Request to cancel a firearm licence, permit, certificate or authorization
INSTRUCTIONS: REQUEST TO CANCEL A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

GENERAL INSTRUCTIONS

• A form to request to cancel a firearm licence, permit, certificate or authorization must be completed in black ink that cannot be erased.
• The request must be stamped with the official date stamp of the police station where it is received.
• The police station where the request is captured must complete Section A.
• The police station where the request is received must complete Section B.
• The Central Firearms Register (CFR) must complete Section C.
• The Designated Firearms Officer must complete Sections D, E and F.
• 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 request form.

SECTION A: FOR OFFICIAL USE BY THE POLICE STATION WHERE THE REQUEST IS CAPTURED

1. Request reference number
   The reference number that the system generates for the request after it has been captured must be recorded in paragraph A 1.

SECTION B: FOR OFFICIAL USE BY THE POLICE STATION WHERE THE REQUEST 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 request is received (for example, Brooklyn) must be recorded in paragraph B 3.
4. Component code
   The component code of the police station where the request was received (for example, 47) must be recorded in paragraph B 4.
5. Firearm applications register reference number
   The annual serial number of the firearm applications register allocated to the request (for example, 135/2002) must be recorded in paragraph B 5.

SECTION C: FOR OFFICIAL USE BY THE 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 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. Cancellation of firearm licence, permit, certificate or authorization approved (Indicate with an X)
   If the request to cancel a firearm licence, permit, certificate or authorization is approved, the officer at the CFR who approved the request must mark paragraph C 6 with an X.
7. Persal number
   The SAPS Persal number of the officer at the CFR who approved the request must be recorded in paragraph C 7.
8. Date
   The date on which the request was approved by the officer at the CFR must be recorded in paragraph C 8.
9. Signature of CFR officer
   The signature of the officer at the CFR who approved the request must be recorded in paragraph C 9.
10. Officer code
    The officer code is a code allocated to each officer at the CFR who considers the request to cancel a firearm licence, permit, certificate or authorization. The code of the officer at the CFR who approved the request 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 request must be recorded in paragraph C 11.
12. Cancellation of firearm licence, permit, certificate or authorization refused unnecessary (Indicate with an X)
    If the request to cancel a firearm licence, permit, certificate or authorization is refused, the officer at the CFR who refused the request must mark paragraph C 12 with an X.
13. Reason(s) for refusal
    If a request is refused, the officer at the CFR who refused the request 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 request must be recorded in paragraph C 14.
15. Date
    The date on which the request is refused by the officer at the CFR must be recorded in paragraph C 15.
16. Signature of CFR officer
    The signature of the officer at the CFR who refused the request must be recorded in paragraph C 16.
17. Officer code

The officer code is a code allocated to each officer at the CFR who considers the request to cancel a firearm licence, permit, certificate or authorization. The code of the officer at the CFR who refused the request 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 request must be recorded in paragraph C 18.

SECTION D: PARTICULARS OF THE REQUESTER

1. SA ID/Passport/Persal number

The type of identification of the requester must be indicated with an X in paragraph D 1.

2. Identity number of the requester

The identity number of the requester must be recorded in paragraph D 2.

3. Passport number of the requester

The passport number of the requester must be recorded in paragraph D 3.

4. Persal number

If the requester is a police official, the SAPS Persal number of the requester must be recorded in paragraph D 4.

5. Rank

If the requester is a police official, the rank of the requester must be recorded in paragraph D 5.

6. Surname

The surname of the requester must be recorded in paragraph D 6.

7. Initials

The initials of the requester must be recorded in paragraph D 7.

8. Residential address

The physical address where the requester resides must be recorded in paragraph D 8.

9. Postal code

The postal code of the requester’s residential address must be recorded in paragraph D 9.

10. Postal address

The postal address of the requester must be recorded in paragraph D 10.

11. Postal code

The postal code of the requester’s postal address must be recorded in paragraph D 11.

12. Telephone number

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

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

12.3 Cellphone number

The cellphone number (if applicable) of the requester must be recorded in paragraph D 12.3.

13. Fax

The fax number, including the area dialling code, of the requester must be recorded in paragraph D 13.

14. E-mail address

The e-mail address (if applicable) of the requester must be recorded in paragraph D 14.

15. Trade or profession

The requester’s trade or profession (for example, motor mechanic) must be recorded in paragraph D 15.

16. If self-employed, specify

If the requester is self-employed, his/her profession (for example, hairdresser - work from home) must be recorded in paragraph D 16.

17. Name of employer/company

The name of the requester’s employer or company (for example, The Auto Shop) must be recorded in paragraph D 17.

18. Business address

The business address (for example, 123 West Street, Sandton) of the requester’s employer must be recorded in paragraph D 18.

19. Postal code

The postal code of the requester’s business address must be recorded in paragraph D 19.

20. Telephone number

20.1 Home: The requester’s home telephone number, including the dialling code, (for example, (012) 667 1923) must be recorded in paragraph D 20.1.

20.2 Work: The requester’s work telephone number, including the dialling code, (for example, (011) 577 5913) must be recorded in paragraph D 20.2.

20.3 Cellphone number

The cellphone number (if applicable) of the requester must be recorded in paragraph D 20.3.

21. Fax

The requester’s fax number, including the area dialling code, must be recorded in paragraph D 21.

22. E-mail address

The requester’s e-mail address (if applicable) must be recorded in paragraph D 22.

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

1. Licence, permit, certificate or authorization number

The licence, permit, certificate or authorization number must be recorded in paragraph E 1.

