



SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF CHANGE OF ADDRESS

Section 25(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

<p>OFFICIAL DATE STAMP</p> <p>DATE RECEIVED</p>
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A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED											
¹ Notification reference No											

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

C. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION											
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NATURAL PERSON'S DETAILS

1																					
1.1	SA ID		Passport																		
2	Identity number of natural person										-										
3	Passport number of natural person																				
4	Surname										⁵ Initials										
Details of new address																					
6	Residential address										⁷ Postal Code										
8	Postal address										⁹ Postal Code										
10	Telephone number		^{10.1} Home	()			^{10.2} Work	()													
10.3	Cellphone number					¹¹ Fax	()														
12	E-mail address																				

JURISTIC PERSON'S DETAILS

OTHER BODIES

15	Registered company name										
16	Trading as name										
17	FAR number										

Details of new address									
18	Postal address								
		19	Postal Code						
20	Business address								
		21	Postal Code						
22	Business telephone number	22.1	Work	()	22.2	Fax	()
23	E-mail address								

RESPONSIBLE PERSON'S DETAILS

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

34	Are there additional firearm licence holder(s) licenced to your name?									
	YES		NO		If yes, submit full details					

ADDITIONAL LICENCE HOLDER(S) PARTICULARS

35.1	SA ID		Passport										
36	Identity number of natural person												
37	Passport number of natural person												
38	Surname								39	Initials			

		(1)	(2)	(3)	(4)
40	Type of licence				
41	Licence number				
42	Date issued				
43	Expiry date				

44	DID THE ADDITIONAL LICENCE HOLDER ALSO MOVE TO THE NEW ADDRESS?									
	YES		NO							

45	DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)									
	YES		NO							

45.1	IF YES, SUBMIT FULL DETAILS									

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 notification. __

D. SIGNATURE OF REPORTING PERSON
(Sign only if applicable)

1 <input style="width:90%;" type="text"/> Name of reporting person in block letters	2 Date <input style="width:90%;" type="text"/>
3 Signature of reporting person	4 Place <input style="width:90%;" type="text"/>

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

1 <input style="width:100%; height:100px;" type="text"/> Right index fingerprint of reporting person	2 Fingerprint designation <input style="width:80%; height:30px;" type="text"/>	3 Date <input style="width:90%;" type="text"/>	4 <input style="width:90%;" type="text"/> Name of reporting person in block letters
		5 Place <input style="width:90%;" type="text"/>	

6 PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTIFICATION

6.1 <input style="width:90%;" type="text"/> Name of police official in block letters	6.2 <input style="width:90%;" type="text"/> Persal number of police official
6.3 <input style="width:90%;" type="text"/> Rank of police official in block letters	6.4 Signature of police official

7 PARTICULARS OF WITNESS

7.1 <input style="width:90%;" type="text"/> Name of witness in block letters	7.2 <input style="width:90%;" type="text"/> Persal number of witness
7.3 <input style="width:90%;" type="text"/> Rank of witness in block letters	7.4 Signature of witness

F. PARTICULARS OF INTERPRETER
(This section must be completed only if the reporting person cannot read or write or does not understand the contents of this form.)

1 Name and surname of interpreter												
2 Identity/Passport number of interpreter	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	
3 Residential address												
									4 Postal Code	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
5 Postal address												
									6 Postal Code	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>	<input style="width:20px;" type="text"/>
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						-									
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13
Signature of interpreter

14

Place													
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15

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Rank of police official (if applicable)

16

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Persal number of police official (if applicable)

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

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Name of Designated Firearms Officer/Station Commissioner in block letters

2

Date								-							
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3

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Rank of Designated Firearms Officer/Station Commissioner in block letters

4

Place													
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5
Signature of Designated Firearms Officer/Station Commissioner

6

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Persal number of Designated Firearms Officer/Station Commissioner