



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
.....					<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>											
.....					<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>											
⁶ Application for a permit approved (Indicate with an X)																
.....																
					-		⁷ Persal number				-		-			⁸ Date
.....					<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>			<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>								
.....					<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>			<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>								
¹² Application for a permit refused (Indicate with an X)					¹³ Reason(s) for refusal											
.....																
.....																
					-		¹⁴ Persal number				-		-			¹⁵ Date
.....					<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>			<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>								
.....					<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>			<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div>								

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"/>
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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)

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

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

32	Business address			31 Postal Code						
34	Business telephone number	34.1 Work	()	34.2 Fax	()	33 Postal Code				
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										
44	Postal address			43 Postal Code							
46	Type of competency certificate (if applicable)			45 Postal Code							
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											
9	Postal address			8 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						-								
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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						-								
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TO

Date						-								
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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					-				
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TO

Date					-				
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10

Transport route	
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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
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2

DETAILS OF AMMUNITION

2.1

2.1.1 Type	2.1.2 Quantity
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2.2

2.2.1 Type	2.2.2 Quantity
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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)

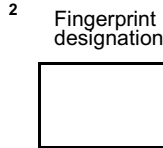
1
Name of applicant in block letters

2 Date - -

3
Signature of applicant

4 Place

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



3 Date - -

Name of applicant in block letters

Right index fingerprint of applicant

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															
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"/>			
3	Residential address											4 Postal Code	<input type="text"/>	<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

Recommended		Not recommended	
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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