

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
7 Full names																								
8 Date of birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9 Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10 Gender	Male	Female
11 Residential address																								
																		12 Postal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13 Postal address																								
																		14 Postal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
15 Trade or profession															16 If self-employed, specify									
17 Name of employer/company																								
18 Business address																								
																		19 Postal Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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											

RESPONSIBLE PERSON'S DETAILS

37	Responsible person (full name and surname)																		
38	Type of identification (Indicate with an X)	SA citizen						Passport											
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 CURRENT OWNER OF THE FIREARM(S)

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	Are there any additional firearm licence holders for this firearm? (Indicate with an X)						YES							NO					

JURISTIC PERSON'S DETAILS

16	Registered company name																		
17	Trading as name																		
18	FAR number																		

19	Postal address										
		20 Postal Code									
21	Business address										
		22 Postal Code									
23	Business telephone number	23.1 Work	()	23.2 Fax	()				
24	E-mail address										

25 RESPONSIBLE PERSON'S DETAILS

26	Responsible person (full name and surname)													
27	Type of identification (Indicate with an X)	SA citizen				Passport number								
28	Identity number of responsible person						-				-			
29	Cellphone number													
30	Physical address													
		31 Postal Code												
32	Postal address													
		33 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

10 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)

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.

4 **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

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

1
Right index fingerprint of applicant

2 Fingerprint designation

3 Date - -

4
Name of applicant in block letters

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

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											
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"/>	
3	Residential address											
										⁴ Postal Code	<input type="text"/>	<input type="text"/>
5	Postal address											
										⁶ Postal Code	<input type="text"/>	<input type="text"/>

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

P. FOR OFFICIAL USE BY THE SCRUTINY COMMITTEE
 (In the case of multiple import or export permit/permanent export permit)

1

RECOMMENDATION REGARDING THE APPLICATION

2

Recommended		Not recommended	
Recommendation from Scrutiny Committee			

Q. FOR OFFICIAL USE BY THE NCACC
 (In the case of multiple import or export permit/permanent export permit)

1

RECOMMENDATION REGARDING THE APPLICATION

2

Recommended		Not recommended	
Recommendation from NCACC			