

D. COMPETENCY CERTIFICATE RENEWAL TYPE (Indicate with an X)

| | | | |
|-----|--|--|--|
| 1 | CERTIFICATES | | |
| 1.1 | Competency Certificate to Possess a Firearm | | |
| 1.2 | Competency Certificate to Trade in Firearms | | |
| 1.3 | Competency Certificate to Manufacture Firearms | | |
| 1.4 | Competency Certificate to Conduct Business as a Gunsmith | | |
| 1.5 | Competency Certificate to Possess a firearm as a private collector for a specific category | | |
| 1.6 | Competency Certificate to Possess a muzzle loading firearm | | |

Details of original Competency Certificate

| Types of firearm/s indicated on current Competency Certificate | Mark applicable type with an X | Indicate category of collector if applicable (A,B,C) | Competency Certificate Number | Date issued | Expiry date |
|--|--------------------------------|--|-------------------------------|-------------|-------------|
| Handgun | | | | | |
| Handgun and rifle | | | | | |
| Rifle | | | | | |
| Shotgun | | | | | |
| Shotgun and Handgun | | | | | |
| Rifle and Shotgun | | | | | |
| Handgun and Rifle and Shotgun | | | | | |
| Hand Machine Carbine | | | | | |
| Handgun and Hand Machine Carbine | | | | | |
| Handgun and Rifle and Hand Machine Carbine | | | | | |
| Handgun and Rifle and shotgun and Hand Machine Carbine | | | | | |
| Rifle and hand Machine Carbine | | | | | |
| Rifle, shotgun and Hand Machine Carbine | | | | | |
| Shotgun and Hand Machine Carbine | | | | | |

E. PARTICULARS OF APPLICANT

NATURAL PERSON'S DETAILS

Type of identification (Indicate with an X)

| | | | | | | |
|-----|-------------------------------------|--|----------|---------------------------|--|---|
| 2.1 | SA ID | | Passport | | Non-SA citizen with permanent residence* | |
| 3 | Identity number of natural person | | | | - | - |
| 4 | Passport number of natural person | | | | | |
| 5 | Surname | | | | ⁶ Initials | |
| 7 | Full names | | | | | |
| 8 | Formal Street Address (residential) | | | | | |
| | | | | ⁹ Postal Code | | |
| 10 | Postal address | | | | | |
| | | | | ¹¹ Postal Code | | |

| | | | | | |
|------|------------------|-----------|-----|-----------|-----|
| 12 | Telephone number | 12.1 Home | () | 12.2 Work | () |
| 12.3 | Cellphone number | | | 12.4 Fax | () |
| 13 | E-mail address | | | | |

14 **OTHER INFORMATION** (Indicate with an X)

15 **WAS YOUR APPLICATION HANDED IN 90 DAYS BEFORE EXPIRY OF THE EXISTING COMPETENCY CERTIFICATE ?** (Indicate with an X)

| | | | | |
|-----|--------------------------|----|--------------------------|--------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If no, provide reason(s) |
| | | | | |
| | | | | |
| | | | | |

16 **WAS YOUR APPLICATION HANDED IN AFTER THE EXPIRY OF THE EXISTING COMPETENCY CERTIFICATE ?** (Indicate with an X)

| | | | | |
|-----|--------------------------|----|--------------------------|---------------------------|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | If yes, provide reason(s) |
| | | | | |
| | | | | |
| | | | | |

16 **DECLARATION BY APPLICANT**

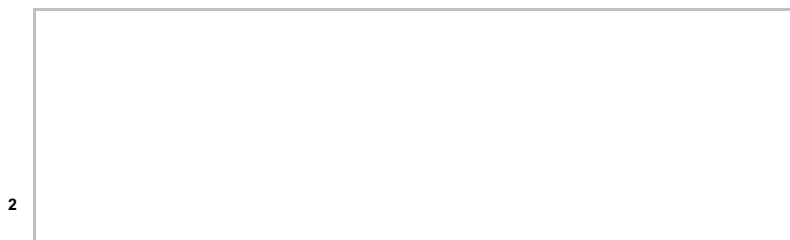
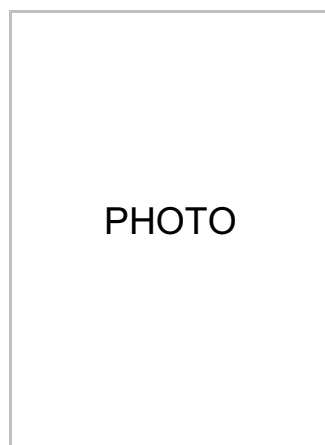
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

