit	ort t	
	E.			PA	RTICI	JLAR	S OF	F AP	PLIC	ANT	Г									
1	NATURAL PERSON'S DETA	ILS	]																	
2	Type of identification (Indicate	e with an X)	)																	
2.1	SA ID Pas	sport																		
3	Identity number of natural per	son									-					-			-	
4	Passport number of natural pe	erson																		
5	Surname													<sup>6</sup>	nitials	;				
7	Full names																			
8	Date of birth	ĻĹĹ	-		-			9 /	Age					<sup>10</sup> (	Gende	er	Ma	ale	Fen	nale
11	Residential address																	<del></del>		
10													12	Post	al Coo	le				
13	Postal address												14			_		<b></b>	<b>—</b>	1
15							16						14	Posta	al Co	de			<u> </u>	
17	Trade or profession	<u> </u>			1	1		lf se	elf-em	ploye	ed, sp	ecify							<b></b>	
18	Name of employer/company																			
	Business address												19	Post	alCo					
20	Telephone number	<sup>20.1</sup> Ho	me	()				20.	2 W	ork		(	)	1 031	ai 00					
20.3	Cellphone number			,				21	Fa			(	)							
22	E-mail address																			
23	Marital status (Indicate with an	<b>ــــــ</b>																		
	Waritar Status (Indicate with an	<)		_	_		_													
24	Single	Marr	ied			Divo	rced				١	Widov	V				Wid	ower		
	Other (specify)																			
25	PARTICULARS OF APPLICA	NT'S SPO	OUSE/P/	ARTNER	(If app	licable	)													
25.1	Type of identification (Indicate	e with an X	)																	
25.1.1	SA ID Pas	sport																		
25.2	Identity number of spouse/par	tner									-					-			-	
25.3	Passport number of spouse/pa	artner																		
25.4	Full Name and Surname																			
26	JURISTIC PERSON'S DETAI	LS																		
27	Registered company name																			
28	Trading as name																			
29	FAR number																			
30	Postal address			•							-						-			

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																	<sup>31</sup> P	ostal	Code	Э				
32	Business address																							
																	<sup>33</sup> P	ostal	Code	e				
34	Business telephone r	numb	er	<sup>34.1</sup> \	Nork	κ (	(	)				3	<sup>34.2</sup> F	ax	(	)								
35	E-mail address																							
36	RESPONSIBLE PER	RSON	I'S DE	ETAIL	.s																			
37	Responsible person (	(full n	ame	and s	urna	me)																		
38	Type of identification	(Indic	ate wit	th an X	()					SA	A citiz	en			No	on-SA	. citize	n wit	h per	mane	ent res	sidenc	ce*	
39	Identity number of rea	spon	sible p	oerso	n										-					-			-	
40	Passport number of r	respo	nsible	e pers	on																			
41	Cellphone number												•										•	
42	Physical address																							
																	4:	Pos	stal Co	ode				
44	Postal address																							
																	4	Pos	stal C	ode				
46																								
47	Type of competency	certif	icate	(If app	licabl	le)	1		I		40								1	1	1	1		
-,	Date of issue				-			-			48	Expir	y date	e					-			-		
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1	NATURAL PERSON			-																				
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	Surname Full names																	3	nitials	5				
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4 5 6	Surname Full names Identity number of na Passport number of r	atural	perso	on											-			<sup>3</sup>	nitials	-			-	
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4 5 6	Surname Full names Identity number of na Passport number of r	atural	perso	on											-			stal	Code	-				
4 5 7 9	Surname Full names Identity number of na Passport number of r Residential address	atural	perso al pers	son									11 2		-			stal		-				
4 5 7 9 11	Surname Full names Identity number of na Passport number of r Residential address Postal address Telephone number	atural	perso al pers	on	Hom	e	(	)						Wor	- k	(		stal	Code	-				
4 5 7 9 11 11.3	Surname Surname Full names Identity number of n Passport number of r Residential address Postal address Telephone number Cellphone number	atural	perso al pers	son	Hom	e	(	)					11.2	Wor	k	(	<sup>10</sup> P	stal	Code	-				
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4 5 7 9 11 11.3 13	Surname Full names Identity number of na Passport number of r Residential address Postal address Telephone number Cellphone number E-Mail address	natural natura	persc al pers	500 11.1	Hom	e		)								(	<sup>10</sup> P	stal	Code	-				
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4 5 7 9 11 11.3 13 14 15	Surname Full names Identity number of na Passport number of n Residential address Postal address Telephone number Cellphone number E-Mail address JURISTIC PERSON Registered company	natural natura	persc al pers	500 11.1	Hom	e		)									<sup>10</sup> P	stal	Code	-				
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\* In case of a non-SA citizen proof of permanent residence must be submitted.

