



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION ON ASSIGNMENT OF NEW RESPONSIBLE PERSON FOR JURISTIC PERSON

Section 7(4) 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	General firearm transactions register number											

C. PARTICULARS OF THE JURISTIC PERSON												
---------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--

1	JURISTIC PERSON'S DETAILS
---	---------------------------

2	OTHER BODIES
---	--------------

3	Registered company name											
4	Trading as name											
5	FAR number											
6	Company registration or CC number											
7	Postal address											
9	Business address											
11	Business telephone number	11.1 Work	()					11.2 Fax	()			
12	E-mail address											

13	PARTICULARS OF THE NEW RESPONSIBLE PERSON
----	---

14	Responsible person (full name and surname)												
15	Type of identification (Indicate with an X)	SA ID						Passport number					
16	Identity number of responsible person						-						-
17	Passport number of responsible person												

18	Cellphone number										
19	Physical address										
		20 Postal Code									
21	Postal address										
		22 Postal Code									

23	Competency certificate number																					
24	Date of issue					-						25 Expiry date					-					

26	Reason for appointment of a new responsible person for the juristic person										

PROOF SIGNATURES OF THE NEW RESPONSIBLE PERSON

28		29	
	Signature of the new responsible person		Signature of the new responsible person

DECLARATION OF 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.

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

1		2	Date										
	Name of reporting person in block letters												
3		4	Place										
	Signature of reporting person												

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

1		2	Fingerprint designation		3	Date								
	Right index fingerprint of reporting person				4									
					5	Place								

PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION

6.1		6.2	
	Name of police official in block letters		Persal number of police official
6.3		6.4	
	Rank of police official in block letters		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

F. PARTICULARS OF INTERPRETER
(This section must be completed only if the reporting person 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												
3	Residential address												
											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

14 Place

15
Rank of police official in block letters (if applicable)

16
Persal number of police official (if applicable)

G. PARTICULARS OF DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1
Name of Designated Firearms Officer/Station Commissioner in block letters

2 Date

3
Rank of Designated Firearms Officer/Station Commissioner in block letters

4 Place

5 _____
Signature of Designated Firearms Officer/Station Commissioner

6
Persal number of Designated Firearms Officer/Station Commissioner