



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 |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| <sup>1</sup> 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                         |  |  |  |   |                                     |  |                                     |  |                    |
|---|--|--|--|---|-------------------------------------|--|-------------------------------------|--|--------------------|
| <sup>1</sup> Outstanding/Additional information required            |  |  |  |   |                                     |  |                                     |  |                    |
| .....   |  |  |  |   |                                     |  |                                     |  |                    |
| .....   |  |  |  |   |                                     |  |                                     |  |                    |
|   |  |  |  | - | <sup>2</sup> Persal number          |  |                                     |  | <sup>3</sup> Date  |
| .....   |  |  |  |   |                                     |  |                                     |  |                    |
| <sup>4</sup> Signature of police official                           |  |  |  |   | <sup>5</sup> Name in block letters  |  |                                     |  |                    |
| <sup>6</sup> Application for a permit approved (Indicate with an X) |  |  |  |   |                                     |  |                                     |  |                    |
| .....   |  |  |  |   |                                     |  |                                     |  |                    |
|   |  |  |  | - | <sup>7</sup> Persal number          |  |                                     |  | <sup>8</sup> Date  |
| .....   |  |  |  |   |                                     |  |                                     |  |                    |
| <sup>9</sup> Signature of deciding officer                          |  |  |  |   | <sup>10</sup> Officer code          |  | <sup>11</sup> Name in block letters |  |                    |
| <sup>12</sup> Application for a permit refused (Indicate with an X) |  |  |  |   | <sup>13</sup> Reason(s) for refusal |  |                                     |  |                    |
| .....   |  |  |  |   |                                     |  |                                     |  |                    |
| .....   |  |  |  |   |                                     |  |                                     |  |                    |
|   |  |  |  | - | <sup>14</sup> Persal number         |  |                                     |  | <sup>15</sup> Date |
| .....   |  |  |  |   |                                     |  |                                     |  |                    |
| <sup>16</sup> Signature of deciding officer                         |  |  |  |   | <sup>17</sup> Officer code          |  | <sup>18</sup> Name in block letters |  |                    |

**D. TYPE OF PERMIT** (Indicate with an X)

|                                    |                          |                 |                          |                 |                          |                     |                          |                                     |                          |
|------------------------------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|---------------------|--------------------------|-------------------------------------|--------------------------|
| 1 Multiple import or export permit | <input type="checkbox"/> | 2 Import permit | <input type="checkbox"/> | 3 Export permit | <input type="checkbox"/> | 4 In-transit permit | <input type="checkbox"/> | 5 Temporary import or export permit | <input type="checkbox"/> |
|------------------------------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|---------------------|--------------------------|-------------------------------------|--------------------------|

**E. PARTICULARS OF APPLICANT**

1 **NATURAL PERSON'S DETAILS**

2 **Type of identification** (Indicate with an X)

|                                     |                          |                      |                          |                      |   |                      |                              |                      |                      |                      |           |                |                          |                      |                          |                      |                      |                      |
|-------------------------------------|--------------------------|----------------------|--------------------------|----------------------|---|----------------------|------------------------------|----------------------|----------------------|----------------------|-----------|----------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|
| 2.1 SA ID                           | <input type="checkbox"/> | Passport             | <input type="checkbox"/> |                      |   |                      |                              |                      |                      |                      |           |                |                          |                      |                          |                      |                      |                      |
| 3 Identity number of natural person | <input type="text"/>     | <input type="text"/> | <input type="text"/>     |                      |   |                      |                              |                      |                      |                      |           |                |                          |                      |                          |                      |                      |                      |
| 4 Passport number of natural person | <input type="text"/>     | <input type="text"/> | <input type="text"/>     |                      |   |                      |                              |                      |                      |                      |           |                |                          |                      |                          |                      |                      |                      |
| 5 Surname                           | <input type="text"/>     |                      |                          |                      |   |                      | 6 Initials                   | <input type="text"/> | <input type="text"/> |                      |           |                |                          |                      |                          |                      |                      |                      |
| 7 Full names                        | <input type="text"/>     |                      |                          |                      |   |                      |                              |                      |                      |                      |           |                |                          |                      |                          |                      |                      |                      |
| 8 Date of birth                     | <input type="text"/>     | <input type="text"/> | <input type="text"/>     | <input type="text"/> | - | <input type="text"/> | -                            | <input type="text"/> | 9 Age                | <input type="text"/> | 10 Gender | Male           | <input type="checkbox"/> | Female               | <input type="checkbox"/> |                      |                      |                      |
| 11 Residential address              | <input type="text"/>     |                      |                          |                      |   |                      |                              |                      |                      |                      |           |                |                          |                      |                          |                      |                      |                      |
|                                     |                          |                      |                          |                      |   |                      |                              |                      |                      |                      |           | 12 Postal Code | <input type="text"/>     | <input type="text"/> | <input type="text"/>     |                      |                      |                      |
| 13 Postal address                   | <input type="text"/>     |                      |                          |                      |   |                      |                              |                      |                      |                      |           |                |                          |                      |                          |                      |                      |                      |
|                                     |                          |                      |                          |                      |   |                      |                              |                      |                      |                      |           | 14 Postal Code | <input type="text"/>     | <input type="text"/> | <input type="text"/>     |                      |                      |                      |
| 15 Trade or profession              | <input type="text"/>     |                      |                          |                      |   |                      | 16 If self-employed, specify | <input type="text"/> |                      |                      |           |                |                          |                      |                          |                      |                      |                      |
| 17 Name of employer/company         | <input type="text"/>     |                      |                          |                      |   |                      |                              |                      |                      |                      |           |                |                          |                      |                          |                      |                      |                      |
| 18 Business address                 | <input type="text"/>     |                      |                          |                      |   |                      |                              |                      |                      |                      |           |                |                          |                      |                          |                      |                      |                      |
|                                     |                          |                      |                          |                      |   |                      |                              |                      |                      |                      |           |                |                          |                      | 19 Postal Code           | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 20 Telephone number                 | 20.1 Home                | <input type="text"/> |                          |                      |   | 20.2 Work            | <input type="text"/>         |                      |                      |                      |           |                |                          |                      |                          |                      |                      |                      |
| 20.3 Cellphone number               | <input type="text"/>     |                      |                          |                      |   |                      | 21 Fax                       | <input type="text"/> |                      |                      |           |                |                          |                      |                          |                      |                      |                      |
| 22 E-mail address                   | <input type="text"/>     |                      |                          |                      |   |                      |                              |                      |                      |                      |           |                |                          |                      |                          |                      |                      |                      |

23 **Marital status** (Indicate with an X)

|                 |                          |         |                          |          |                          |       |                          |         |                          |
|-----------------|--------------------------|---------|--------------------------|----------|--------------------------|-------|--------------------------|---------|--------------------------|
| 24 Single       | <input type="checkbox"/> | Married | <input type="checkbox"/> | Divorced | <input type="checkbox"/> | Widow | <input type="checkbox"/> | Widower | <input type="checkbox"/> |
| Other (specify) | <input type="text"/>     |         |                          |          |                          |       |                          |         |                          |

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

25.1 **Type of identification** (Indicate with an X)

|  |                          |                      |                          |  |  |  |  |  |  |
|--|--------------------------|----------------------|--------------------------|--|--|--|--|--|--|
| 25.1.1 SA ID                           | <input type="checkbox"/> | Passport             | <input type="checkbox"/> |  |  |  |  |  |  |
| 25.2 Identity number of spouse/partner | <input type="text"/>     | <input type="text"/> | <input type="text"/>     |  |  |  |  |  |  |
| 25.3 Passport number of spouse/partner | <input type="text"/>     | <input type="text"/> | <input type="text"/>     |  |  |  |  |  |  |
| 25.4 Full Name and Surname             | <input type="text"/>     |                      |                          |  |  |  |  |  |  |

26 **JURISTIC PERSON'S DETAILS**

|                            |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 27 Registered company name | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| 28 Trading as name         | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |
| 29 FAR number              | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 30 Postal address          | <input type="text"/> |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |

|    |                           |           |   |   |  |  |  |          |   |                |  |  |  |  |
|----|---------------------------|-----------|---|---|--|--|--|----------|---|----------------|--|--|--|--|
|    |                           |           |   |   |  |  |  |          |   | 31 Postal Code |  |  |  |  |
| 32 | Business address          |           |   |   |  |  |  |          |   |                |  |  |  |  |
|    |                           |           |   |   |  |  |  |          |   |                |  |  |  |  |
| 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                           |  |           |   |   |  |        |           |   |   | 3 Initials |  |                |  |  |  |
| 4    | Full names                        |  |           |   |   |  |        |           |   |   |            |  |                |  |  |  |
| 5    | Identity number of natural person |  |           |   |   |  |        |           |   |   |            |  |                |  |  |  |
| 6    | Passport number of natural person |  |           |   |   |  |        |           |   |   |            |  |                |  |  |  |
| 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 | 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.

|    |                           |           |  |  |  |  |                |          |  |  |  |  |
|----|---------------------------|-----------|--|--|--|--|----------------|----------|--|--|--|--|
| 21 | Business address          |           |  |  |  |  |                |          |  |  |  |  |
|    |                           |           |  |  |  |  | 22 Postal Code |          |  |  |  |  |
| 23 | Business telephone number | 23.1 Work |  |  |  |  |                | 23.2 Fax |  |  |  |  |
| 24 | E-mail address            |           |  |  |  |  |                |          |  |  |  |  |

**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      |  |  |  |  |  |  |  |  |  |  |
| 2 | Country of destination |  |  |  |  |  |  |  |  |  |  |
| 3 | Port of entry          |  |  |  |  |  |  |  |  |  |  |
| 4 | Port of exit           |  |  |  |  |  |  |  |  |  |  |
| 5 | Reason for permit      |  |  |  |  |  |  |  |  |  |  |

