

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	A. FOR OFFIC WHERE 1					١		
	¹ Application reference No							
					1		·)	

DATE RECEIVED

B. FOR OFFICIAI	USE B	BY POLICE	STAT		wн	ERE	APP	LICA		N IS	REC	EIVE	D	
Province														
Area														
Police station														
Component code														
Firearm applications register reference nu	nber	SAPS	86	NO							YE	AR		
с.		DFFICIAL L		· V TU				055		5	•			
C. ¹ Outstanding/Additional information re			<u> ЈЭЕ В</u>	TIN	וע ב		ING	UFF	ICER	K .				
	quireu													
	2	Persal num	ber					-			-			³ Date
														1
⁴ Signature of police offic		X						5	Name	e in blo	ock le	tters		
⁶ Application for a permit approved (Inc	icate with	an X)												
	7	Persal num	ber			İ		-			-	1		⁸ Date
	<u> </u>					I		<u> </u>	1		I	I	<u> </u>	
]									
⁹ Signature of deciding o	ficer	1	¹⁰ Office	er cod	e			11	Name	e in bl	ock le	tters		
¹² Application for a permit refused (India	ate with a	n X)		¹³ R	easo	on(s) f	or re	fusal						
	14	^₄ Persal nun	nhor						1	<u> </u>	_			¹⁵ Date

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	¹⁶ Signature of deciding o	officer	¹⁷ O	officer coo	le			18	Name in I	lock le	etters					
	D.	ТҮРІ	e of p	PERMIT	(Indica	ate with	h an X))								
	¹ Multiple import or export permit ² In	nport permit	3	Export permit				In-tran permit			5		oorary port p		t	
	Ε.	PAR	RTICUL	ARS O	F AP	PLIC	ANT									
1	NATURAL PERSON'S DETAILS]														
2	Type of identification (Indicate with an X)															
2.1	SA ID Passport															
3	Identity number of natural person	· ·						-				-			-	
4	Passport number of natural person															
5	Surname									6	nitials					
7	Full names	<u>, , , , , , , , , , , , , , , , , , , </u>														
8	Date of birth	-	-		9	Age				¹⁰ (Gende	r	Ma	ale	Ferr	nale
11	Residential address															
13									1	² Post	al Cod	е				
13	Postal address								1	4			r –		,	1
15				16						⁴ Posta	al Cod	е				<u> </u>
17	Trade or profession				If se	lf-emp	loyed,	, spec	ify	-						
18	Name of employer/company Business address														<u> </u>	
	Business address								1	9 Post						
20	Telephone number 20.1 Hor	me ()			20.2	2 W a	vrk		()	Post	arcoc	le				
20.3	Cellphone number				21	Fax			()							
22	E-mail address					1 ux			()							
		7														
23	Marital status (Indicate with an X)															
24	Single Marri	ed	[Divorced				V	/ idow				Wide	ower		
	Other (specify)															
25	PARTICULARS OF APPLICANT'S SPO	USE/PARTNER (lf applica	able)												
25.1	Type of identification (Indicate with an X)															
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															

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27	Registered company name																				
28	Trading as name																				
29	FAR number																				
30	Postal address									1					I						
														³¹ F	Posta	l Code	•				
32	Business address																				
														³³ F	Posta	l Code	•				
34	Business telephone number	^{34.1} V	Vork	()				3	8 4.2 F	ax	()								
35	E-mail address																				
36	RESPONSIBLE PERSON'S DE	TAILS	6																		
37	Responsible person (full name a	nd sur	name)																		
38	Type of identification (Indicate with	h an X))				SA	citizer	n			N	on-SA	a citiz	en w	ith per	mane	nt resi	dence	*	
39	Identity number of responsible pe	erson										-					-			-	
40	Passport number of responsible	perso	n																		
41	Cellphone number																				
42	Physical address																		-		-
														4	⁴³ Po	stal Co	ode				
44	Postal address																				
														4	⁴⁵ Po	stal C	ode				
46	Type of competency certificate (I	fannlig	sable)																		
47	Date of issue		-		.			⁴⁸ E	xpir	/ date						-			-		
										,				<u> </u>	<u> </u>						
	F.	PAR	TICUI		OF TI	HE C	URR	ENT (SW	NER	OF 1	THE	FIRE	ARN	1(S)						
1	NATURAL PERSON'S DETAIL	s																			
2	Surname														3	Initials	;				
4	Full names																				
5	Identity number of natural persor	ı										-					-			-	
6	Passport number of natural pers	on																			
7	Residential address									1					I						
														8 P	ostal	Code					
9	Postal address																				
														¹⁰ F	Posta	l Code	•				
11	Telephone number	11.1	Home	()					11.2	Wor	k	()							
11.3	Cellphone number									12	Fax		()							
13	E-Mail address												i								
14	JURISTIC PERSON'S DETAILS	s																			