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21	Business	address																				-			
																		22	Posta	l Cod	le				
23	Business	telephone	e numbe	er	23.1	Work										23.2	Fax								
24	E-mail ad	dress																							
25	RESPON	SIBLE PI	ERSON'	S DI	ETAIL	S																			
26	Responsi	ble perso	n (full na	ame	and su	Irnam	ie)																		
27	Type of ic	lentificatio	D <b>N</b> (Indica	ite wi	th an X)	1					_	SA	ID	_					Pa	sspor	t num	ber	_		_
28	Identity n	umber of	respons	ible	person											-					-			-	
29	Passport	number c	of respor	nsible	e perso	on																			
30	Cellphone	e number																							
31	Physical a	address																							_
					_													32	Posta	al Coc	le				
33	Postal ad	dress																					_		
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	•																								
	G.							IN	IPOF	KI A	ND/C	JR E	XPOF		EIAI	LS									
1	Country o	f origin																							
2	Country c	f destinat	ion																						
3	Port of er	itry																							
4	Port of ex	it																							
5	Reason fo	or permit					•••••																		
6																									
•	In case of	f a perma	nent imp	oort/e	export	perm	it, s	ubmi	t the	date o	on wh	ich th	e imp	ort/ex	port v	vill tak	e plac	ce							
7	Date on v	which the	import/e	xpor	t will ta	ike pl	ace							Da	ate					-			-		
8							+/+~						ormait/	in tra	a a it m		o	it the	falla	vina		٦			
	In case of	r a multipi	e impori	ore	export	bermi	t/te	npor	ary in	проп	orex	рогт р	ermit/	in-trai	nsit p	ermit,	subm	lit the	τοποι	ving					
9	Period for	which pe	ermit is r	equi	red																				
9.1	FROM	Date				-			-			то	9.2	Da	ate					-			-		
	H.		TR	ANS	SPOR	ΓER'	SC	)ETA	AILS	(Comj	olete o	nly in	the cas	e of ar	n in-tra	nsit pe	erm it fo	r busir	ness p	urpose	es)				
1	FAR num	ber								1	1	I													
2	Transport	er's name	e and su	rnan	ne																				
3	Transport																								
4	Method o		-																						
5	Transport (name an	er's respo	onsible p	erso	on																				
6	Type of ic			ite wi	th an X					SAc	itizer	1				Non	I-SA c	itizen	with	perm	anent	resid	ence'		
7	Identity n												Ι			-					_			-	
8	Cellphone		,							<u> </u>	<u> </u>	1	1		I										

\* In case of a non-SA citizen proof of permanent residence must be submitted.

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9	Validity of the transporter's per	mit	FROM	Date			-		-		
			то	Date			-		-		
10	Transport route										
		-									

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## DETAILS OF FIREARMS

<sup>1.1</sup> Type	<sup>1.2</sup> Action	<sup>1.3</sup> Calibre	<sup>1.4</sup> Model	<sup>1.5</sup> Make	<sup>1.6</sup> Frame or receiver serial number	<sup>1.7</sup> Barrel serial number

