



SOUTH AFRICAN POLICE SERVICE

CANCELLATION OF AN APPLICATION FOR A LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

OFFICIAL DATE STAMP DATE RECEIVED	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED			
	¹ Province			
	² Area			
	³ Police station			
	⁴ Component code			
⁵ Firearm applications register reference No	SAPS 86	NO	YEAR	

B.	TYPE OF APPLICATION TO BE CANCELLED (Indicate with an X)
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1	Competency certificates		4.3	Application for accreditation as an official institution	
1.1	Application for a competency certificate		5	Permits	
1.2	Application for a further competency certificate		5.1	Application for a permit to collect ammunition in a private collection	
2	Licences		5.2	Application for a permit to collect ammunition in a public collection	
2.1	Application for a licence to possess a firearm		5.3	Application for multiple import or export permit	
2.2	Application for a licence to deal in firearms and/or ammunition		5.4	Application for permanent import or export permit	
2.3	Application for a licence to manufacture firearms and/or ammunition		5.5	Application for a temporary import or export permit	
2.4	Application for a licence to conduct business as a gunsmith		5.6	Application for an in-transit permit	
3	Temporary authorizations		5.7	Application for permit to transport firearms and ammunition	
3.1	Application for a temporary authorization to possess a firearm		6	Application for a duplicate licence, permit, certificate or authorization for lost, stolen and defaced licences	
3.2	Application for a temporary authorization to trade in firearms and ammunition		7	Application for the renewal of a licence, permit or authorization	
3.3	Application for a temporary authorization to conduct business as a gunsmith		8	Application to declare premises a firearm-free zone	
3.4	Application for a temporary authorization to display firearms and ammunition		9	Application to manufacture a new firearm or ammunition type	
4	Accreditations		10	Application for compensation	
4.1	Application for accreditation as an association		11	Application for authorization to possess more than 2 400 primers	
4.2	Application for accreditation for business purposes		12	Other (specify)	

C. PARTICULARS OF THE 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											-		-		-	
4	Passport number																
5	Surname											6	Initials				
7	Full names																
8	Residential address																
												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																

15 JURISTIC PERSON'S DETAILS

16 OTHER BODIES

17	Registered company name															
18	Trading as name															
19	FAR number															
20	Postal address															
												21	Postal Code			
22	Business address															
												23	Postal Code			
24	Business telephone number	24.1 Work	()	24.2 Fax	()											
25	E-mail address															

26 RESPONSIBLE PERSON'S DETAILS

27	Responsible person (full names and surname)																
28	Type of identification (Indicate with an X)	SA ID	<input type="checkbox"/>	Passport number	<input type="checkbox"/>												
29	Identity number of responsible person											-		-		-	
30	Passport number of responsible person																
31	Cellphone number (if applicable)																
32	Physical address																
												33	Postal Code				
34	Business address																
												35	Postal Code				

D. PARTICULARS OF APPLICATION TO BE CANCELLED

1 Type of licence, permit certificate or authorization	Licence, permit, certificate or authorization number	Application reference number

2
Reason why cancellation of application is requested

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3
Date on which cancellation is requested

Date						-					-			
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4
Police station that handled the original application

5
Firearm applications register reference number SAPS 86

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**6
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 cancellation.

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

1
Name of reporting person in block letters

2
Date

						-					-			
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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

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4
Name of reporting person in block letters

5
Place

**6
PARTICULARS OF POLICE OFFICIAL DEALING WITH THE CANCELLATION**

6.1
Name of police official in block letters

6.2
Persal number of police official

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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

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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 content of this form.)

1	Name and surname of interpreter																
2	Identity/Passport number of interpreter																
3	Residential address																
													4 Code				
5	Postal address																
													6 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					-					-				
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14	Place													
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13
 Signature of interpreter

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

16
 Persal number of police official (if applicable)

H. FOR OFFICIAL USE BY THE 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