



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											
<sup>1</sup> Application reference No											

B.FOR OFFICIAL USE BY POLICE STATION WHERE APPLICATION IS RECEIVED

<sup>1</sup> Province			
<sup>2</sup> Area			
<sup>3</sup> Police station			
<sup>4</sup> Component code			
<sup>5</sup> 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
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<sup>6</sup> Application for a permit approved (Indicate with an X)	
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-	<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
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<sup>12</sup> Application for a permit refused (Indicate with an X)	<sup>13</sup> Reason(s) for refusal
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															<b>14</b> Persal number								<b>15</b> Date	
.....										<b>16</b> Signature of deciding officer		<b>17</b> Officer code				<b>18</b> Name in block letters								

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

<b>1</b> Multiple import or export permit	<b>2</b> Import permit	<b>3</b> Export permit	<b>4</b> In-transit permit	<b>5</b> Temporary import or export permit
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**E. PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

**2 Type of identification** (Indicate with an X)

<b>2.1</b> SA ID		Passport	
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<b>3</b> Identity number of natural person																								
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<b>4</b> Passport number of natural person																								
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<b>5</b> Surname													<b>6</b> Initials				
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<b>7</b> Full names																							
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<b>8</b> Date of birth																							

<b>11</b> Residential address																							

<b>13</b> Postal address													<b>12</b> Postal Code										

<b>15</b> Trade or profession											<b>16</b> If self-employed, specify				
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<b>17</b> Name of employer/company																							
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<b>18</b> Business address																							

<b>20</b> Telephone number	<b>20.1</b> Home	( )	<b>20.2</b> Work	( )
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<b>20.3</b> Cellphone number		<b>21</b> Fax	( )
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<b>22</b> E-mail address																							
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**23 Marital status** (Indicate with an X)

<b>24</b> Single		Married		Divorced		Widow		Widower	
Other (specify)									

**25 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER** (if applicable)

25.1  
1 **Type of identification** (Indicate with an X)

25.1.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
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25.2	Identity number of spouse/partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
25.3	Passport number of spouse/partner	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

25.4	Full Name and Surname	<input type="text"/>
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26 **JURISTIC PERSON'S DETAILS**

27	Registered company name	<input type="text"/>
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28	Trading as name	<input type="text"/>
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29	FAR number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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30	Postal address	<input type="text"/>					
		<b>31</b> Postal Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

32	Business address	<input type="text"/>					
		<b>33</b> Postal Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

34	Business telephone number	<b>34.1</b> Work ( <input type="text"/> )	<b>34.2</b> Fax ( <input type="text"/> )
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35	E-mail address	<input type="text"/>
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36 **RESPONSIBLE PERSON'S DETAILS**

37	Responsible person (full name and surname)	<input type="text"/>
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38	Type of identification (Indicate with an X)	SA citizen <input type="checkbox"/>	Non-SA citizen with permanent residence* <input type="checkbox"/>
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39	Identity number of responsible person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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40	Passport number of responsible person	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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41	Cellphone number	<input type="text"/>
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42	Physical address	<input type="text"/>					
		<b>43</b> Postal Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

44	Postal address	<input type="text"/>					
		<b>45</b> Postal Code <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

46	Type of competency certificate (If applicable)	<input type="text"/>
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47	Date of issue	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<b>48</b> Expiry date																							

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

1 **NATURAL PERSON'S DETAILS**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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2	Surname									<b>3</b>	Initials							
4	Full names																	
5	Identity number of natural person									-					-			-
6	Passport number of natural person																	
7	Residential address																	
											<b>8</b>	Postal Code						
9	Postal address																	
											<b>10</b>	Postal Code						
11	Telephone number	<b>11.1</b> Home		(     )					<b>11.2</b> Work		(     )							
11. 3	Cellphone number								<b>12</b> Fax		(     )							
13	E-Mail address																	

<b>JURISTIC PERSON'S DETAILS</b>
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15	Registered company name																	
16	Trading as name																	
17	FAR number																	
18	Company registration or CC number																	
19	Postal address																	
											<b>20</b>	Postal Code						

\* In case of a non-SA citizen proof of permanent residence must be submitted

21	Business address															
											<b>22</b>	Postal Code				
23	Business telephone number	<b>23.1</b> Work							<b>23.2</b> Fax							
24	E-mail address															

<b>RESPONSIBLE PERSON'S DETAILS</b>
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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																													
											<b>23</b>																			

		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						-								
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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 FRO M

Date						-							
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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													
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					-				
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TO

Date					-				
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10 Transport route


**I. DETAILS OF FIREARMS**

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**

2.1.1 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     -

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  2  
Name of applicant in block letters

Date     -

3 .....  
Signature of applicant

4 Place

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

1  2  3  
Right index fingerprint of applicant  
Fingerprint designation

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Residential address		<input type="text"/>															
							4 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
5	Postal address		<input type="text"/>															
							6 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				
7	Telephone number	7.1 Home	( )				7.2 Work	( )										
8	Cellphone number	<input type="text"/>				9 Fax	( )											
10	E-mail address		<input type="text"/>															
11	Interpreted from (language)	<input type="text"/>				to	<input type="text"/>											

12 Date    -   -

13  
Signature of interpreter .....

14 Place

15   
Rank of police official in block letters ( if applicable)

16       -   
(if applicable) Persal number of police official

**M. PARENTAL CONSENT IN CASE OF A MINOR**

1	Recommended	<input type="text"/>	Not recommended	<input type="text"/>
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2	Name and surname of parent/guardian		<input type="text"/>															
3	Identity/Passport number of parent/guardian		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	Comments of parent/guardian		<input type="text"/>															
			<input type="text"/>															
			<input type="text"/>															
			<input type="text"/>															
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5	Date					-				-		
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6  
.....  
Signature of parent/guardian

7	Place	
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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			
	Recommended		Not recommended	
2	Motivation regarding the application			

3		4		Date															
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Name of Designated Firearms Officer/Station Commissioner in block letters

5		6		Place														
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Rank of Designated Firearms Officer/Station Commissioner in block letters

7		8		Persal number of Designated Firearms Commissioner												-	
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Signature of Designated Firearms Officer/Station Commissioner