F. SIGNATURE OF APPLICANT (Sign only if applicable)

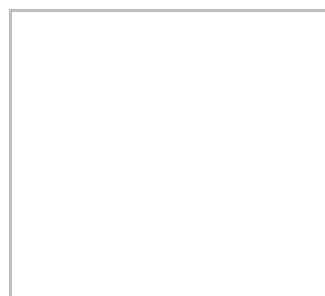
Note:

The requirements of the photo:

- The photograph must be in colour and may not exceed the border.
- The photo must be the size of a standard passport photograph.
- The photo must be a full front view of the head and shoulders of the applicant.
- The background of the photo must be plain.
- The applicant may not be wearing a hat or sunglasses on the photograph.
- The applicant's name and identification number must be written on the back of the photograph before it is affixed on the application form.
- The applicant must sign in black ink.
- The signature may not exceed the border.
- The whole finger must be pressed down on the sheet.
- The fingerprint should not be rolled and must be a flat impression.



Signature



⁴ Fingerprint designation



5

Name of applicant in block letters

6

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

7

| | |
|-------|--|
| Place | |
|-------|--|

8 **PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

8.1

Name of police official in block letters

8.2

Persal number of police official

8.3

Rank of police official in block letters

8.4

Signature of police official

9 **PARTICULARS OF WITNESS**

9.1

Name of witness in block letters

9.2

Persal number of witness

9.3

Rank of witness in block letters

9.4

Signature of witness

G. 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)

H. 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

Violence Act, 1998 (Act 116 of 1998), whether committed in or outside South Africa;

- (i) has not been convicted of fraud in relation to, or supplying false information for the purposes of, obtaining a competency certificate, licence, permit or authorization in terms of this Act or the previous Act;
- (j) has not been convicted, whether in or outside South Africa, of an offence involving the abuse of alcohol or drugs, whether committed in or outside South Africa, and sentenced to a period of imprisonment without the option of a fine;
- (k) has not been convicted, whether in or outside South Africa, of an offence involving dealing in drugs, whether committed in or outside South Africa, and sentenced to a period of imprisonment without the option of a fine;
- (l) has not been convicted of an offence in terms of the Domestic Violence Act, 1998 (Act 116 of 1998), and sentenced to a period of imprisonment without the option of a fine;
- (m) has not been convicted of an offence involving the negligent handling of a firearm;
- (n) has not been convicted of an offence in terms of the Explosives Act, 1956 (Act 26 of 1956), and sentenced to a period of imprisonment without the option of a fine;
- (o) has not been convicted, whether in or outside South Africa, of an offence involving sabotage, terrorism, public violence, arson, intimidation, rape, kidnaping or child stealing, whether committed in or outside South Africa;
- (p) has not become or been declared unfit to possess a firearm in terms of this Act or the previous Act;
- (q) has successfully completed the prescribed test on knowledge of this Act;
- (r) has successfully completed the prescribed training and practical tests regarding the safe and efficient handling of a firearm;
and
- (s) has, where applicable, successfully completed the prescribed training and practical tests for firearms dealers, manufacturers, gunsmiths, security officers or other persons who use firearms in the course of their business.

I hereby declare that I still conform with all the requirements of the said section 9(2).

NAME AND SURNAME IN BLOCK LETTERS

SIGNATURE OF DEPONENT

Date:

Place:

CERTIFICATE BY COMMISSIONER OF OATHS

I certify that the deponent has acknowledged that he/she knows and understands the content of this statement. The deponent has/has no objection in taking the prescribed oath. The statement was sworn to/affirmed before me and the deponent's signature/mark/fingerprint was placed thereupon in my presence at (place) on (date) at (time).

SIGNATURE OF COMMISSIONER OF OATHS

FULL NAMES:

CAPACITY:

ADDRESS: