



SOUTH AFRICAN POLICE SERVICE

REQUEST TO CANCEL A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Section 28, 42, 56, 70, 81 and 88(1) 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 REQUEST IS CAPTURED
Request Reference No

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE REQUEST IS RECEIVED
Province, Area, Police station, Component code, Firearm applications register reference number

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)
Outstanding/Additional information required, Persal number, Date, Signature of police official, Name in block letters, Cancellation of firearm licence, permit, certificate or authorization approved, Signature of CFR officer, Officer code, Name in block letters, Reason(s) for refusal, Signature of CFR officer, Officer code, Name in block letters

D. PARTICULARS OF THE REQUESTER

1	SA ID	Passport	Persal number												
2	Identity number of the requester												-	-	-
3	Passport number of the requester														
4	Persal number								-	⁵ Rank					
6	Surname								⁷ Initials						
8	Residential address														
10	Postal address										⁹ Postal Code				
											¹¹ Postal Code				
12	Telephone number				^{12.1} Home	()	^{12.2} Work	()							
12.3	Cellphone number						¹³ Fax	()							
14	E-mail address														
15	Trade or profession								¹⁶ If self-employed, specify						
17	Name of employer/company														
18	Business address														
20	Telephone number				^{20.1} Home	()	^{20.2} Work	()							
20.3	Cellphone number						²¹ Fax	()							
22	E-mail address														

E. DETAILS OF FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION TO BE CANCELLED

1	Licence, permit, certificate or authorization number	² Licence, permit, certificate or authorization type	³ Date issued

F. PARTICULARS OF THE HOLDER OF THE FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

NATURAL PERSON'S DETAILS

1.1	SA ID	Passport													
1.2	Identity number of natural person												-	-	-
2	Passport number of natural person														
3	Surname								⁴ Initials						
5	Residential address														
											⁶ Postal Code				

7	Postal address													
										⁸ Postal Code				
9	Telephone number	^{9.1} Home	()	^{9.2} Work	()							
9.3	Cellphone number					¹⁰ Fax	()						
11	E-mail address													

JURISTIC PERSON'S DETAILS

OTHER BODIES

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													

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(s) why cancellation of licence, permit, certificate or authorization is requested

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34 Date on which cancellation is requested

Date

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DECLARATION BY THE REQUESTOR

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 request form.

G. SIGNATURE OF REQUESTER

1

Name of requester in block letters

2 Date - -

3

Rank of requester in block letters

4 Place

5
Signature of requester

6 -

Persal number of requester

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

1 RECOMMENDATION REGARDING THE CANCELLATION OF THE FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Recommended		Not recommended	
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1.1 Motivation

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2

Name of Designated Firearms Officer/Station Commissioner in block letters

3 Date - -

4

Rank of Designated Firearms Officer/Station Commissioner in block letters

5 Place

6
Signature of Designated Firearms Officer/Station Commissioner

7 -

Persal number of Designated Firearms Officer/
Station Commissioner