



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									
1 Application reference No									

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

			<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		Non-SA citizen with permanent residence*					
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 THE 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									

**JURISTIC PERSON'S DETAILS**

15	Registered company name								
16	Trading as name								
17	FAR number								
18	Company registration or CC number								
19	Postal address								
			<sup>20</sup> 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						-					-				
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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 FROM

Date						-					-				
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TO

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

<b>Transport route</b>	
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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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2

**DETAILS OF AMMUNITION**

2.1

2.1.1 Type	2.1.2 Quantity
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2.2

2.2.1 Type	2.2.2 Quantity
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**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.

**SIGNATURE OF PERSON CURRENTLY IN POSSESSION**

4.1 [Name field]

Name of person currently in possession in block letters

4.2 Date [Date field]

4.3 [Signature field]

Signature of person currently in possession

4.4 Place [Place field]

**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 field]

Name of applicant in block letters

2 Date [Date field]

3 [Signature field]

Signature of applicant

4 Place [Place field]

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

1 [Fingerprint area]

Right index fingerprint of applicant

2 Fingerprint designation

4 [Fingerprint designation field]

3 Date [Date field]

[Name field]

Name of applicant in block letters

5 Place [Place field]

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

6.1 [Name field]

Name of police official in block letters

6.2 [Persal number field]

Persal number of police official

6.3 [Rank field]

Rank of police official in block letters

6.4 [Signature field]

Signature of police official

**PARTICULARS OF WITNESS**

7.1 [Name field]

Name of witness in block letters

7.2 [Persal number field]

Persal number of witness

7.3 [Rank field]

Rank of witness in block letters

7.4 [Signature field]

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 [Name field]

2 Identity/Passport number of interpreter [Identity field]

3 Residential address [Address field]

4 Postal Code [Postal code field]

5	Postal address					6	Postal Code				
7	Telephone number	7.1 Home	( )	7.2 Work	( )						
8	Cellphone number				9 Fax	( )					
10	E-mail address										
11	Interpreted from (language)				to						

12

Date					-					-				
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13

Place													
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Signature of interpreter

15

Rank of police official in block letters ( if applicable)

16

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Persal number of police official (if applicable)

<b>M.</b>	<b>PARENTAL CONSENT IN CASE OF A MINOR</b>
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1

Recommended		Not recommended	
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2

Name and surname of parent/guardian														
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Identity/Passport number of parent/guardian																			
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Comments of parent/guardian														
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Date					-					-				
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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

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