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	1981-04-28								9 Age	35			10 Gender	Male (circled)	Female			
11	Residential address	123 QUAIL RD HOUSTON, TX												12 Postal Code	95654				
13	Postal address	123 QUAIL RD HOUSTON, TX												14 Postal Code	95654				
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	95654				
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	12345678																	
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	Business address			33 Postal Code	
34	Business telephone number	34.1 Work ( )		34.2 Fax	( )
35	E-mail address				

36 RESPONSIBLE PERSON'S DETAILS

37	Responsible person (full name and surname)				
38	Type of identification (Indicate with an X)	SA citizen		Non-SA citizen with permanent residence*	
39	Identity number of responsible person				
40	Passport number of responsible person				
41	Cellphone number				
42	Physical address			43 Postal Code	
44	Postal address			45 Postal Code	
46	Type of competency certificate (If applicable)				
47	Date of issue		48 Expiry date		

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

1 NATURAL PERSON'S DETAILS

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

14 JURISTIC PERSON'S DETAILS

15	Registered company name				
16	Trading as name				
17	FAR number				
18	Company registration or CC number				
19	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.

Validity of the transporter's permit

FROM Date

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 WSM	700	REMINGTON	12345678	
RIFLE	BOLT	375 H&H	700	REMINGTON	12345678	

2 DETAILS OF AMMUNITION

2.1

2.1.1 Type	2.1.2 Quantity
300 WSM	60
375 H&H	80

2.2

2.2.1 Type	2.2.2 Quantity

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.

4 **SIGNATURE OF PERSON CURRENTLY IN POSSESSION**

4.1 Name of person currently in possession in block letters

4.2 Date - -

4.3 Signature of person currently in possession

4.4 Place

5 **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 JOHN DEREK SMITH
Name of applicant in block letters

2 Date - -

3 Signature of applicant

4 Place

K. (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

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

	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)

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 | | | | | | - | | | - | | |

6 .....
Signature of parent/guardian

7 Place

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 ____-____-____

4 _____ 5 Place _____

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

1 RECOMMENDATION REGARDING THE APPLICATION

Recommended ☐ Not recommended ☐

2 Motivation regarding the application

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

4 Date ____-____-____

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

6 Place

7 Signature of Designated Firearms Officer/Station Commissioner

8 ____-____ Persal number of Designated Firearms Officer/Station Commissioner