## 2 DETAILS OF AMMUNITION

2.1

2.1.1	Туре	2.1.2	Quantity

2.2.1	Туре	2.2.2 Quantity

hereby declare that the above firearm(s) is/are legally in my posse	
ermit(s) has/have been obtained and that the particulars of the fire	errm(s) are correct and accurate.
	I
	4.2 Date
lame of person currently in possession in block letters	
	4.4 Place
Signature of person currently in possession	
DECLARATION OF APPLICANT	
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
nis application.	
J. SIGNATURE OF A	PPLICANT (Sign only if applicable)
	2 Date
lame of applicant in block letters	
	4 Place
ignature of applicant	
K. (This section must be complete	ed <u>only</u> if the applicant cannot read or write)
<sup>2</sup> Fingerprint	<sup>3</sup> Date
designation	
4	
	Name of applicant in block letters
	5 Place
Right index fingerprint of applicant	
PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLIC	CATION
lame of police official in block letters	Persal number of police official
·	6.4
Rank of police official in block letters	Signature of police official
PARTICULARS OF WITNESS	
PARTICULARS OF WITNESS	
	7.2
lame of witness in block letters	Persal number of witness
	7.4
Rank of witness in block letters	Signature of witness
	RS OF INTERPRETER
	annot read or write or does not understand the content of this form.)
(This section must be completed <u>only</u> if the applicant ca	

SAPS 520

															SAP	S 520
5	Postal address													·		
						_				<sup>6</sup> Po	stal Co	de				
7	Telephone number	<sup>7.1</sup> Home	( )			7.2	Work		(	)						
В	Cellphone number					9	Fax		(	)						
10	E-mail address					_										
11	Interpreted from (language)					1	to									
					12	Da	to									
											_					
13	Oliver the official second second				14	Pla	ice									
	Signature of interpreter		7									-		1		
15	Deals of police official in block las	there ( if eaching			16							-	(if	li e e h lu	- )	
	Rank of police official in block le	iters ( if applicat	DIE)					ersa	num	per of po			(іт арр		<u>})</u>	
	М.	P	ARENTA		ENT IN C	ASE (	OF A N	IINO	R							
1	Reco	mmended							Not re	ecomme	ended					
_			_	_												
2	Name and surname of parent/g	juardian		<u> </u>									-	<del></del>	<del></del>	-
3	Identity/Passport number of pa	rent/guardian														
4	Comments of parent/guardian															
					5	Da	te				1.			_ [		
						24		1	1			<u> </u>	1	<u>                                      </u>		I
6					7	Pla	ice									
	Signature of parent/guardian					1.19										

ature of nominee/authorized person			<u> </u>	<u> </u>		1	<u> </u>	<u> </u>	<u> </u>	1		1	<del></del>	1	
	Identity/Passport number of nominee/aut	horized person													
					3	Date					_			_	
					- L	Dato									
					5	Place									
The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring  FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER  RECOMMENDATION REGARDING THE APPLICATION  Recommended Not recommended otivation regarding the application  status of pasignated Firearms Officer/Station Commissioner in block letters  tature of Designated Firearms Officer/Station Commissioner  he of Designated Firearms Officer/Station Commissioner	Signature of nominee/authorized person														
FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER         RECOMMENDATION REGARDING THE APPLICATION         Recommended         Not recommended         outvation regarding the application         Division regarding the application         Disel prearms Officer/Station			ON OF C	HANG	GE (		RESS *	***							
RECOMMENDATION REGARDING THE APPLICATION         Recommended       Not recommended         stivation regarding the application	The Registrar must be infor	med of all changes o	of addres	s/circ	ums	tances w	vithin 3	0 day	s of sı	uch c	hange	es oc	currin	ng	
Recommended       Not recommended         otivation regarding the application	0. FOR OFFICIAL USE I	BY THE DESIGNA	TED FI	IREA	RM	S OFFI	CER/S	STAT		сом	IMISS	SION	IER		
Recommended       Not recommended         otivation regarding the application															_
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8       -         nature of Designated Firearms Officer/Station Commissioner       Persal number of Designated Firearms Officer/Station	Name of Designated Firearms Officer/Statio	on Commissioner in	block lef		4	Date								-	
nature of Designated Firearms Officer/Station Commissioner Persal number of Designated Firearms Officer/Station				ters	י ר						-				
				tters	6										
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