

SAPS 520

EXAMPLE



FILL OUT ALL SECTIONS
IN RED BELOW WITH
"BLACK INK"

SOUTH AFRICAN POLICE SERVICE

**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											

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						

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											

D. TYPE OF PERMIT (Indicate with an X)

1 Multiple import or export permit	2 Import permit	3 Export permit	4 In-transit permit	5 Temporary import or export permit
				X

E. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1 SA ID	Passport	X															
3 Identity number of natural person																	
4 Passport number of natural person	# # ! @ # # ! @																
5 Surname	SMITH																
6 Initials	J D S																
7 Full names	JOHN DEREK SMITH																
8 Date of birth	1	9	8	1	-	0	4	-	2	8	9 Age	3	5	10 Gender	Male	Female	
11 Residential address	123 QUAIL RD HOUSTON, TX										12 Postal Code	9	5	6	5	4	
13 Postal address	123 QUAIL RD HOUSTON, TX										14 Postal Code	9	5	6	5	4	
15 Trade or profession	LAW ENFORCEMENT										16 If self-employed, specify						
17 Name of employer/company	HOUSTON POLICE DEPT																
18 Business address	456 CENTRAL AVE HOUSTON TX										19 Postal Code	9	5	6	5	4	
20 Telephone number	20.1 Home	(912) 678-3491										20.2 Work	()				
20.3 Cellphone number	912-678-6789										21 Fax	()					
22 E-mail address	JOHN.D.SMITH@YAHOO.COM																

23 Marital status (Indicate with an X)

24 Single	Married	X	Divorced	Widow	Widower
Other (specify)					

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

25.1 Type of identification (Indicate with an X)

25.1.1 SA ID	Passport	X								
25.2 Identity number of spouse/partner										
25.3 Passport number of spouse/partner	1 2 3 4 5 6 7 8									
25.4 Full Name and Surname	MARY ANN SMITH									

26 JURISTIC PERSON'S DETAILS

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

32
34
35
36

Business address											Postal Code				
Business telephone number	34.1 Work	()	34.2 Fax	()											
E-mail address															

RESPONSIBLE PERSON'S DETAILS

37
38
39
40
41
42
44

Responsible person (full name and surname)															
Type of identification (Indicate with an X)	SA citizen							Non-SA citizen with permanent residence*							
Identity number of responsible person															
Passport number of responsible person															
Cellphone number															
Physical address											43 Postal Code				
Postal address											45 Postal Code				

46
47

Type of competency certificate (if applicable)														
Date of issue								48 Expiry date						

F. PARTICULARS OF THE CURRENT OWNER OF THE FIREARM(S)

NATURAL PERSON'S DETAILS

1
2
4
5
6
7
9
11
11.3
13

Surname	SMITH										3 Initials	J	D	S		
Full names	JOHN DEREK SMITH															
Identity number of natural person																
Passport number of natural person	1	2	3	4	5	6	7	8								
Residential address	123 QUAIL RD HOUSTON TX										8 Postal Code	9	5	6	5	4
Postal address	123 QUAIL RD HOUSTON TX										10 Postal Code	9	5	6	5	4
Telephone number	11.1 Home	(912) 678-3491					11.2 Work	()								
Cellphone number	912-678-6789					12 Fax	()									
E-Mail address	JOHN.D.SMITH@YAHOO.COM															

JURISTIC PERSON'S DETAILS

15
16
17
18
19

Registered company name															
Trading as name															
FAR number															
Company registration or CC number															
Postal address											20 Postal Code				

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

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

25 **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	USA
2 Country of destination	SOUTH AFRICA
3 Port of entry	JOHANNESBURG
4 Port of exit	JOHANNESBURG
5 Reason for permit	HUNTING

6 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

Date

8 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 Date 2016-09-21 TO 9.2 Date 2016-09-29

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.

Date _____

TO

Date _____

10

Transport route

DETAILS OF FIREARMS

1

[illegible]

2

DETAILS OF AMMUNITION

2.1

[illegible]

2.2

[illegible]

DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM(S)

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 Name of person currently in possession in block letters

4.2 Date

4.4 Place

4.3 Signature of person currently in possession

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 of applicant in block letters

2 Date

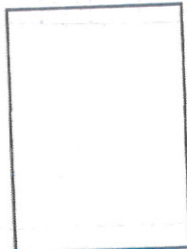
4 Place

3 Signature of applicant

K.

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

1

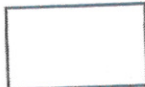


Right index fingerprint of applicant

2

Fingerprint designation

4



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

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

Postal address		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

14 Place

16 Persal number of police official (if applicable)

13 Signature of interpreter

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

M. PARENTAL CONSENT IN CASE OF A MINOR

1 Recommended Not recommended

2 Name and surname of parent/guardian

3 Identity/Passport number of parent/guardian

4 Comments of parent/guardian

5 Date

7 Place

6 Signature of parent/guardian

N. IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date

5 Place

4 Signature of nominee/authorized person

*** NOTIFICATION OF CHANGE OF ADDRESS ***

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

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

RECOMMENDATION REGARDING THE APPLICATION

Recommended

Not recommended

2 Motivation regarding the application

3 Name of Designated Firearms Officer/Station Commissioner in block letters

5 Rank of Designated Firearms Officer/Station Commissioner in block letters

7 Signature of Designated Firearms Officer/Station Commissioner

4 Date

6 Place

8 Persal number of Designated Firearms Officer/Station Commissioner