

SOUTH AFRICAN POLICE SERVICE



**Cancellation of an application for a licence,
permit, certificate or authorization**

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

GENERAL INSTRUCTIONS

- A cancellation of an application for a licence, permit, certificate or authorization must be completed in black ink that cannot be erased.
- The cancellation must be stamped with the date stamp of the police station where it is received.
- The police station where the cancellation was handed in must complete Section A.
- The reporting person must complete Sections B, C, D, E, F and G.
- If an interpreter was used, he/she must complete Section H.
- The Designated Firearms Officer must complete Section I.
- 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 cancellation form.

SECTION A: 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 A 1.

2. Area

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

3. Police station

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

4. Component code

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

5. Firearm applications register reference number

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

SECTION B: TYPE OF APPLICATION TO BE CANCELLED

(Indicate with an X)

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

Cancellation of an application for an import permit	X
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SECTION C: PARTICULARS OF THE APPLICANT**1. NATURAL PERSON'S DETAILS****2. Type of identification** (Indicate with an X)**2.1 SA ID/Passport number**

The applicable type of identification must be indicated with an X in paragraph C 2.1.

3. Identity number

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

4. Passport number

The applicant's passport number must be recorded in paragraph C 4.

5. Surname

The applicant's surname must be recorded in paragraph C 5.

6. Initials

The applicant's initials must be recorded in paragraph C 6.

7. Full names

The full names of the applicant must be recorded in paragraph C 7.

8. Residential address

The physical address where the applicant resides must be recorded in paragraph C 8.

9. Postal code

The postal code of the applicant's residential address must be recorded in paragraph C 9.

10. Postal address

The postal address of the applicant must be recorded in paragraph C 10.

11. Postal code

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

12. Business telephone number

12.1 Home: The applicant's home telephone number, including the dialling code, (for example, (012) 667 1923) must be recorded in paragraph C 12.1.

12.2 Work: The applicant's work telephone number, including the dialling code, (for example, (011) 577 5913) must be recorded in paragraph C 12.2.

12.3 Cellphone number

The applicant's cellphone number (if applicable) must be recorded in paragraph C 12.3.

13. Fax

The applicant's fax number, including the area dialling code, must be recorded in paragraph C 13.

14. E-mail address

The applicant's e-mail address (if applicable) must be recorded in paragraph C 14.

15. JURISTIC PERSON'S DETAILS**16. OTHER BODIES****17. Registered company name**

The registered company name of the applicant must be recorded in paragraph C 17.

18. Trading as name

The trading as name of the applicant must be recorded in paragraph C 18.

19. FAR number

The applicant's FAR number must be recorded in paragraph C 19.

20. Postal address

The applicant's postal address must be recorded in paragraph C 20.

21. Postal code

The postal code of the applicant's postal address must be recorded in paragraph C 21.

22. Business address

The physical address from where the applicant conducts business must be recorded in paragraph C 22.

23. Postal code

The postal code of the applicant's business address must be recorded in paragraph C 23.

24. Business telephone number

24.1 Work: The applicant's work telephone number, including the dialling code, (for example, (011) 577 5913) must be recorded in paragraph C 24.1.

24.2 Fax

The applicant's fax number, including the dialling code, (for example, (012) 667 1923) must be recorded in paragraph C 24.2.

25. E-mail address

The applicant's e-mail address (if applicable) must be recorded in paragraph C 25.

26. RESPONSIBLE PERSON'S DETAILS**27. Responsible person (Name and surname)**

The responsible person's name and surname must be recorded in paragraph C 27.

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

The responsible person's type of citizenship must be indicated with an X in paragraph C 28.

29. Identity number of responsible person

The responsible person's identity number must be recorded in paragraph C 29.

30. Passport number of responsible person

The responsible person's passport number must be recorded in paragraph C 30.

31. Cellphone number

The responsible person's cellphone number (if applicable) must be recorded in paragraph C 31.

32. Physical address

The physical address where the responsible person resides must be recorded in paragraph C 32.

33. Postal code

The postal code of the responsible person's physical address must be recorded in paragraph C 33.

34. Postal address

The postal address of the responsible person must be recorded in paragraph C 34.

35. Postal code

The postal code of the responsible person's postal address must be recorded in paragraph C 35.

