



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)

<p>OFFICIAL DATE STAMP</p> <p>DATE RECEIVED</p>
--

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					<div style="border: 1px solid black; width: 100%; height: 20px;"></div>					
⁴ Signature of police official					⁵ Name in block letters					
⁶ Application for authorization to possess approved (Indicate with an X)										
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> </div>										
						-				
⁷ Persal number										
⁸ Date										
.....				<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>			<div style="border: 1px solid black; width: 100%; height: 20px;"></div>			
⁹ Signature of deciding officer				¹⁰ Officer code			¹¹ Name in block letters			
¹² Application for authorization to possess refused (Indicate with an X)										
<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> ¹³ Reason(s) for refusal </div>										
.....										
.....										
.....										
						-				
¹⁴ Persal number										
¹⁵ Date										
.....				<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>			<div style="border: 1px solid black; width: 100%; height: 20px;"></div>			
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				

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

Firearm 1	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Firearm 2	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Firearm 3	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Firearm 4	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

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 day, month, and year.

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

Rank of Designated Firearms Officer/Station Commissioner in block letters

Place box for location.

Signature of Designated Firearms Officer/Station Commissioner

Persal number grid with hyphen for designated firearms officer/station commissioner.