



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									

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	<input type="checkbox"/>	2 Import permit	<input type="checkbox"/>	3 Export permit	<input type="checkbox"/>	4 In-transit permit	<input type="checkbox"/>	5 Temporary import or export permit	<input type="checkbox"/>
------------------------------------	--------------------------	-----------------	--------------------------	-----------------	--------------------------	---------------------	--------------------------	-------------------------------------	--------------------------

E. PARTICULARS OF APPLICANT

1 **NATURAL PERSON'S DETAILS**

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

2.1 SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>																	
3 Identity number of natural person																				
4 Passport number of natural person																				
5 Surname											6 Initials									
7 Full names																				
8 Date of birth					-								9 Age					10 Gender	Male	Female
11 Residential address											12 Postal Code									
13 Postal address											14 Postal Code									
15 Trade or profession											16 If self-employed, specify									
17 Name of employer/company																				
18 Business address											19 Postal Code									
20 Telephone number	20.1 Home	()	20.2 Work	()																
20.3 Cellphone number				21 Fax	()															
22 E-mail address																				

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

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

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

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

25.1.1 SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>									
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												

			31 Postal Code					
32	Business address							
			33 Postal Code					
34	Business telephone number	34.1 Work	()	34.2 Fax	()			
35	E-mail address							

RESPONSIBLE PERSON'S DETAILS

37	Responsible person (full name and surname)							
38	Type of identification (Indicate with an X)	SA citizen		Non-SA citizen with permanent residence*				
39	Identity number of responsible person						-	
40	Passport number of responsible person							
41	Cellphone number							
42	Physical address							
			43 Postal Code					
44	Postal address							
			45 Postal Code					
46	Type of competency certificate (if applicable)							
47	Date of issue				-			
		48 Expiry date					-	

F. PARTICULARS OF THE CURRENT OWNER OF THE FIREARM(S)

NATURAL PERSON'S DETAILS

2	Surname						3 Initials			
4	Full names									
5	Identity number of natural person						-			
6	Passport number of natural person									
7	Residential address									
			8 Postal Code							
9	Postal address									
			10 Postal Code							
11	Telephone number	11.1 Home	()	11.2 Work	()					
11.3	Cellphone number			12 Fax	()					
13	E-Mail address									

JURISTIC PERSON'S DETAILS

15	Registered company name								
16	Trading as name								
17	FAR number								
18	Company registration or CC number								
19	Postal address								
			20 Postal Code						

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

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										
2	Country of destination										
3	Port of entry										
4	Port of exit										
5	Reason for permit										

6 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

Date																				
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

8 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

9.1 FROM

Date																				
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TO

Date																				
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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					-			-		
------	--	--	--	--	---	--	--	---	--	--

10 Transport route

Transport route	
.....	
.....	
.....	
.....	
.....	
.....	

I. **DETAILS OF FIREARMS**

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
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

2 **DETAILS OF AMMUNITION**

2.1.1 Type	2.1.2 Quantity
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

2.2.1 Type	2.2.2 Quantity
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

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.

SIGNATURE OF PERSON CURRENTLY IN POSSESSION

4.1
Name of person currently in possession in block letters

4.2 Date - -

4.3
Signature of person currently in possession

4.4 Place

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)

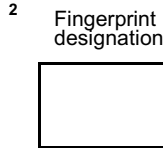
1
Name of applicant in block letters

2 Date - -

3
Signature of applicant

4 Place

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

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

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	<input type="text"/>
2	Identity/Passport number of interpreter	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3	Residential address	<input type="text"/>
		⁴ Postal Code <input type="text"/> <input type="text"/> <input type="text"/>

N. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date

4 Signature of nominee/authorized person

5 Place

***** NOTIFICATION OF CHANGE OF ADDRESS *****

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

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

1 RECOMMENDATION REGARDING THE APPLICATION

2 Recommended Not recommended

Motivation regarding the application

3 Name of Designated Firearms Officer/Station Commissioner in block letters

4 Date

5 Rank of Designated Firearms Officer/Station Commissioner in block letters

6 Place

7 Signature of Designated Firearms Officer/Station Commissioner

8 Personal number of Designated Firearms Officer/Station Commissioner