

## 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)

FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED

OFFICIAL DATE STAMP

	Applicati	on referen	ce No									
DATE DECEMED												
DATE RECEIVED												
B. FOR OFFICIAL USE BY	POLICE STAT	ION WH	ERE AF	PLICA	OIT	N IS F	RECE	EIVE	D			
Province												
Area												
Police station												
Component code												
Firearm applications register reference number	SAPS 86	NO					YEA	λR				
c. FOR OF	FICIAL USE B	Y THE D	ECIDIN	G OFFI	ICER							
<sup>1</sup> Outstanding/Additional information required												
										••••••		
_ 2 P	ersal number			-			-			³ Da	te	
<sup>4</sup> Signature of police official				<sup>5</sup> 1	Name	in blo	ck let	ters				
<sup>6</sup> Application for a permit approved (Indicate with an	X)											
- 7 P	ersal number			-			-			<sup>8</sup> Da	te	
<sup>9</sup> Signature of deciding officer	<sup>10</sup> Office				Name	in blo	ck let	ters				
12 Application for a permit refused (Indicate with an X	()	13 Reaso	on(s) for	refusal								
14 .					r	-						
1	Persal number	J		_	1 1		-			15 Da	ato	

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16 -								.	7						18									
" S	ignatı	ure of	decid	ing of	ficer				' Offic	cer co	de				10	Nam	e in b	lock l	etters					
D.						,	TYP	E OF	PE	RMIT	<b>「</b> (Indi	icate w	/ith	an X	.)									
Multiple import or export permit			2	2 Im	port p	ermit				xport					In-tra				5		oorary port p		rt	
E.							PAF	RTIC	ULA	RS C	)F A	PPLI	C	ANT										
NATURAL PERSON	ı'S DI	ETAIL	.s																					
					1																			
Type of identification	on (In	dicate	with a	n X)																				
SA ID		Pass	sport																					
Identity number of na	tural	perso	n												-					_			-	
Passport number of r	natura	al pers	on																					
Surname																		6 I	Initials					
Full names		ı	1			1	ı		ı	_													1	
Date of birth					-			-			9	Age						10 (	Gende	er	Ма	ale	Fen	nale
Residential address																						ı		
			1														12	Post	al Cod	le				
Postal address																	1.	4				I		
										16								*Post	al Cod	de				
Trade or profession				I		1			1	10	If s	elf-en	npl	oyed	, spe	cify	T T	-						
Name of employer/co	mpar	ny																						
Business address																	19	9	tal Co	-1 -				
Telephone number			20.1	Hom	е	(	)				2	0.2 <sub>V</sub>	/ or	·k		(	)	Pos	lai Co	ie e				
Cellphone number						1 `	,				2	1	ax			(	)							
E-mail address																<u> </u>	· ·							
Marital status (Indica	ate wit	th an X	(i)		]																			
Single			N	//arrie	d				Div	orced						W idov	N				Wide	ower		
Other (specify)																								
PARTICULARS OF	ДРРІ	ICAN	IT'S S	SPOU	SF/P	ARTI	NFR (	lf ann	licable	.)	1													
THE TOOLARD OF	1 L		5		7	7 (1 (1 )	(	., app		.,	J													

Type of identification (Indicate with an X)

2.1

20.3 

25.1.1	SA ID		Passport											
25.2	Identity number of s	pouse	/partner					-			-		-	
25.3	Passport number of	spous	se/partner											
25.4	Full Name and Surn	ame											.,	