2. Licence, permit, certificate or authorization type

The licence, permit, certificate or authorization type must be recorded in paragraph E 2.
3. Date issued

The date on which the licence, permit, certificate or authorization was issued must be recorded in paragraph E 3.

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

1. NATURAL PERSON’S DETAILS

1.1 SA ID/Passport number

The type of identity of the holder of the firearm licence, permit, certificate or authorization must be indicated with an X in paragraph F 1.1.

1.2 Identity number of natural person

The identity number of the holder of the firearm licence, permit or authorization must be recorded in paragraph F 1.2.

2. Passport number of natural person

The passport number of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 2.

3. Surname

The surname of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 3.

4. Initials

The initials of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 4.

5. Residential address

The physical address where the holder of the firearm licence, permit, certificate or authorization resides must be recorded in paragraph F 5.

6. Postal code

The postal code of the firearm licence, permit, certificate or authorization holder’s residential address must be recorded in paragraph F 6.

7. Postal address

The postal address of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 7.

8. Postal code

The postal code of the firearm licence, permit, certificate or authorization holder’s postal address must be recorded in paragraph F 8.

9. Telephone number

9.1 Home: The home telephone number, including the area dialling code, (for example, (012) 667 1923) of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 9.1.

9.2 Work: The work telephone number, including the dialling code, (for example, (011) 577 5913) of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 9.2.

9.3 Cellphone number

The cellphone number (if applicable) of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 9.3.

10. Fax

The fax number, including the area dialling code, of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 10.

11. E-mail address

The e-mail address (if applicable) of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 11.

12. JURISTIC PERSON’S DETAILS

13. OTHER BODIES

14. Registered company name

The registered company name of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 14.

15. Trading as name

The trading as name of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 15.

16. FAR number

The registration number of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 16.

17. Postal address

The postal address of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 17.

18. Postal code

The postal code of the firearm licence, permit, certificate or authorization holder’s postal address must be recorded in paragraph F 18.

19. Business address

The physical address where the holder of the firearm licence, permit, certificate or authorization conducts business must be recorded in paragraph F 19.

20. Postal code

The postal code of the firearm licence, permit, certificate or authorization holder’s business address must be recorded in paragraph F 20.

21. Business telephone number

21.1 Work: The work telephone number, including the dialling code, (for example, (011) 577 5913) of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 21.1.

21.2 Fax

The fax number, including the dialling code, (for example, (012) 667 1923) of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 21.2.

22. E-mail address

The e-mail address (if applicable) of the holder of the firearm licence, permit, certificate or authorization must be recorded in paragraph F 22.

23. RESPONSIBLE PERSON’S DETAILS

24. Responsible person (Name and surname)
The name and surname of the responsible person must be recorded in paragraph F 24.

25. **Type of identification** (Indicate with an X)
SA ID/Passport number
The responsible person's type of identity must be indicated with an X in paragraph F 25.

26. **Identity number responsible person**
The responsible person's identity number must be recorded in paragraph F 26.

27. **Passport number of responsible person**
The responsible person's passport number must be recorded in paragraph F 27.

28. **Cellphone number**
The cellphone number (if applicable) of the responsible person must be recorded in paragraph F 28.

29. **Physical address**
The physical address where the responsible person resides, must be recorded in paragraph F 29.

30. **Postal code**
The postal code of the responsible person's physical address must be recorded in paragraph F 30.

31. **Postal address**
The postal address of the responsible person must be recorded in paragraph F 31.

32. **Postal code**
The postal code of the responsible person's postal address must be recorded in paragraph F 32.

33. **Reason(s) why cancellation of licence, permit, certificate or authorization is requested**
The reason(s) why the cancellation of licence, permit, certificate or authorization is requested must be recorded in paragraph F 33.

34. **Date on which cancellation is requested**
The date on which the cancellation is requested must be recorded in paragraph F 34.

35. **DECLARATION BY THE 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.

SECTION G: SIGNATURE OF REQUESTER

1. **Name of requester in block letters**
The initials and surname (in block letters) of the requester who requests to cancel a firearm licence, permit, certificate or authorization must be recorded in paragraph G 1.

2. **Date**
The date on which the requester signs the request must be recorded in paragraph G 2.

3. **Rank of requester in block letters**
If the requester is a police official, his/her rank (in block letters) must be recorded in paragraph G 3.

4. **Place**
The city/town where the requester signs the request must be recorded in paragraph G 4.

5. **Signature of requester**
The requester must sign in paragraph G 5.

6. **Persal number of the requester**
If the requester is a police official, the SAPS Persal number of the requester who signs the request must be recorded in paragraph G 6.

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

1. **RECOMMENDATION REGARDING THE CANCELLATION OF THE FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION**
The applicable recommendation must be indicated with an X in paragraph H 1, for example:

<table>
<thead>
<tr>
<th>Recommended</th>
<th>X</th>
<th>Not recommended</th>
</tr>
</thead>
</table>

1.1 **Motivation**
A motivation for the recommendation must be recorded in paragraph H 1.1. The motivation must be based on actual facts, and not mere hearsay.

2. **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 must be recorded in paragraph H 2.

3. **Date**
The date on which the Designated Firearms Officer/Station Commissioner made the recommendation must be recorded in paragraph H 3.

4. **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 4.

5. **Place**
The place where the Designated Firearms Officer/Station Commissioner made the recommendation must be recorded in paragraph H 5.

6. **Signature of Designated Firearms Officer/Station Commissioner**
The Designated Firearms Officer/Station Commissioner who made the recommendation must sign in paragraph H 6.

7. **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 7.