



**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)

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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	<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	<input type="checkbox"/>	Passport	<input type="checkbox"/>
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	
		()	
20.3 Cellphone number		21 Fax	
		()	
22 E-mail address			

23 Marital status (Indicate with an X)

24 Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
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	<input type="checkbox"/>	Passport	<input type="checkbox"/>
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																		
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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																			
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9	Period for which permit is required
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9.1	FROM	Date							-						-						TO	9.2	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																			
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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.

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					-			-		
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4.3

.....
Signature of person currently in possession

4.4

Place	
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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.

1

Name of applicant in block letters

2

Date					-			-		
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3

.....
Signature of applicant

4

Place	
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J. SIGNATURE OF APPLICANT (Sign only if applicable)

1

Right index fingerprint of applicant

2 Fingerprint designation

3

Date					-			-		
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4

Name of applicant in block letters

5

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

6

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

6.1

Name of police official in block letters

6.2

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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

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--	--	--	--	--	--	--	---	--

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	
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2

Identity/Passport number of interpreter																	
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3

Residential address				
		⁴ Postal Code		

7810111214

13

15

16

Persal number of police official (if applicable)

M.

1

234

5

DatePlace

6

[illegible]

Date					-			-		
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Place	
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o.	FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER
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Date					-			-	
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Place	
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