



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
Province
Area
Police station
Component code
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 Date
4 Signature of police official 5 Name in block letters
6 Application for a permit approved (Indicate with an X)
7 Persal number 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 Date

..... 16 Signature of deciding officer	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%;"></td> <td style="width: 33%;"></td> </tr> </table> 17 Officer code				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> 18 Name in block letters	

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

<b>1</b> Multiple import or export permit	<input type="checkbox"/>	<b>2</b> Import permit	<input type="checkbox"/>	<b>3</b> Export permit	<input type="checkbox"/>	<b>4</b> In-transit permit	<input type="checkbox"/>	<b>5</b> Temporary import or export permit	<input type="checkbox"/>
---	--------------------------	------------------------	--------------------------	------------------------	--------------------------	----------------------------	--------------------------	--	--------------------------

**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)

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

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	9.2	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.



**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 of person currently in possession in block letters

4.2 Date  -

4.3 .....  
Signature of person currently in possession

4.4 Place

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

1

2 Fingerprint designation

Right index fingerprint of applicant

3 Date  -

4   
Name of applicant in block letters

5 Place

**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

**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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

3

Residential address				
	Postal Code			





