

# SOUTH AFRICAN POLICE SERVICE



Application for accreditation as an association

<b>INSTRUCTIONS: APPLICATION FOR ACCREDITATION AS AN ASSOCIATION</b>
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**GENERAL INSTRUCTIONS**

- An application for accreditation as an association must be completed in black ink that cannot be erased.
- The application must be stamped with the date stamp of the police station where it is received.
- The police station where the application is captured must complete Section A.
- The police station where the application is received must complete Section B.
- The Central Firearms Control Register (CFR) must complete Section C.
- The applicant must complete Sections D,E and F.
- If an interpreter was used, he/she must complete Section G.
- The Designated Firearms Officer/Station Commissioner must complete Section H.
- A person is guilty of an offence in terms of the Firearms Control Act, 2000(Act No 60 of 2000) if he/she provides information which he/she knows is false on this application form.

**SECTION A: FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED****1. Application reference number**

The reference number that the system generates for the application after it was captured (for example, A12945) must be recorded in paragraph A 1.

**SECTION B: FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS RECEIVED****1. Province**

The name of the province where the police station is situated (for example, Gauteng) must be recorded in paragraph B 1.

**2. Area**

The name of the area where the police station is situated (for example, Pretoria must be recorded in paragraph B 2).

**3. Police station**

The name of the police station where the application was received (for example, Brooklyn) must be recorded in paragraph B 3.

**4. Component code**

The component code of the police station where the application was received (for example, 47) must be recorded in paragraph B 4.

**5. Firearm applications register reference number**

The annual serial number from the firearm applications register allocated to the application (for example, 135/2002) must be recorded in paragraph B 5.

**SECTION C: FOR OFFICIAL USE BY CENTRAL FIREARMS REGISTER (CFR)****1. Outstanding/Additional information required**

When the police official at the CFR requests outstanding or additional information from the police station or the applicant, the required information must be recorded in paragraph C 1.

**2. Persal number**

The SAPS Persal number of the police official at the CFR who requested the outstanding or additional information must be recorded in paragraph C 2.

**3. Date**

The date on which the police official at the CFR requested the outstanding or additional information must be recorded in paragraph C 3.

**4. Signature of police official**

The signature of the police official at the CFR who requested the outstanding or additional information must be recorded in paragraph C 4.

**5. Name in block letters**

The initials and surname (in block letters) of the police official at the CFR who requested the outstanding or additional information must be recorded in paragraph C 5.

**6. Application for accreditation approved (Indicate with an X)**

If the application for accreditation is approved, the officer at the CFR who approved the application must mark paragraph C 6 with an X.

**7. Persal number**

The SAPS Persal number of the officer at the CFR who approved the application must be recorded in paragraph C 7.

**8. Date**

The date on which the application was approved by the officer at the CFR must be recorded in paragraph C 8.

**9. Signature of deciding officer**

The signature of the officer at the CFR who approved the application must sign in paragraph C 9.

**10. Officer code**

The officer code is a code allocated to each officer at the CFR who considers the application for accreditation as an association. The code of the officer at the CFR who approved the application must be recorded in paragraph C 10.

**11. Name in block letters**

The initials and surname (in block letters) of the officer at the CFR who approved the application must be recorded in paragraph C 11.

**12. Application for accreditation refused (Indicate with an X)**

If the application for accreditation is refused, the officer at the CFR who refused the application must mark paragraph C 12 with an X.

**13. Reason(s) for refusal**

If an application was refused, the officer at the CFR who refused the application must record the reason(s) for refusal in paragraph C 13.

**14. Persal number**

The SAPS Persal number of the officer at the CFR who refused the application must be recorded in paragraph C 14.

**15. Date**

The date on which the application is refused by the officer at the CFR must be recorded in paragraph C 15.

**16. Signature of deciding officer**

The signature of the officer at the CFR who refused the

application must sign in paragraph C 16.

#### 17. Officer code

The officer code is a code allocated to each officer at the CFR who considers the application for accreditation as an association. The code of the officer at the CFR who refused the application must be recorded in paragraph C 17.

#### 18. Name in block letters

The initials and surname (in block letters) of the officer at the CFR who refused the application must be recorded in paragraph C 18.

