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 | | 2 Import permit | | 3 Export permit | | 4 In-transit permit | | 5 Temporary import or export permit | |

## E. PARTICULARS OF APPLICANT

1 **NATURAL PERSON'S DETAILS**

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

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2.1 | SA ID | | Passport | | | | | | | | | | | | | | | | | | | | |
| 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 | | Married | | Divorced | | Widow | | Widower | |
| | 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 | | 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 | | | | | | | | | | | | | | | | | | | | | | |

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

36 **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)

1 **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 | | | |

14 **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 | | | |

25 **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 9.2 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

## 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 |
|---|---|---|---|---|---|---|
| | | | | | | |

2 **DETAILS OF AMMUNITION**

2.1

| 2.1.1 Type | 2.1.2 Quantity |
|---|---|
| | |

2.2

| 2.2.1 Type | 2.2.2 Quantity |
|---|---|
| | |

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 Name of person currently in possession in block letters

4.2 Date - -

4.3 Signature of person currently in possession

4.4 Place

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)

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)

1 Right index fingerprint of applicant

2 Fingerprint designation

4

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

4 Postal Code

| | | | | | |
|---|---|---|---|---|---|
| 5 | Postal address | | | | |
| | | | | 6 Postal Code | |
| 7 | Telephone number | 7.1 Home ( ) | | 7.2 Work ( ) | |
| 8 | Cellphone number | | | 9 Fax ( ) | |
| 10 | E-mail address | | | | |
| 11 | Interpreted from (language) | | to | | |

12 Date - -

13 Signature of interpreter

14 Place

15 Rank of police official in block letters ( if applicable)

16 - Persal number of police official (if applicable)

## M. PARENTAL CONSENT IN CASE OF A MINOR

| | | | | |
|---|---|---|---|---|
| 1 | Recommended | | Not recommended | |

| | |
|---|---|
| 2 | Name and surname of parent/guardian |
| 3 | Identity/Passport number of parent/guardian |
| 4 | Comments of parent/guardian |

5 Date - -

6 Signature of parent/guardian

7 Place

## 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

Recommended ☐ Not recommended ☐

2 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 - Persal number of Designated Firearms Officer/Station Commissioner