



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR AUTHORIZATION TO POSSESS MORE THAN 200 ROUNDS OF AMMUNITION

Section 91 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 APPLICATION IS CAPTURED
1 Application reference No

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE APPLICATION IS RECEIVED
1 Province
2 Area
3 Police station
4 Component code
5 General firearms transaction register number

C. FOR OFFICIAL USE BY THE DECIDING OFFICER
1 Outstanding/Additional information required
2 Persal number
3 Date
4 Signature of police official
5 Name in block letters
6 Application for authorization to possess approved (Indicate with an X)
7 Persal number
8 Date
9 Signature of deciding officer
10 Officer code
11 Name in block letters
12 Application for authorization to possess refused (Indicate with an X)
13 Reason(s) for refusal
14 Persal number
15 Date
16 Signature of deciding officer
17 Officer code
18 Name in block letters

D. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2	SA ID	Passport																			
3	Identity number of natural person																				
4	Passport number of natural person																				
5	Surname															6 Initials					
7	Residential address																				
																8 Postal Code					
9	Postal address																				
																10 Postal Code					
11	Telephone number		11.1 Home		()			11.2 Work		()											
11.3	Cellphone number								12 Fax		()										
13	E-mail address																				

14 JURISTIC PERSON'S DETAILS

15 OTHER BODIES

16	Registered company name																				
17	Trading as name																				
18	FAR number																				
19	Company registration or CC number																				
20	Postal address																				
																21 Postal Code					
22	Business address																				
																23 Postal Code					
24	Business telephone number		24.1 Work		()			24.2 Fax		()											
25	E-mail address																				

26 RESPONSIBLE PERSON'S DETAILS

27	Responsible person (full name and surname)																				
28	Type of identification (Indicate with an X)												SA ID			Passport number					
29	Identity number of responsible person																				
30	Passport number of responsible person																				
31	Cellphone number																				
32	Physical address																				
																33 Postal Code					
34	Postal address																				
																35 Postal Code					

E. PARTICULARS OF FIREARM(S) FOR WHICH PERMISSION IS REQUIRED TO POSSESS MORE THAN 200 ROUNDS OF AMMUNITION PER FIREARM

	(1)	(2)	(3)	(4)
1 Type				
2 Calibre				
3 Make				
4 Model				

Firearm component type:

5 Barrel serial number				
6 Frame serial number				
7 Receiver serial number				

Provide reason(s) for the need to possess more than 200 rounds of ammunition for each firearm.

Firearm 1

Firearm 2

Firearm 3

Firearm 4

F. SIGNATURE OF APPLICANT (Sign only if applicable)

1 Name of applicant in block letters

2 Date - -

3 Signature of applicant

4 Place

G. (This section must be completed only if the applicant cannot read or write.)

1 Right index fingerprint of applicant

2 Fingerprint designation

3 Date - -

4 Name of applicant in block letters

5 Place

6 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

6.1 Name of police official in block letters

6.2 - Persal number of police official

6.3 Rank of police official in block letters

6.4 Signature of police official

7 PARTICULARS OF WITNESS

7.1 Name of witness in block letters

7.2 - Persal number of witness

7.3 Rank of witness in block letters

7.4 Signature of witness

H. PARTICULARS OF INTERPRETER
(This section must be completed only if the applicant 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

3 Residential address

4 Postal Code

5 Postal address

6 Postal Code

7 Telephone number 7.1 Home () 7.2 Work ()

8 Cellphone number 9 Fax ()

10 E-mail address

11 Interpreted from (language) to

12 Date - -

13 Signature of interpreter

14 Place

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

16 - Persal number of police official (if applicable)

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

RECOMMENDATION REGARDING THE APPLICATION

Recommended

Not recommended

Motivation

Large dotted area for writing motivation.

Empty box for name of designated firearms officer/station commissioner.

Name of Designated Firearms Officer/Station Commissioner in block letters

Date grid with hyphens for month and day.

Empty box for rank of designated firearms officer/station commissioner.

Rank of Designated Firearms Officer/Station Commissioner in block letters

Place box with empty space for location.

Signature of Designated Firearms Officer/Station Commissioner

Persal number grid with hyphen for separator.