#### SECTION D: TYPE OF ACCREDITATION (Indicate with an X)

The type of accreditation for an association in question must be indicated with an X in paragraph D 1, 2, 3, 4 and 5, for example:

As a sports-shooting and hunting association	<input checked="" type="checkbox"/>
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#### SECTION E: PARTICULARS OF APPLICANT

##### 1. NATURAL PERSON'S DETAILS

##### 2. The type of identification (Indicate with an X)

##### 2.1 SA ID/Non SA citizen with permanent residence\*

The type of citizenship must be indicated with an X in paragraph E 2.1.

\* In case of a non-SA citizen proof of permanent residence must be submitted.

##### 3. Identity number of natural person

The applicant's identity number must be recorded in paragraph E 3.

##### 4. Surname

The applicant's surname must be recorded in paragraph E 4.

##### 5. Initials

The applicant's initials must be recorded in paragraph E 5.

##### 6. Full names

The applicant's full names must be recorded in paragraph E 6.

##### 7. Date of birth

The applicant's date of birth (for example, 1960-01-01) must be recorded in paragraph E 7.

##### 8. Age

The applicant's age must be recorded in paragraph E 8.

##### 9. Gender

The applicant's gender must be indicated with an X in paragraph E 9.

##### 10. Residential address

The physical address where the applicant resides, must be recorded in paragraph E 10.

##### 11. Postal code

The postal code of the applicant's residential address must be recorded in paragraph E 11.

##### 12. Postal address

The postal address of the applicant must be recorded in

paragraph E 12.

##### 13. Postal code

The postal code of the postal address of the applicant must be recorded in paragraph E 13.

##### 14. Trade or profession

The applicant's trade or profession (for example, motor mechanic) must be recorded in paragraph E 14.

##### 15. If self-employed, specify

If the applicant is self-employed, it (for example, hair dresser - work from home) must be specified in paragraph E 15.

##### 16. Name of employer/company

The name of the applicant's employer or company (for example, The Auto Shop) must be recorded in paragraph E 16.

##### 17. Business address

The business address of the applicant's employer for example, 123 West street, Sandton) must be recorded in paragraph E 17.

##### 18. Postal code

The postal code of the business address of the applicant must be recorded in paragraph E 18.

##### 19. Telephone numbers

**19.1 Home:** The applicant's home telephone number, including the dialling code, (for example, (012) 667 1923) must be recorded in paragraph E 19.1.

**19.2 Work:** The applicant's work telephone number, including the dialling code, (for example, (011) 577 5913) must be recorded in paragraph E 19.2.

##### 19.3 Cellphone number

The applicant's cellphone number (if applicable) must be recorded in paragraph E 19.3.

##### 20. Fax

The applicant's fax number, including the area dialling code, must be recorded in paragraph E 20.

##### 21. E-mail address

The applicant's e-mail address (if applicable) must be recorded in paragraph E 21.

##### 22. MARITAL STATUS (Indicate with an X)

23. The applicant's marital status must be indicated with an X in paragraph E 23, for example:

Single	<input checked="" type="checkbox"/>
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##### 24. DETAILS OF APPLICANT'S SPOUSE/PARTNER (If applicable)

##### 24.1 Type of identification (Indicate with an X)

##### 24.1.1 SA ID/Passport

The type of identification must be indicated with an X in paragraph E 24.1.1.

##### 24.2 Identity number of spouse/partner

The identity number of applicant's spouse/partner must be recorded in paragraph E 24.2.

**24.3 Passport number of spouse/partner**

The passport number (if applicable) of the applicant's spouse/partner must be recorded in paragraph E 24.3.

**24.4 Name and surname**

The name and surname of the applicant's spouse/partner must be recorded in paragraph E 24.4.

**25. JURISTIC PERSON'S DETAILS****26. OTHER BODIES**

(eg body corporate, close corporation or company)

**27. Registered company name**

The registered company name of the applicant (for example, Boshoff printers) must be recorded in paragraph E 27.

**28. Trading as name**

The trading as name of the applicant (for example, Boshoff printers) must be recorded in paragraph E 28.

**29. Company registration or CC number**

The applicant's company registration or CC number (for example, BP58931) must be recorded in paragraph E 29.

**30. Postal address**

The applicant's postal address must be recorded in paragraph E 30.

**31. Postal code**

The postal code of the applicant's postal address must be recorded in paragraph E 31.