																				SAPS	520
16	Trading as name																				
17	FAR number																				
18	Company registration or CC num	nber																			
19	Postal address																	-			
														20 F	Postal	Cod	9				
	* In case of a non-SA citizen pro	of of pern	nanent	reside	ence r	nust b	oe sub	omitte	d.												
21	Business address																				
														22	Posta	l Cod	е				
23	Business telephone number	23.1 _W	ork									23.2	Fax								
24	E-mail address																				
25			1																		
23	RESPONSIBLE PERSON'S DE	TAILS]																		
26	Responsible person (full name a	and surnar	ne)																		
27	Type of identification (Indicate wit	h an X)						SA	ID						Pa	sspo	rt nun	nber			
28	Identity number of responsible p	erson										-					-		Τ	-	
29	Passport number of responsible	person																			
30	Cellphone number								<u> </u>	<u>.</u>	<u>,</u>		· · · · ·				Į	4	_	<u>!</u>	
31	Physical address																				
														32	Posta	al Coc	le				
33	Postal address																	-			
														34	Posta	al Co	le				
	G.			IM	POR		ID/O	R EX	(POF	RT DI	ETA	LS									
1	Country of origin																				
2	Country of destination																				
3	Port of entry																				
4																					
5	Port of exit																				
	Port of exit Reason for permit																				
6	Reason for permit																				
6		xport perm	nit, sub	mit th	e date	e on w	hich t	he im	port/e	xport	will ta	ke pla	ce								
6 7	Reason for permit			mit th	e date	e on w	hich t	he im	port/e	xport Da		ke pla	ce						-		
7	Reason for permit	will take p	lace						-	Da	ate								-		
	Reason for permit	will take p	lace						-	Da	ate			follov	ving				-		
7	Reason for permit	will take p xport perm	lace						-	Da	ate			follov	ving	-			-		
7 8 9	Reason for permit In case of a permanent import/export Date on which the import/export In case of a multiple import or ex Period for which permit is requir	will take p xport perm	lace					permi	t/in-tra	Da	ate			follov	wing	-					
7 8	Reason for permit In case of a permanent import/export Date on which the import/export In case of a multiple import or ex	will take p xport perm	lace						-	Da	ate permit			follov	ving	-			-		
7 8 9	Reason for permit In case of a permanent import/ex Date on which the import/export In case of a multiple import or ex Period for which permit is requir FROM	will take p xport perm	lace it/temp	oorary	impor	t or e	xport	permi TO	t/in-tra 9.2	Da ansit p Da	ate permit	, subr	nit the				ees)		· · ·		
7 8 9	Reason for permit In case of a permanent import/ex Date on which the import/export In case of a multiple import or ex Period for which permit is requir FROM	will take p cport perm ed	lace it/temp	oorary	impor	t or e	xport	permi TO	t/in-tra 9.2	Da ansit p Da	ate permit	, subr	nit the				ses)		· · ·		

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2	Transporter's name and surnam	e														
3	Transporter's trading name															
4	Method of transport															
5	Transporter's responsible perso (name and surname)	n														
6	Type of identification (Indicate with	th an X)	SA	citizen			Non	-SA c	itizen	with	perma	anent	reside	nce*		
7	Identity number of responsible p	erson					-					-			-	
8	Cellphone number															

