

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															
9													9 Postal Code			
10	Postal address												11 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															
20													20 Postal Code			
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)															
28	SA ID												Passport number			
28	Identity number of responsible person												-	-	-	
29	Passport number of responsible person															
30	Cellphone number															
31	Physical address															
32													32 Postal Code			
33	Postal address												34 Postal Code			
34													34 Postal Code			

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

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

Right index fingerprint of applicant

2 Fingerprint designation

4

3 Date -

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

