



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 DEALERS,  
MANUFACTURERS AND GUNSMITHS**

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										
<sup>1</sup> Application reference No										

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE 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				
<sup>1</sup> Outstanding/Additional information required				
		<sup>2</sup> Persal number		<sup>3</sup> Date
..... <sup>4</sup> Signature of police official		..... <sup>5</sup> Name in block letters		
<sup>6</sup> Application for a permit approved (Indicate with an X)				
		<sup>7</sup> Persal number		<sup>8</sup> Date
..... <sup>9</sup> Signature of deciding officer		..... <sup>10</sup> Officer code	..... <sup>11</sup> Name in block letters	
<sup>12</sup> Application for a permit refused (Indicate with an X)		<sup>13</sup> Reason(s) for refusal		
		<sup>14</sup> Persal number		<sup>15</sup> Date
..... <sup>16</sup> Signature of deciding officer		..... <sup>17</sup> Officer code	..... <sup>18</sup> Name in block letters	

**D. TYPE OF PERMIT** (Indicate with an X)

<input type="checkbox"/> <sup>1</sup> Multiple import or export permit	<input type="checkbox"/> <sup>2</sup> Import permit	<input type="checkbox"/> <sup>3</sup> Export permit	<input type="checkbox"/> <sup>4</sup> In-transit permit	<input type="checkbox"/> <sup>5</sup> Temporary import or export permit
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**E. PARTICULARS OF APPLICANT**

<sup>1</sup> **NATURAL PERSON'S DETAILS**

<sup>2</sup> **Type of identification** (Indicate with an X)

<sup>2.1</sup> SA ID	<input type="checkbox"/> Passport	<input type="checkbox"/>																
<sup>3</sup> Identity number of natural person													-	-	-			
<sup>4</sup> Passport number of natural person																		
<sup>5</sup> Surname											<sup>6</sup> Initials							
<sup>7</sup> Full names																		
<sup>8</sup> Date of birth				-				-					<sup>9</sup> Age			<sup>10</sup> Gender	Male	Female
<sup>11</sup> Residential address														<sup>12</sup> Postal Code				
<sup>13</sup> Postal address														<sup>14</sup> Postal Code				
<sup>15</sup> Trade or profession								<sup>16</sup> If self-employed, specify										
<sup>17</sup> Name of employer/company																		
<sup>18</sup> Business address														<sup>19</sup> Postal Code				
<sup>20</sup> Telephone number	<sup>20.1</sup> Home	( )	<sup>20.2</sup> Work	( )														
<sup>20.3</sup> Cellphone number				<sup>21</sup> Fax	( )													
<sup>22</sup> E-mail address																		

<sup>23</sup> **Marital status** (Indicate with an X)

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widow	<input type="checkbox"/> Widower
<input type="checkbox"/> Other (specify) _____				

<sup>25</sup> **PARTICULARS OF APPLICANT'S SPOUSE/PARTNER** (If applicable)

<sup>25.1</sup> **Type of identification** (Indicate with an X)

<sup>25.1.1</sup> SA ID	<input type="checkbox"/> Passport	<input type="checkbox"/>													
<sup>25.2</sup> Identity number of spouse/partner													-	-	-
<sup>25.3</sup> Passport number of spouse/partner															
<sup>25.4</sup> Full Name and surname															

<sup>26</sup> **JURISTIC PERSON'S DETAILS**

<sup>27</sup> Registered company name														
<sup>28</sup> Trading as name														
<sup>29</sup> FAR number														

30	Postal address												
		<sup>31</sup> Postal Code											
32	Business address												
		<sup>33</sup> Postal Code											
34	Business telephone number	<sup>34.1</sup> Work	(	)	<sup>34.2</sup> 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					Passport						
39	Identity number of responsible person						-						
40	Passport number of responsible person												
41	Cellphone number												
42	Physical address												
		<sup>43</sup> Postal Code											
44	Postal address												
		<sup>45</sup> Postal Code											
46	Type of competency certificate (If applicable)												
47	Date of issue						-						
								<sup>48</sup> Expiry date					

**F. PARTICULARS OF CURRENT OWNER OF THE FIREARM(S)**

**NATURAL PERSON'S DETAILS**

2	Surname											<sup>3</sup> Initials			
4	Full names														
5	Identity number of natural person														
6	Passport number of natural person														
7	Residential address														
		<sup>8</sup> Postal Code													
9	Postal address														
		<sup>10</sup> Postal Code													
11	Telephone number	<sup>11.1</sup> Home	(	)	<sup>11.2</sup> Work	(	)								
11.3	Cellphone number					<sup>12</sup> Fax	(	)							
13	E-mail address														
14	Are there any additional firearm licence holders for this firearm? (Indicate with an X)	YES			NO										

**JURISTIC PERSON'S DETAILS**

16	Registered company name												
17	Trading as name												
18	FAR number												

19	Postal address											
							20 Postal Code					
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 citizen					Passport number										
28	Identity number of responsible person						-					-				-	
29	Cellphone number																
30	Physical address																
							31 Postal Code										
32	Postal address																
							33 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										

In case of a permanent import/export permit submit the date on which the import/export will take place

Date on which the import/export will take place: 

Date						-						-			
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In case of a multiple import or export permit/temporary import or export permit/in-transit permit submit the following

Period for which permit is required

FROM 

Date						-						-			
------	--	--	--	--	--	---	--	--	--	--	--	---	--	--	--

 TO 

Date						-						-			
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**H. TRANSPORTER'S DETAILS** (Complete only in the case of an in-transit permit)

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.




**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 IN LAWFUL POSSESSION OF THE FIREARM(S)**

I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to sell or 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      -

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 only be completed if the applicant cannot read or write)**

1   
Right index fingerprint of applicant

2 Fingerprint designation

3 Date      -

4   
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	<input type="text"/>
2	Identity/Passport number of interpreter	<input type="text"/>
3	Residential address	<input type="text"/>
		<sup>4</sup> Postal Code <input type="text"/>
5	Postal address	<input type="text"/>
		<sup>6</sup> Postal Code <input type="text"/>





**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

**P. FOR OFFICIAL USE BY THE SCRUTINY COMMITTEE**  
 (In the case of multiple import or export permit/permanent export permit)

1	RECOMMENDATION REGARDING THE APPLICATION			
	Recommended		Not recommended	
2	Recommendation from Scrutiny Committee			

**Q. FOR OFFICIAL USE BY THE NCACC**  
 (In the case of multiple import or export permit/permanent export permit)

1	RECOMMENDATION REGARDING THE APPLICATION			
	Recommended		Not recommended	
2	Recommendation from NCACC			