**32. Business address**

The physical address where the applicant conducts business from, must be recorded in paragraph E 32.

**33. Postal code**

The postal code of the applicant's business address must be recorded in paragraph E 33.

**34. Business telephone number**

**34.1 Work:** The applicant's work telephone number, including the dialling code, (for example, (011) 577 5913) must be recorded in paragraph E 34.1.

**34.2 Fax**

The fax number, including the dialling code, (for example, (012) 667 1923) must be recorded in paragraph E 34.2.

**35. E-mail address**

The e-mail address (if applicable) of the applicant must be recorded in paragraph E 35.

**36. PARTICULARS OF MAIN ADDRESS (HEAD OFFICE)****37. Business address**

The physical address of the Head Office (for example, 123 West street, Sandton) must be recorded in paragraph E 37.

**38. Postal code**

The postal code of the Head Office must be recorded in paragraph E 38.

**39. Postal address**

The postal address of the Head Office must be recorded in

paragraph E 39.

**40. Postal code**

The postal code of the postal address of the Head Office must be recorded in paragraph E 40.

**41. Business telephone number**

**41.1 Work:** The work telephone number, including the dialling code, of the Head Office (for example, (011) 577 5913) must be recorded in paragraph E 41.1.

**41.2 Fax**

The fax number, including the dialling code, of the Head Office (for example, (012) 667 1923) must be recorded in paragraph E 41.2.

**42. E-mail address**

The e-mail address (if applicable) of the Head Office must be recorded in paragraph E 42.

**43. RESPONSIBLE PERSON'S DETAILS****44. Responsible person (Name and surname)**

The responsible persons's name and surname must be recorded in paragraph E 44.

**45. Type of identification (Indicate with an X)  
SA ID/Passport number**

The type of identification must be indicated with an X in paragraph E 45.

**46. Identity/Passport number of responsible person**

The Identity/Passport number of the responsible person must be recorded in paragraph E 46.

**47. Cellphone number**

The cellphone number (if applicable) of the responsible person must be recorded in paragraph E 47.

**48. Physical address**

The physical address where the responsible person resides, must be recorded in paragraph E 48.

**49. Postal code**

The postal code of the responsible person's physical address must be recorded in paragraph E 49.

**50. Postal address**

The postal address of the responsible person must be recorded in paragraph E 50.

**51. Postal code**

The postal code of the responsible person's postal address must be recorded in paragraph E 51.

**52. PROOF SIGNATURES OF RESPONSIBLE PERSON****53. Signature of responsible person**

The first proof signature of the responsible person must be recorded in paragraph E 53.

**54. Signature of responsible person**

The second proof signature of the responsible person must be recorded in paragraph E 54.

**55. PARTICULARS OF THE PERSON IN CONTROL OF/OR RESPONSIBLE FOR THE MANAGEMENT OF THE ORGANIZATION**

56. The identity number, full names, surname and capacity of persons in control or responsible for the management of the organization must be recorded in paragraph E 56.
57. A motivation as to the main purpose for which accreditation is required and experience in the applicable field must be recorded in paragraph E 57.
58. The infrastructure of the organization must be recorded in paragraph E 58.
59. A description of the qualification of the personnel must be recorded in paragraph E 59.
60. The time period for which organization exists or functions must be recorded in paragraph E 60.
61. A description of the region that is covered by the organization must be recorded in paragraph E 61.
62. A description of how registers will be kept must be recorded in paragraph E 62.
63. The number of paid-up members must be recorded in paragraph E 63 (provide detail).
64. **DECLARATION BY APPLICANT**

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

**SECTION F: SIGNATURE OF APPLICANT**  
(Sign only if applicable)

**1. The right index fingerprint of applicant**

The index fingerprint of the applicant's right hand must be taken by the police official in paragraph F 1, in the presence of a witness and may not exceed the border.

If the applicant does not have a right index fingerprint, the index fingerprint of the left hand must be taken.

**2. Fingerprint designation**

The designation of the fingerprint (for example: right index fingerprint) must be recorded in paragraph F 2

**3. Date**

The date on which the applicant applies for the accreditation must be recorded in paragraph F 3.

**4. Name of applicant in block letters**

The initials and surname (in block letters) of the applicant who applies for accreditation must be recorded in paragraph F 4.