JURISTIC PERSON'S DETAILS

27	Registered company name																				
28	Trading as name																				
29	FAR number																				
30																					
	Postal address													31 <sub>D</sub>	looto	l Code					
32	B : 11													Г	USIA	i Code					
	Business address													33 _	. ,	l Code					
34	During a state that a supplier	34.1 ,	W ork	1,	``				34	4.2 _	ax	Ι,		P	osta	Code					
35	Business telephone number		vv ork	(	)					F	-ax	(	)								
	E-mail address																				
36	RESPONSIBLE PERSON'S DE	TAIL	s																		
37	5 " " " " " " " " " " " " " " " " " " "		,																		
38	Responsible person (full name a												0.1					,			
39	Type of identification (Indicate with						SA	citizer	1				on-SA	A citiz	en w	ith per	Π	nt res	dence		
40	Identity number of responsible p											-				+	-			-	
41	Passport number of responsible	perso	on																		
42	Cellphone number																				
72	Physical address														13						
44															Po	stal Co	ode				
44	Postal address														15						
														-	Po	stal C	ode				
46	<b>-</b>																				
	I ype of competency certificate (	If appli	icable)																		
47	Type of competency certificate (	If appli	cable)		-			48 E	xpiry	date						-			-		
47			-		<del>                                     </del>					date						<u> </u>			-		
47			-	LARS (	<del>                                     </del>	IE CL	JRRI					THE	FIRE	ARM	1(S)	-			-		
47	Date of issue	PAF	-	LARS (	<del>                                     </del>	IE CL	JRR					THE	FIRE	ARM	1(S)	-			-		
	Date of issue	PAF	-	LARS (	<del>                                     </del>	IE CU	JRR					THE	FIRE	ARM	1(S)	-			-		
	Date of issue	PAF	-	LARS (	<del>                                     </del>	IE CU	JRR					THE	FIRE	ARM		- Initials			-		
1	F.  NATURAL PERSON'S DETAIL	PAF	-	LARS (	<del>                                     </del>	IE CU	JRR					THE	FIRE	ARM		1			-		
1 2	F.  NATURAL PERSON'S DETAIL  Surname	PAF	-	LARS (	<del>                                     </del>	IE CL	JRR					THE	FIRE	ARM		1			-		
1 2 4	F.  NATURAL PERSON'S DETAIL  Surname  Full names	PAF .s	-	LARS (	<del>                                     </del>	IE CU	JRR						FIRE	ARM		1			-	-	
1 2 4 5	F.  NATURAL PERSON'S DETAIL  Surname  Full names  Identity number of natural person	PAF .s	-	LARS	<del>                                     </del>	IE CU	JRRI						FIRE	ARM		1					
1 2 4 5	F.  NATURAL PERSON'S DETAIL  Surname  Full names  Identity number of natural person  Passport number of natural person	PAF .s	-	LARS	<del>                                     </del>	HE CU	JRR						FIRE		3	Initials				-	
1 2 4 5	F.  NATURAL PERSON'S DETAIL  Surname  Full names  Identity number of natural person  Passport number of natural person	PAF .s	-	LARS	<del>                                     </del>	HE CU	JRRI						FIRE		3	1				-	
1 2 4 5 6 7	F.  NATURAL PERSON'S DETAIL  Surname  Full names  Identity number of natural person  Passport number of natural person  Residential address	PAF .s	-	LARS	<del>                                     </del>	HE CU	JRRI						FIRE	8 PC	3 3 sostal	Initials	-			-	
1 2 4 5 6 7	F.  NATURAL PERSON'S DETAIL  Surname  Full names  Identity number of natural person  Passport number of natural person  Residential address	PAR s s	RTICU		OF TH	HE CU	JRRI			NER	OF ·	-		8 PC	3 3 sostal	Initials	-				
1 2 4 5 6 7 9	F.  NATURAL PERSON'S DETAIL  Surname  Full names  Identity number of natural person  Passport number of natural person  Residential address  Postal address  Telephone number	PAR s s	-	LARS	<del>                                     </del>	HE CU	JJRR			NER	OF ·	-	(	8 Pc	3 3 sostal	Initials	-			-	
1 2 4 5 6 7 9	F.  NATURAL PERSON'S DETAIL  Surname  Full names  Identity number of natural person  Passport number of natural person  Residential address  Postal address  Telephone number  Cellphone number	PAR s s	RTICU		OF TH	HE CU	JRRI			11.2	OF ·	-		8 PC	3 3 sostal	Initials	-			-	
1 2 4 5 6 7 9 11 11.3	F.  NATURAL PERSON'S DETAIL  Surname  Full names  Identity number of natural person  Passport number of natural person  Residential address  Postal address  Telephone number	PAR s s	RTICU		OF TH	IE CU	JRRI			11.2	OF ·	-	(	8 Pc	3 3 sostal	Initials	-			-	
1 2 4 5 6 7 9 11 11.3	F.  NATURAL PERSON'S DETAIL  Surname  Full names  Identity number of natural person  Passport number of natural person  Residential address  Postal address  Telephone number  Cellphone number	PAR  n  11.1	RTICU		OF TH	HE CU	JRRI			11.2	OF ·	-	(	8 Pc	3 3 sostal	Initials	-				

												5	SAPS	520
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 resid	ence must	be submitte	ed.										
21	Business address													
	,						22	Posta	l Cod	е				
23	Business telephone number 23.1 W ork					<b>23.2</b> Fa	x							
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				Pa	sspoi	t num	ber			
28	Identity number of responsible person					-				-			-	
29	Passport number of responsible person													
30	Cellphone number													
31	Physical address						_	_		_		1		
22							32	Posta	l Cod	е				<u> </u>
33	Postal address											1		1
							34	Posta	al Cod	le				
	G. IN	IPORT A	ND/OR E	(PORT I	DETAIL	.s								
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	ne date on	wnich the im	port/expo	rt will tak	e 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 perm	t/in-transi	t permit,	submit t	ne follo	wing						
9														
	Period for which permit is required													
9.1	Period for which permit is required  FROM Date -	-	то	9.2	Date				-			-		
		- ILS (Com				sit permi	for bus	iness p	- ourpos	es)		-		
	FROM Date -	- ILS (Com				sit permi	for bus	iness p	- ourpos	es)		-		

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Transporter's name and surname														
Transporter's trading name														
Method of transport														
Transporter's responsible person (name and surname)														
Type of identification (Indicate with an X)	SA ci	tizen			Nor	-SA c	itizen	with	perma	inent	reside	nce*		
Identity number of responsible person				·	-					-			-	
Cellphone number														

<sup>\*</sup> In case of a non-SA citizen proof of permanent residence must be submitted.