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

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9	Validity of the transporter's perm	it	FROM	Date		-		-		
			то	Date				_		
				Date			<u> </u>	 		
10	Transport route									

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DETAILS OF FIREARMS

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

2 DETAILS OF AMMUNITION

2.1.1	Туре	2.1.2	Quantity

2.2.1	Туре	2.2.2	Quantity

3	DECLARATION BY PERSON WHO IS LAWFULLY IN POS	SESSION	OF THE F	FIREARM(S)									
	I hereby declare that the above firearm(s) is/are legally in my popermit(s) has/have been obtained and that the particulars of the	ssession a firearm(s)	and that I p are correc	ropose to supply ct and accurate.	it to th	е арр	licant	once	the n	ecessa	ary		
4	SIGNATURE OF PERSON CURRENTLY IN POSSESSION												
4.1			4.2	Date				-			-		
	Name of person currently in possession in block letters												
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 application.	the Firearn	ns Control	Act, 2000 (Act N	lo 60 o	f 200	0), to	make	a fals	se state	ement	in th	is
	J. SIGNATURE	OF APP		(Sign only if applic	able)								
1			2	Date				-			-		
	Name of applicant in block letters												
3	Signature of applicant		4	Place									
	K. (This section must be co	malatad a	nly if the a		and or	writa							
		mpieted <u>o</u>	<u>iny</u> ii tile a			write)				_			
1	2 Fingerprint		3	Date				-			-		
	designation		4										
				Name of applic	cant in	block	letters	S					
			5	Place									
	Right index fingerprint of applicant			1 1000]
6	PARTICULARS OF POLICE OFFICIAL DEALING WITH AP	PLICATIO	ON										
6.1			6.2						-				
	Name of police official in block letters			Persal number	of polic	e offic	ial						
6.3	Rank of police official in block letters		6.4	Signature of pol									
7				Signature of por		lai							
	PARTICULARS OF WITNESS			r i i	,					1			
7.1	Name of witness in block letters		7.2	Persal number of	of witne	ess			-				
7.3			7.4										
	Rank of witness in block letters			Signature of wit									
	L. PARTIC (This section must be completed <u>only</u> if the applic			RPRETER vrite or does not	unders	tand t	he co	ntent	of thi	s form	.)		
1	Name and surname of interpreter		 				i						
2	Identity/Passport number of interpreter												
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Residential address			
	⁴ Postal Code		

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5	Postal address															
										⁶ P c	stal Co	de				
7	Telephone number	7.1 Home ()			7.	2 W or	k	()						
8	Cellphone number					9	Fax		()						
10	E-mail address							-								
11	Interpreted from (language)						to									
						2										
						D	ate				-			-		
13						4 P	ace									
	Signature of interpreter													_		
15						6						-				
	Rank of police official in block lette	ers (if applicable)				Per	sal num	ber of	police	official	(if appli	cable)			
	М.	PAR		CONSE	NT IN C	ASE	OF A	MINC	R							
1	_															
	Recc	ommended							Not r	ecomm	ended					
2	Name and surname of parent/gu	ıardian														
3	Identity/Passport number of pare	ent/guardian														
4	Comments of parent/guardian															
										<u>+</u>		<u> </u>	<u> </u>			
						5 D	ate				-			-		
6						7 P	ace									
	Signature of parent/guardian															

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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	е						
			_								

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

FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1	RECOMMENDATION REGARDING THE APPLICATION						
	Recommended		Not recommended				
2	Motivation regarding the application						
	 1						
3		4	Date				
	Name of Designated Firearms Officer/Station Commissioner in block letters						
5		6	Place				
	Rank of Designated Firearms Officer/Station Commissioner in block letters						
7		8					
	Signature of Designated Firearms Officer/Station Commissioner		Persal number of Designated Firearms Officer/Station				