

D. PARTICULARS OF APPLICANT

NATURAL PERSON'S DETAILS

Type of identification (Indicate with an X)

2.1	SA ID	Passport	Non-SA citizen with permanent residence*													
3	Identity number of natural person												-	-	-	
4	Passport number of natural person															
5	Surname										6 Initials					
7	Full name															
8	Residential address															
10	Postal address												9 Postal Code			
12	Business telephone number		12.1 Home ()				12.2 Work ()									
12.3	Cellphone number				13 Fax ()											
14	E-mail address															

JURISTIC PERSON'S DETAILS

16	Registered company name															
17	Trading as name															
18	FAR number															
19	Postal address															
21	Business address												20 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)															
28	Identity number of responsible person												-	-	-	
29	Passport number of responsible person															
30	Cellphone number															
31	Physical address															
33	Postal address												32 Postal Code			
													34 Postal Code			

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

35

REPRESENTATIVE'S DETAILS

36	Name and surname											
37	Postal address											
									38 Postal Code			
39	Telephone number	39.1 Home	()	39.2 Work	()							
39.3	Cellphone number				40 Fax	()						
41	E-mail address											

42

PARTICULARS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

43	Licence, permit, certificate or authorization type										
44	Licence, permit, certificate or authorization number										

45

DETAILS OF FIREARM

46	Type										
47	Calibre										
48	Make										
49	Model										

Firearm component type:

50	Barrel serial number								50.1 Make	
51	Frame serial number								51.1 Make	
52	Receiver serial number								52.1 Make	

53

OTHER PARTICULARS

54	Police station name												
55	SAPS 13 register reference number												
56	Case reference number												
57	Motivation for compensation												
58	Expected compensation amount	R							-			59 Amount in words	

60 **BANK PARTICULARS**

61	Account holder name	
62	Account type	
63	Account number	
64	Name of bank	
65	Branch name	
66	Bank branch code	

67 **DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application form.

E. SIGNATURE OF APPLICANT (Sign only if applicable)

1 **SIGNATURE OF APPLICANT**

2
Name of applicant in block letters

3 Date -

4
Signature of applicant

5 Place

6 **SIGNATURE OF REPRESENTATIVE**

7
Name of representative in block letters

8 Date -

9
Signature of representative

10 Place

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

1

2 Fingerprint designation

4

3 Date -

Name of applicant in block letters

Right index fingerprint of applicant

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

