



SOUTH AFRICAN POLICE SERVICE

APPLICATION TO MANUFACTURE A NEW FIREARM OR AMMUNITION TYPE

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 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 CENTRAL FIREARMS REGISTER (CFR)			
¹ Outstanding/Additional information required			
.....			
.....			
.....			
	-	² Persal number	- -
			³ Date
.....		[] [] []	
⁴ Signature of police official		⁵ Name in block letters	
⁶ Application for new type approved	^{6.1} New firearm type	^{6.2} New ammunition type	(Indicate with an X)
.....			
	-	⁷ Persal number	- -
			⁸ Date
.....		[] [] []	
⁹ Signature of CFR officer		¹⁰ Officer code	
		¹¹ Name in block letters	
¹² Application for new type refused	^{12.1} New firearm type	^{12.2} New ammunition type	(Indicate with an X)
¹³ Reason(s) for refusal			
.....			
.....			
	-	¹⁴ Persal number	- -
			¹⁵ Date
.....		[] [] []	
¹⁶ Signature of CFR officer		¹⁷ Officer code	
		¹⁸ Name in block letters	

D. PARTICULARS OF APPLICANT

NATURAL PERSON'S DETAILS

SA ID	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>
Identity number of natural person			
Surname		5 Initials	
Residential address			
7 Postal Code			
Postal address			
9 Postal Code			
Telephone number	10.1 Home	()	10.2 Work ()
Cellphone number			11 Fax ()
E-mail address			

JURISTIC PERSON'S DETAILS

OTHER BODIES

Registered company name	
Trading as name	
FAR number	
Company registration or CC number	
Postal address	
20 Postal Code	
Business address	
22 Postal Code	
Business telephone number	23.1 Work () 23.2 Fax ()
E-mail address	

RESPONSIBLE PERSON'S DETAILS

Responsible person (full name and surname)	
Type of identification (Indicate with an X)	SA ID <input type="checkbox"/> Passport number <input type="checkbox"/>
Identity number of responsible person	
Passport number of responsible person	
Cellphone number	
Physical address	
32 Postal Code	
Postal address	
34 Postal Code	

* Proof of permanent residence must be submitted, if an applicant is not a SA citizen.

E. DETAIL OF EXISTING LICENCE
 Firearm manufacturer licence type (Indicate with an X)

1	To manufacture firearms	<input type="checkbox"/>
2	To manufacture ammunition	<input type="checkbox"/>

3	Licence number	_____ _____ _____
4	Date issued	
5	Expiry date	

F. PARTICULARS OF PROPOSED TYPE OF FIREARM OR AMMUNITION TO BE MANUFACTURED

1 DETAILS OF PROPOSED TYPE OF FIREARM

2	Type	_____ _____ _____ _____
3	Calibre	
4	Make	
5	Model	

6	PURPOSE OF DEVELOPMENT	_____ _____ _____ _____ _____ _____ _____ _____ _____
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7	INTENDED MARKET	_____ _____ _____ _____ _____ _____ _____ _____ _____
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8	STATE THE SPECIFICATIONS OF THE NEW TYPE OF FIREARM	_____ _____ _____ _____ _____ _____ _____ _____ _____
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9 **DETAILS OF PROPOSED TYPE OF AMMUNITION**

10 **Calibre**

11 **Purpose of development**
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12 **Intended market**
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13 **State the specifications of the new type of ammunition**
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14 **DECLARATION BY 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.

G. SIGNATURE OF APPLICANT (Sign only if applicable)

1
Name of applicant in block letters

2 **Date** - -

3
Signature of applicant

4 **Place**

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

1

Right index fingerprint of applicant

2 Fingerprint designation

3

Date																				
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4

Name of applicant in block letters

5

Place																				
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6

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

6.1

Name of police official in block letters

6.2

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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

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Persal number of witness

7.3

Rank of witness in block letters

7.4

.....
Signature of witness

I. PARTICULARS OF INTERPRETER
(This section must be completed only if the applicant cannot read or write or does not understand the contents of this form.)

1

Name and surname of interpreter																				
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2

Identity/Passport number of interpreter																				
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3

Residential address																				
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⁴ Postal Code																				
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5

Postal address																				
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⁶ Postal Code																				
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7

Telephone number	^{7.1} Home	()	^{7.2} Work	()
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8

Cellphone number	⁹ Fax	()
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10

E-mail address																				
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11

Interpreted from (language)																				
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to

12

Date																				
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13

.....
Signature of interpreter

14

Place																				
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15

Rank of police official in block letters (if applicable)

16

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Persal number of police official (if applicable)

J. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

RECOMMENDATION REGARDING THE APPLICATION

Recommended

Not recommended

Recommendation regarding the application

Recommended conditions

[Empty box for name]

Name of Designated Firearms Officer/Station Commissioner in block letters

Date [][][][][] - [][][][]

Date

[Empty box for rank]

Rank of Designated Firearms Officer/Station Commissioner in block letters

Place [Empty box]

Place

Signature of Designated Firearms Officer/Station Commissioner

[][][][][][][][] - [][][]

Persal number of Designated Firearms Officer/Station Commissioner