

		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)

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						

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

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

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	
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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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.....
.....
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.....
.....
.....
.....
.....
.....

2

DETAILS OF AMMUNITION

2.1

2.1.1 Type	2.1.2 Quantity
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

2.2

2.2.1 Type	2.2.2 Quantity
.....
.....
.....
.....
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.....
.....
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.....
.....

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

2 Recommended Not recommended

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