									SAPS 520
9	Validity of the transp	orter's permit		FROM	Date		-		-
				то	Date		-		-
10	Transport route								
		J							
	I.		ı	DETAILS OF FI	RFARMS				
	1.		-	DETAILS OF T	INEARINO				
1	1.1 Type	1.2 Action	1.3 Calibre	1.4 Model	1.5 Make	1.6 Fra	ame or receiver al number		irrel serial nber
2	DETAILS OF AMMU	INITION	1		1	1			
2.1	0.4.4	2.1.2			2.2 2.2	2.1	2	2.2.2	
	Z.1.1 Type		Quantity			1	/pe	Qua	antity
					ļ				

SIGNATURE OF PERSON CURRENTLY IN POSSESSION		
Name of person currently in possession in block letters	4.2	Date
reality in possession in block letters	4.4	Place
Signature of person currently in possession		1 lace
DECLARATION OF APPLICANT		
I am aware that it is an offence in terms of section 120 (9)(f) of the F application.	Firearms Contro	I Act, 2000 (Act No 60 of 2000), to make a false statement in thi
J. SIGNATURE OF	APPLICANT	(Sign only if applicable)
Name of applicant in block letters	2	Date
	4	Place
Signature of applicant		
K. (This section must be comple	eted <u>only</u> if the a	applicant cannot read or write)
<sup>2</sup> Fingerprint designation	3	Date
	4	Name of applicant in block letters
Right index fingerprint of applicant	5	Place
PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLIC	CATION	
Name of police official in block letters	6.2	Persal number of police official
	6.4	
Rank of police official in block letters		Signature of police official
PARTICULARS OF WITNESS		
Name of witness in block letters	7.2	Persal number of witness
	7.4	
Rank of witness in block letters		Signature of witness

Name and surname of interpreter

Identity/Passport number of interpreter

SAPS 520

 3
 Residential address

 4 Postal Code
 4

														SAP	S 520
5	Postal address														
									6 Pos	tal Code	е				
7	Telephone number	7.1 Home	( )			7.2 W C	ork	(	)		•				
8	Cellphone number					9 Fax		(	)						
10	E-mail address														
11	Interpreted from (language)					to									
					12										
					12	Date				-			-		
13					14	Place									
	Signature of interpreter		<del></del>												
15			7		16						_				
	Rank of police official in block lette	ers ( if applicable				Persal nu	mber of	f police	official (i	f applic	able)				
	м.	D	ARENTAL	CONSE	NT IN CA	SE OF A	MINO	n R							
	101.		AILITIAL	CONSE	11 111 07	OL OI F	· WIII4								
1	Reco	ommended						Not re	commer	ıded					
2	Name and assessment of a second second														
3	Name and surname of parent/gu									1 1			1	1	1
4	Identity/Passport number of pare	ent/guardian													1
	Comments of parent/guardian			J							•••••				
										•••••					
										•••••					
	<u> </u>								1	<del></del>		1		1	
					5	Date				<u> </u>			-		
															1
6					7	Place									

Signature of parent/guardian

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14.					N CA	SE OF	NON	/IINEE	/AUTI	IORI	ZED	PERS	SON							
Nama and		of nomin	a a /a u th a ri	inad na																
Name and										1			1	1			1		l	I
Identity/Pas	ssport nu	mber of r	iominee/a	uthorize	ed pers	son														
									3	D	ate					_			_	
					_													<u> </u>		
					_				5	PI	ace									
ignature of	nominee/	authorize	d person																	
					_*** N	IOTIFIC	ATIO	N OF C	HANG	E OF	ADDR	ESS *	**							
	The	Registra	r must be	inform	ed of a	all chang	ges of	address	s/circur	nstan	ces wi	thin 30	) days	of su	ch ch	anges	occu	ırring		
0.	FO	R OFFI	CIAL US	SE BY	THE	DESIG	TANE	ED FI	REAR	MS (	OFFIC	CER/S	STAT	ION	CON	/MIS	SIOI	NER		
				R	RECON	MMEND	OITA	N REG	ARDIN	G TH	E APP	PLICAT	LION							
		Re	ecommen	ded									Not	reco	mmen	ded				
Motivation	regarding	the appli	cation																	
									44											
			Officerist					L lottors	4	D	ate					-			_	
lame of Des	signated F	Firearms	Officer/St	tation C	ommis	ssioner i	in block	k letters		D	ate								_	
lame of Des	signated F	Firearms	Officer/St	eation C	ommis	ssioner i	in block	k letters	5										-	
									6		ate									
									6											
lame of Des									6	PI										
	ignated F	irearms (	Officer/Sta	ation Co	ommis	sioner in	n block		6	PI	ace	mber c								