**5. Place**

The city/town where the applicant applies for the accreditation must be recorded in paragraph F 5.

**6. Signature of applicant**

The signature of applicant must be recorded in paragraph F 6, in the presence of the police official.

**7. PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

**7.1 Name of police official in block letters**

The initials and surname (in block letters) of the police official

who deals with the application must be recorded in paragraph F 7.1.

**7.2 Persal number of police official**

The SAPS Persal number of police official who deals with the application must be recorded in paragraph F 7.2.

**7.3 Rank of police official in block letters**

The rank (in block letters) of the police official who deals with the application must be recorded in paragraph F 7.3.

**7.4 Signature of police official**

The signature of police official who signs the application must be recorded in paragraph F 7.4.

**SECTION G: PARTICULARS OF INTERPRETER**

(This section must be completed only if the applicant cannot read or write or does not understand the contents of this form.)

**1. Name and surname of interpreter**

The name and surname of the person who interprets the contents of the application form for the applicant must be recorded in paragraph G 1.

**2. Identity/Passport number of interpreter**

The identity/passport number of the interpreter must be recorded in paragraph G 2.

**3. Residential address**

The physical address of the interpreter must be recorded in paragraph G 3.

**4. Postal code**

The postal code of the interpreter's residential address must be recorded in paragraph G 4.

**5. Postal address**

The postal address of the interpreter must be recorded in paragraph G 5.

**6. Postal code**

The postal code of the interpreter's postal address must be recorded in paragraph G 6.

**7. Telephone number**

**7.1 Home:** The interpreter's home telephone number, including the dialling code, (for example, (012) 667 1923) must be recorded in paragraph G 7.1.

**7.2 Work:** The interpreter's work telephone number, including the dialling code, (for example, (011) 577 5913) must be recorded in paragraph G 7.2.

**8. Cellphone number**

The interpreter's cellphone number (if applicable) must be recorded in paragraph G 8.

**9. Fax**

The interpreter's fax number, including the area dialling code, must be recorded in paragraph G 9.

**10. E-mail address**

The interpreter's e-mail address (if applicable) must be recorded in paragraph G 10.

**11. Interpreted from (language)**

The language from which the application form was interpreted and the language to which it was interpreted and which is understandable to the applicant (for example, English to Zulu) must be recorded in paragraph G 11.

**12. Date**

The date on which the interpreter assists the applicant must be recorded in paragraph G 12.

**13. Signature of interpreter**

The signature of the interpreter who assists the applicant because he/she cannot read or write or does not understand this form must be recorded in paragraph G 13.

**14. Place**

The place where the interpreter assists the applicant must be recorded in paragraph G 14.

**15. Rank of police official in block letters**

If the interpreter is a police official, his/her rank (in block letters) must be recorded in paragraph G 15.

**16. Persal number of police official**

If the interpreter is a police official, his/her SAPS Persal number must be recorded in paragraph G 16.

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

The signature of the Designated Firearms Officer/Station Commissioner who made the recommendation must be recorded in paragraph H 8.

**9. Persal number of the Designated Firearms Officer/Station Commissioner**

The SAPS Persal number of the Designated Firearms Officer/Station Commissioner who made the recommendation must be recorded in paragraph H 9.

**SECTION H: FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER**

**1. RECOMMENDATION REGARDING THE APPLICATION**

The applicable answer must be indicated with an X in paragraph H 1, for example:

Recommended	X	Not recommended	
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**2. Motivation**

A motivation for the recommendation must be recorded in paragraph H 2. The motivation must be based on actual facts, and not mere hearsay.

**3. Recommended conditions**

The recommended conditions for the application must be recorded in paragraph H 3.

**4. Name of Designated Firearms Officer/Station Commissioner in block letters**

The initials and surname (in block letters) of the Designated Firearms Officer/Station Commissioner who made the recommendation regarding the application must be recorded in paragraph H 4.

**5. Date**

The date on which the Designated Firearms Officer/Station Commissioner made the recommendation must be recorded in paragraph H 5.

**6. Rank of Designated Firearms Officer/Station Commissioner in block letters**

The rank (in block letters) of the Designated Firearms Officer/Station Commissioner who made the recommendation must be recorded in paragraph H 6.

**7. Place**

The city/town where the Designated Firearms Officer/Station Commissioner made the recommendation must be recorded in paragraph H 7.