

*Sample Form



SOUTH AFRICAN POLICE SERVICE

Complete noted sections
in **BLACK INK**

**APPLICATION FOR MULTIPLE IMPORT OR EXPORT PERMIT/
PERMANENT IMPORT OR EXPORT PERMIT/TEMPORARY IMPORT OR
EXPORT PERMIT/IN-TRANSIT PERMIT FOR PERSONAL USE
(Individuals and companies)**

Section 73(2), 74, 76, 77, 78, 80, 81 and 82 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

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* Nothing to fill out on
Pages 1, 3, 7, & 8

B. FOR OFFICIAL USE BY POLICE STATION WHERE APPLICATION IS RECEIVED

1 Province

2 Area

3 Police station

4 Component code

5 Firearm applications register reference number

SAPS 86	NO	YEAR
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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 a permit 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 a permit 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

1 Multiple import or export permit	2 Import permit	3 Export permit	4 In-transit permit	5 Temporary import or export permit
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E. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1 SA ID	Passport	<input checked="" type="checkbox"/>		
3 Identity number of natural person				
4 Passport number of natural person	P a s s p o r t # H e r e			
5 Surname	Last Name		6 Initials	XXX
7 Full names	First + Middle Names			
8 Date of birth	Year	Month	Day	9 Age
				XX
10 Gender	<input checked="" type="checkbox"/> Male		<input type="checkbox"/> Female	
11 Residential address	Physical Address			
	City, state			12 Postal Code
13 Postal address	Same as Above or List Otherwise			
				14 Postal Code
15 Trade or profession	XXXX		16 If self-employed, specify	
17 Name of employer/company	XXXXXXXXXX			
18 Business address	Address			
				19 Postal Code
20 Telephone number	20.1 Home	(XXX) XXX XXXX	20.2 Work	(XXX) XXX XXXX
20.3 Cellphone number	(XXX) XXX XXXX		21 Fax	()
22 E-mail address	XXXX			

23 Marital status (Indicate with an X)

24 Single	Married	<input checked="" type="checkbox"/>	Divorced	Widow	Widower
Other (specify)					

25 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (if applicable)

25.1 Type of identification (Indicate with an X) ** If Spouse Accompanies*

25.1.1 SA ID	Passport			
25.2 Identity number of spouse/partner				
25.3 Passport number of spouse/partner				
25.4 Full Name and Surname				

26 JURISTIC PERSON'S DETAILS

27 Registered company name				
28 Trading as name				
29 FAR number				
30 Postal address				

		22 Postal Code	
23 Business telephone number	23.1 Work	23.2 Fax	
24 E-mail address			

RESPONSIBLE PERSON'S DETAILS

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

G. IMPORT AND/OR EXPORT DETAILS

1 Country of origin	United States of America
2 Country of destination	South Africa (or Namibia, Zimbabwe via South Africa)
3 Port of entry	OR TAMBO Airport, Johannesburg
4 Port of exit	OR TAMBO Airport, Johannesburg
5 Reason for permit	

In case of a permanent import/export permit, submit the date on which the import/export will take place

7 Date on which the import/export will take place *Entry Date* Date *Year - Month - Day*

In case of a multiple import or export permit/temporary import or export permit/in-transit permit, submit the following

9 Period for which permit is required

9.1 FROM *Entry Date* Date *Year - Month - Day* TO 9.2 *Exit Date* Date *Year - Month - Day*

H. TRANSPORTER'S DETAILS (Complete only in the case of an in-transit permit for business purposes)

1 FAR number																
2 Transporter's name and surname																
3 Transporter's trading name																
4 Method of transport																
5 Transporter's responsible person (name and surname)																
6 Type of identification (Indicate with an X)	SA citizen				Non-SA citizen with permanent residence*											
7 Identity number of responsible person					-				-				-			
8 Cellphone number																

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

TO

Date

10

Transport route	

I. DETAILS OF FIREARMS

1

1.1 Type	1.2 Action	1.3 Calibre	1.4 Model	1.5 Make	1.6 Frame or receiver serial number	1.7 Barrel serial number
Rifle	Bolt	.300	m77Hawkeye	Ruger	XXXXXXXXXX	Same
Rifle	Bolt	30-06	700	Winchester	XXXXXXXXXX	Same

2

DETAILS OF AMMUNITION

2.1

2.1.1 Type	2.1.2 Quantity
.300	200
30-06	50

2.2

2.2.1 Type	2.2.2 Quantity

Note: Cannot Import Two (2) Firearms of Same Caliber on Permit

I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to supply it to the applicant once the necessary permit(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate.

SIGNATURE OF PERSON CURRENTLY IN POSSESSION

4.1 Applicant Name

Name of person currently in possession in block letters

4.3 Sign Here

Signature of person currently in possession

Date you sign on #4.3

4.2 Date Year - Month - Day

4.4 Place City + State Where you are

DECLARATION OF 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.

J. SIGNATURE OF APPLICANT (Sign only if applicable)

1 Name - Printed

Name of applicant in block letters

Date you sign on #3

2 Date Year - Month - Day

3 *Sign in front Police Official
Signature of applicant

4 Place City + State Where you are

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



Right index fingerprint of applicant

2 Fingerprint designation



3 Date

Name of applicant in block letters

5 Place

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

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

L. 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