SECTION D: PARTICULARS OF APPLICATION TO BE CANCELLED

1. The applicable type, number and reference number of the licence, permit, certificate, authorization or application must be recorded in paragraph D 1.
2. The reason(s) why the cancellation of application is requested must be recorded in paragraph D 2.
3. The date on which the cancellation is requested must be recorded in paragraph D 3.
4. The police station that handled the original application must be recorded in paragraph D 4.
5. The firearm applications register reference number must be recorded in paragraph D 5.

6. DECLARATION BY 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.

SECTION E: SIGNATURE OF REPORTING PERSON

(Sign only if applicable)

1. Name of reporting person in block letters

The reporting person's initials and surname (in block letters) who requests the cancellation of the application must be recorded in paragraph E 1.

2. Date

The date on which the reporting person requested the cancellation of the application must be recorded in paragraph E 2.

3. Signature of reporting person

The reporting person's signature must be recorded in paragraph E 3, in presence of the police official.

4. Place

The city/town where the reporting person requested the cancellation of the application must be recorded in paragraph E 4.

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

1. The right index fingerprint of reporting person

The index fingerprint of the reporting person'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 reporting person 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 hand thumb print) must be recorded in paragraph F 2.

3. Date

The date on which the reporting person's fingerprint was taken must be recorded in paragraph F 3.

4. Name of reporting person in block letters

The initials and surname (in block letters) of the reporting person who cancelled the application must be recorded in paragraph F 4.

5. Place

The city/town where the reporting person cancelled the application must be recorded in paragraph F 5.

6. PARTICULARS OF POLICE OFFICIAL DEALING WITH THE CANCELLATION**6.1 Name of police official in block letters**

The initials and surname (in block letters) of the police official who deals with the cancellation of the application must be recorded in paragraph F 6.1.

6.2 Persal number of police official

The SAPS Persal number of the police official who deals with the cancellation of the application must be recorded in paragraph F 6.2.

6.3 Rank of police official in block letters

The rank (in block letters) of the police official who deals with the cancellation of the application must be recorded in paragraph F 6.3.

6.4 Signature of police official

The signature of the police official who deals with the cancellation of the application must be recorded in paragraph F 6.4.

7. PARTICULARS OF WITNESS**7.1 Name of witness in block letters**

The initials and surname (in block letters) of the police official who acts as the witness must be recorded in paragraph F 7.1.

7.2 Persal number of witness

The SAPS Persal number of the police official who acts as the witness must be recorded in paragraph F 7.2.

7.3 Rank of witness in block letters

The rank (in block letters) of the police official who acts as the witness must be recorded in paragraph F 7.3.

7.4 Signature of witness

The signature of the police official who acts as the witness must be recorded in paragraph F 7.4.

SECTION G: PARTICULARS OF INTERPRETER

(This section must only be completed if the reporting person 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 cancellation form to the applicant must be recorded in paragraph G 1.

2. Identity/Passport number of interpreter

The interpreter's identity/passport number 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) 577 913) 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 e-mail address (if applicable) of the interpreter 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 reporting person must be recorded in paragraph G 12.

13. Signature of interpreter

The signature of the interpreter who assists the reporting person who 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 reporting person must be recorded in paragraph G 14.

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

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 applicable)

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

SECTION H: PARTICULARS OF THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER**1. 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 deals with the cancellation of the application must be recorded in paragraph H 1.

2. Date

The date on which the Designated Firearms Officer/Station Commissioner deals with the cancellation of the application must be recorded in paragraph H 2.

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

The rank (in block letters) of the Designated Firearms Officer/Station Commissioner who deals with the cancellation of the application must be recorded in paragraph H 3.

4. Place

The city/town where the Designated Firearms Officer/Station Commissioner deals with the cancellation of the application must be recorded in paragraph H 4.

5. Signature of Designated Firearms Officer/Station Commissioner

The signature of the Designated Firearms Officer/Station Commissioner who deals with the cancellation of the application must be recorded in paragraph H 5.

6. Persal number of the Designated Firearms Officer/Station Commissioner

The SAPS Persal number of the Designated Firearms Officer/Station Commissioner who deals with the cancellation of the application must be recorded in paragraph H 6.