



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	
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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						

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.

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													

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

7	Date on which the import/export will take place	Date					-			-		
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9 Period for which permit is required

9.1 FROM

Date				-				-			
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 TO 9.2

Date				-				-			
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[illegible]

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

9 Validity of the transporter's permit

FROM

Date

				-			-		
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TO

Date

				-			-		
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10 Transport route

1. 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

Name of person currently in possession in block letters

Date

Signature of person currently in possession

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)

Name of applicant in block letters

Date

Signature of applicant

Place

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

Right index fingerprint of applicant

Fingerprint designation

Date

Name of applicant in block letters

Place

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

Name of police official in block letters

Persal number of police official

Rank of police official in block letters

Signature of police official

PARTICULARS OF WITNESS

Name of witness in block letters

Persal number of witness

Rank of witness in block letters

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.)

Name and surname of interpreter

Identity/Passport number of interpreter

Residential address

Postal Code

14	Place	
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15

16							-	
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Persal number of police official (if applicable)

PARENTAL CONSENT IN CASE OF A MINOR

1	Recommended		Not recommended	
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2	Name and surname of parent/guardian	
3	Identity/Passport number of parent/guardian	
4	Comments of parent/guardian	

5	Date				-			-		
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7	Place	
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Signature of parent/guardian

N. IN CASE OF NOMINEE/AUTHORIZED PERSON																			
Name and surname of nominee/authorized person																			
Identity/Passport number of nominee/authorized person	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>																		
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*** 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

[illegible]

3	<div style="border: 1px solid black; height: 25px; width: 250px;"></div>	4	Date	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	-	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
	Name of Designated Firearms Officer/Station Commissioner in block letters												
5	<div style="border: 1px solid black; height: 25px; width: 250px;"></div>	6	Place	<div style="border: 1px solid black; height: 25px; width: 250px;"></div>									
	Rank of Designated Firearms Officer/Station Commissioner in block letters												
7	<div style="border: 1px solid black; height: 25px; width: 250px;"></div>	8		<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	-	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>
	Signature of Designated Firearms Officer/Station Commissioner												
				Persal number of Designated Firearms Officer/Station Commissioner									