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]					-			-			[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	X

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 (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	X

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	HUNTING SAFARI

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: Y Y Y Y - - - - - -

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