

D. PARTICULARS OF DEALER/MANUFACTURER/GUNSMITH

1 Specify type of licence (Indicate with an X)

1.1	To trade in firearms and ammunition	
1.2	To trade in ammunition	
1.3	To manufacture firearms	
1.4	To manufacture ammunition	
1.5	To conduct business as a gunsmith	

E. PARTICULARS OF APPLICANT

1 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																

13 JURISTIC PERSON'S DETAILS

14 OTHER BODIES

15	Registered company name															
16	Trading as name															
17	FAR number															
18	Company registration or CC 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 ID		Passport number	
28	Identity/Passport number of responsible person														

29	Cellphone number				
30	Physical address				
		³¹ Postal Code			
32	Postal address				
		³³ Postal Code			

F. DETAILS OF EXISTING LICENCE

1	Licence type	Licence number	Date issued	Expiry date

2 DETAILS OF PREMISES

3 FULL ADDRESS OF PROPOSED PREMISES AT WHICH BUSINESS WILL BE CONDUCTED

Address					
.....					
.....					
.....					
			Postal Code		

4 CLASSIFICATION OF PROPOSED PREMISES (EG FARM, HOUSE, SMALLHOLDING, PRIVATE RESIDENCE, COMMERCIAL, ETC)

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.....				

5 DESCRIPTION OF THE PREMISES WITH REFERENCE TO THE SITUATION AND THE SURROUNDING BUILDINGS

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.....				

6 DESCRIPTION OF THE ALARM SYSTEM

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.....				

7 LOCATION AND DETAILS OF SAFE OR STRONGROOM IN WHICH STOCKS OF FIREARMS AND AMMUNITION WILL BE KEPT

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.....				

8 DESCRIPTION OF THE BURGLAR PROOFING

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.....				

9 DESCRIPTION OF OTHER SECURITY FEATURES

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10

*** DEALERS, GUNSMITHS AND MANUFACTURERS MUST ESTABLISH AND MAINTAIN A WORKSTATION WHICH LINKS THEIR REGISTERS TO THE CENTRAL DEALERS, GUNSMITHS AND MANUFACTURERS DATABASE**
*** THE REGISTRAR MAY, ON GOOD CAUSE SHOWN, EXEMPT DEALERS OR GUNSMITHS FROM THIS DUTY**

Submit a description of the workstation which will link your registers to the Central Database
 In case of a dealer or a gunsmith, submit the reason(s) why the Registrar must exempt you from maintaining a linked workstation

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11

Date of commencement of business on new premises

Date						-							
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12

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 on this notification.

G. SIGNATURE OF APPLICANT (Sign only if applicable)

1

.....
 Name of applicant in block letters

2

Date							-						
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3

.....
 Signature of applicant

4

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

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

PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION

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

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 Name of witness in block letters 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

4

Recommendation regarding the application	

5

Name of Designated Firearms Officer/Station Commissioner in block letters

6

Date						-													
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7

Rank of Designated Firearms Officer/Station Commissioner in block letters

8

Place																			
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9

.....
Signature of Designated Firearms Officer/Station Commissioner

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Personal number of Designated Firearms Officer/Station Commissioner