



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR ACCREDITATION AS AN ASSOCIATION**

Section 8 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 THE APPLICATION IS RECEIVED			
1	Province		
2	Area		
3	Police station		
4	Component code		
5	Firearm applications register reference No	SAPS 86	NO
		YEAR	

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)			
<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 letters	
<sup>6</sup> Application for accreditation approved (Indicate with an X)			
	-	<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
<sup>12</sup> Application for accreditation refused (Indicate with an X)			
<sup>13</sup> Reason(s) for refusal			
	-	<sup>14</sup> Persal number	-
	-	-	<sup>15</sup> Date
..... <sup>16</sup> Signature of deciding officer		..... <sup>17</sup> Officer code	..... <sup>18</sup> Name in block letters

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

1	As a sports-shooting and hunting association	
2	As a sports-shooting association	
3	As a hunting association	
4	As a collectors association	
5	Other (submit description of association)	

**E. PARTICULARS OF APPLICANT**

**1 NATURAL PERSON'S DETAILS**

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

2.1	SA citizen	<input type="checkbox"/>	Non-SA citizen with permanent residence*	<input type="checkbox"/>																												
3	Identity number of natural person											-	-	-																		
4	Surname											5	Initials																			
6	Full names																															
7	Date of birth																		8	Age									9	Gender	Male	Female
10	Residential address											11	Postal Code																			
12	Postal address											13	Postal Code																			
14	Trade or profession											15	If self-employed, specify																			
16	Name of employer/company																															
17	Business address											18	Postal Code																			
19	Telephone number	19.1	Home	(	)	19.2	Work	(	)																							
19.3	Cellphone number											20	Fax	(	)																	
21	E-mail address																															

**22 Marital status** (Indicate with an X)

23	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
	Other (specify)									

**24 PARTICULARS OF SPOUSE/PARTNER** (If applicable)

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

24.1.1	SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>											
24.2	Identity number of spouse/partner											-	-	-	
24.3	Passport number of spouse/partner														
24.4	Name and surname														

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

25 **JURISTIC PERSON'S DETAILS**

26 **OTHER BODIES** (eg body corporate, close corporation or company)

27	Registered company name																		
28	Trading as name																		
29	Company registration or CC 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 **PARTICULARS OF MAIN ADDRESS (HEAD OFFICE)**

37	Business address																	
													38 Postal Code					
39	Postal address																	
													40 Postal Code					
41	Business telephone number	41.1 Work	(	)	41.2 Fax	(	)											
42	E-mail address																	

43 **RESPONSIBLE PERSON'S DETAILS**

44	Responsible person (full name and surname)																		
45	Type of identification (Indicate with an X)	SA ID				Passport number													
46	Identity/Passport number of responsible person																		
47	Cellphone number																		
48	Physical address																		
													49 Postal Code						
50	Postal address																		
													51 Postal Code						

52 **PROOF SIGNATURES OF RESPONSIBLE PERSON**

53 .....  
Signature of responsible person

54 .....  
Signature of responsible person

55 **PARTICULARS OF PERSONS IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION**

56	Identity number	Full names	Surname	Capacity


57

**MOTIVATION AS TO THE MAIN PURPOSE FOR WHICH ACCREDITATION IS REQUIRED AND EXPERIENCE IN THE APPLICABLE FIELD**

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58

**INFRASTRUCTURE OF THE ORGANIZATION**

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59

**QUALIFICATIONS OF PERSONNEL**

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60

**PERIOD FOR WHICH ORGANIZATION EXISTS AND FUNCTIONS**

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61

**REGION THAT IS COVERED BY THE ORGANIZATION**

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62

**PARTICULARS OF HOW REGISTERS WILL BE KEPT**

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63

**NUMBER OF PAID-UP MEMBERS REGISTERED (provide proof)**

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64

**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.

**F. SIGNATURE OF APPLICANT** (Sign only if applicable)

1

Right index fingerprint of applicant

2 Fingerprint designation

4

3

Date					-							
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Name of applicant in block letters

5

Place	.....
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6

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Signature of applicant

7

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

7.1

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Name of police official in block letters

7.2

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Persal number of police official

7.3

.....

Rank of police official in block letters

7.4

.....  
Signature of police official

**G. 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	.....
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2

Identity/Passport number of interpreter																								
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3

Residential address	.....
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				4 Postal Code								
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				-		-	
13	Signature of interpreter											
	.....											
15	Rank of police official (if applicable)											
	[ ]											
					16					-		
	Persal number of police official (if applicable)											

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

RECOMMENDATION REGARDING THE APPLICATION											
Recommended			Not recommended								
2	Motivation	..... .....									
3	Recommended conditions	..... .....									

4	Name of Designated Firearms Officer/Station Commissioner in block letters											
	[ ]											
5	Date								-		-	
6	Rank of Designated Firearms Officer/Station Commissioner in block letters											
	[ ]											
7	Place	[ ]										
8	Signature of Designated Firearms Officer/Station Commissioner											
	.....											
9	Persal number of Designated Firearms Officer/Station Commissioner											
	[ ]											