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

TO

|      |  |  |  |  |  |   |  |  |  |  |   |  |  |  |  |
|------|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|
| Date |  |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
|------|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|

**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.

9

Validity of the transporter's permit

FROM

|      |  |  |  |  |   |  |  |  |  |
|------|--|--|--|--|---|--|--|--|--|
| Date |  |  |  |  | - |  |  |  |  |
|------|--|--|--|--|---|--|--|--|--|

TO

|      |  |  |  |  |   |  |  |  |  |
|------|--|--|--|--|---|--|--|--|--|
| Date |  |  |  |  | - |  |  |  |  |
|------|--|--|--|--|---|--|--|--|--|

10

|                        |  |
|------------------------|--|
| <b>Transport route</b> |  |
| .....                  |  |
| .....                  |  |
| .....                  |  |
| .....                  |  |
| .....                  |  |
| .....                  |  |

**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 |
|----------|------------|-------------|-----------|----------|-------------------------------------|--------------------------|
| .....    | .....      | .....       | .....     | .....    | .....                               | .....                    |
| .....    | .....      | .....       | .....     | .....    | .....                               | .....                    |
| .....    | .....      | .....       | .....     | .....    | .....                               | .....                    |
| .....    | .....      | .....       | .....     | .....    | .....                               | .....                    |
| .....    | .....      | .....       | .....     | .....    | .....                               | .....                    |
| .....    | .....      | .....       | .....     | .....    | .....                               | .....                    |
| .....    | .....      | .....       | .....     | .....    | .....                               | .....                    |
| .....    | .....      | .....       | .....     | .....    | .....                               | .....                    |
| .....    | .....      | .....       | .....     | .....    | .....                               | .....                    |
| .....    | .....      | .....       | .....     | .....    | .....                               | .....                    |

2

**DETAILS OF AMMUNITION**

2.1

| 2.1.1 Type | 2.1.2 Quantity |
|------------|----------------|
| .....      | .....          |
| .....      | .....          |
| .....      | .....          |
| .....      | .....          |
| .....      | .....          |
| .....      | .....          |
| .....      | .....          |
| .....      | .....          |
| .....      | .....          |
| .....      | .....          |
| .....      | .....          |

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.

**SIGNATURE OF PERSON CURRENTLY IN POSSESSION**

4.1 [Text box for name]

Name of person currently in possession in block letters

4.2 Date [Date grid]

4.3 [Text box for signature]

Signature of person currently in possession

4.4 Place [Text box for place]

**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 [Text box for name]

Name of applicant in block letters

2 Date [Date grid]

3 [Text box for signature]

Signature of applicant

4 Place [Text box for place]

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

1 [Large box for right index fingerprint]

Right index fingerprint of applicant

2 Fingerprint designation

4 [Small box for fingerprint designation]

3 Date [Date grid]

[Text box for name]

Name of applicant in block letters

5 Place [Text box for place]

**PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

6.1 [Text box for name]

Name of police official in block letters

6.2 [Persal number grid]

Persal number of police official

6.3 [Text box for rank]

Rank of police official in block letters

6.4 [Text box for signature]

Signature of police official

**PARTICULARS OF WITNESS**

7.1 [Text box for name]

Name of witness in block letters

7.2 [Persal number grid]

Persal number of witness

7.3 [Text box for rank]

Rank of witness in block letters

7.4 [Text box for signature]

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 |  |  |  |  |

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

|    |      |  |  |  |  |   |  |  |  |  |  |  |  |
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| 12 | Date |  |  |  |  | - |  |  |  |  |  |  |  |
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| 14 | Place |  |  |  |  |  |  |  |  |  |  |  |
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Signature of interpreter

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Rank of police official in block letters ( if applicable)

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Persal number of police official (if applicable)

**M. PARENTAL CONSENT IN CASE OF A MINOR**

|             |  |                 |  |
|-------------|--|-----------------|--|
| Recommended |  | Not recommended |  |
|-------------|--|-----------------|--|

|   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 2 | Name and surname of parent/guardian         |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 | Identity/Passport number of parent/guardian |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 | Comments of parent/guardian                 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|---|------|--|--|--|--|---|--|--|--|--|--|--|--|
| 5 | Date |  |  |  |  | - |  |  |  |  |  |  |  |
|---|------|--|--|--|--|---|--|--|--|--|--|--|--|

.....  
Signature of parent/guardian

|   |       |  |  |  |  |  |  |  |  |  |  |  |
|---|-------|--|--|--|--|--|--|--|--|--|--|--|
| 7 | Place |  |  |  |  |  |  |  |  |  |  |  |
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**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 Signature of nominee/authorized person

5 Place

**\*\*\* 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

2 Recommended Not recommended

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