



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CEASING TO CARRY ON BUSINESS

Section 146 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 NOTIFICATION IS CAPTURED										
¹ Notification reference No										

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE NOTIFICATION IS RECEIVED										
1	Province									
2	Area									
3	Police station									
4	Component code									
5	SAPS 13 reference number									
6	General firearm transactions register number									

C. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

NATURAL PERSON'S DETAILS

1.1	SA ID		Passport																					
2	Identity number of natural person								-								-							
3	Passport number of natural person																							
4	Surname												⁵ Initials											
6	Residential address																							
											⁷ Postal Code													
8	Postal address																							
											⁹ Postal Code													
10	Telephone number		^{10.1} Home	()	^{10.2} Work	()																		
10.3	Cellphone number			¹¹ Fax	()																			
12	E-mail address																							

JURISTIC PERSON'S DETAILS

14	Registered company name														
15	Trading as name														
16	FAR number														
17	Postal address														
											¹⁸ Postal Code				

19	Business address										
		²⁰ Postal Code									
21	Business telephone number	21.1 Work ()			21.2 Fax ()						
22	E-mail address										

23 **RESPONSIBLE PERSON'S DETAILS**

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

33 Reason for ceasing to carry on as a business

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34 Date of ceasing to carry on as a business

Date						-						-					
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35 Address where firearms will be stored until they are disposed of

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³⁶ Postal Code

37 Particulars of the manner in which the firearm(s) will be disposed of

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2

DECLARATION BY REPORTING PERSON

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 notification.

E. SIGNATURE OF REPORTING PERSON (Sign only if applicable)

1

Name of reporting person

2 Date - -

3

Signature of reporting person

4 Place

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

1

Right index fingerprint of reporting person

2

Fingerprint designation

3 Date - -

4

Name of reporting person in block letters

5 Place

6 PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION

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

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

1	Name and surname of interpreter		<input type="text"/>													
2	Identity/Passport number of interpreter		<input type="text"/>													
3	Residential address		<input type="text"/>										4 Postal Code		<input type="text"/>	
5	Postal address		<input type="text"/>										6 Postal Code		<input type="text"/>	
7	Telephone number		7.1 Home		()			7.2 Work		()						
8	Cellphone number		9 Fax		()											
10	E-mail address		<input type="text"/>													
11	Interpreted from (language)		<input type="text"/>					to		<input type="text"/>						

12 Date - - D

13

Signature of interpreter

14

Place										
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15

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Rank of police official in block letters (if applicable)

16

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Persal number of police official (if applicable)

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

1

Results of inspection of firearms										

2

Address where firearms are stored										

3

Comments										

4

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Name of Designated Firearms Officer/Station Commissioner in block letters

5

Date					-			-		
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6

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Rank of Designated Firearms Officer/Station Commissioner in block letters

7

Place										
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Signature of Designated Firearms Officer/Station Commissioner

9

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Persal number of Designated Firearms Officer/Station Commissioner