

3	Postal address										
		4	Postal Code								
5	Business address										
		6	Postal Code								
7	Business telephone number	7.1	Work	(		)	7.2	Fax	()
8	E-mail address										

DECLARATION BY REQUESTER

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 request form.

G. SIGNATURE OF REQUESTER/GUNSMITH (Sign only if applicable)

1	<input type="text"/>	2	Date						-			-		
	Name of requester in block letters													
3	..... Signature of requester	4	Place	<input type="text"/>										

DETAILS OF GUNSMITH

5	<input type="text"/>	7	Date						-			-		
6	Name of gunsmith in block letters													
8	..... Signature of gunsmith	9	Place	<input type="text"/>										

H. (This section must be completed only if the requester cannot read or write.)

1	<input type="text"/>	2	Fingerprint designation	4	<input type="text"/>	3	Date						-			-		
	Right index fingerprint of the requester																	
						5	Place	<input type="text"/>										

PARTICULARS OF POLICE OFFICIAL DEALING WITH REQUEST

6.1	<input type="text"/>	6.2	<input type="text"/>															
	Name of police official in block letters																	
6.3	<input type="text"/>	6.4	..... Signature of police official															
	Rank of police official in block letters																	

PARTICULARS OF WITNESS

7.1	<input type="text"/>	7.2	<input type="text"/>															
	Name of witness in block letters																	
7.3	<input type="text"/>	7.4	..... Signature of witness															
	Rank of witness in block letters																	

I. PARTICULARS OF INTERPRETER
(This section must be completed only if the requester 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																		

