



**D. TYPE OF APPLICATION FOR A LICENCE TO POSSESS A FIREARM(S)**

1 Main firearm licence holder	2 Additional firearm licence holder	(Indicate with an X)
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Mark with X if you are the main Firearm Licence holder

Section number	Type of licence/permit	Choose any of the below for which type of firearm licence you want to apply for	Period of validity	X
3.1	13	Licence to possess a firearm for self-defence	Five years	
3.2	14	Licence to possess a restricted firearm for self-defence	Two years	
3.3	15	Licence to possess a firearm for occasional hunting and/or sport-shooting	Ten years	
3.4	16	Licence to possess a firearm for dedicated hunting and/or dedicated sport-shooting	Ten years	
3.5	17	Licence to possess a firearm in a private collection	Ten years	
3.6	19	Licence to possess a firearm, in a public collection	Ten years	
3.7	20	Licence to possess a firearm for business purposes: Business in hunting	Five years	
3.8	20	Licence to possess a firearm for business purposes: Other business purposes	Two years	
3.9	20	Licence to possess a firearm for business purposes: For use in theatrical, film and TV productions	Two years	
3.10	20	Licence to possess a firearm for business purposes: As a security business	Two years	
3.11	20	Licence to possess a firearm for business purposes: For training purposes	Two years	
3.12	20	Licence to possess a firearm for business purposes: As a game rancher	Two years	

**E. DESCRIPTION OF FIREARM (Indicate with an X)**

**TYPE OF FIREARM**

1 Rifle	Shotgun	Handgun	Combination
Other, specify (armament/indeterminable design type)	Choose any to which Firearm type you have acquired		

**DETAILS OF FIREARM (Indicate with an X)**

1.1 Action	Semi-automatic	Automatic	Manual
	Other action (specify)		

Choose what type of action the firearm is

1.2 Names and addresses engraved in the metal	Country of Manufactured Name		
1.3 Calibre	1.4 Calibre code	Calibre of firearm for instance 9mm Paraballum, 45 CAP .....	
1.5 Make	Make for instance Norinco, Star, Smith & Wesson.....		
1.6 Model	this is the same name as in 1.5		
Firearm component type:	Normally these numbers are the same complete on all three this lines		
1.7 Barrel serial number		1.8 Make	
1.9 Frame serial number		1.10 Make	
1.11 Receiver serial number		1.12 Make	

**F. PARTICULARS OF CURRENT OWNER**

**Type of owner (Indicate with an X)**

1.2 A Private owner	B Firearm dealer	C Company	D Imported firearm	E Estate
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Indicate with a X the current type of owner

**NATURAL PERSON'S DETAILS**

3 **TYPE A (Private owner)** ← **Current owner details if private sale or transfer**

4 Surname 5 Initials

6 Full names

7 Identity number

8 Residential address

9 Postal Code

10 Postal address

11 Postal Code

12 Telephone number 12.1 Home ( ) 12.2 Work ( )

12.3 Cellphone number 13 Fax ( )

14 E-mail address

15 Are there any additional firearm licence holders for this firearm? (Indicate with an X) YES NO

16 **JURISTIC PERSON'S DETAILS**

17 **TYPE B (Firearm dealer)** ← **Firearm Dealer Details, the dealer will complete this section**

18 Registered company name

19 Trading as name

20 FAR number

21 Postal address

22 Postal Code

23 Business address

24 Postal Code

25 Business telephone number 25.1 Work ( ) 25.2 Fax ( )

26 E-mail address

27 Responsible person (Name and surname)

28 Type of identification (Indicate with an X) SA citizen Non-SA citizen with permanent residence\*

29 Identity number of responsible person

30 Cellphone number

31 Physical address

32 Postal Code

33 Postal address

34 Postal Code

35 **SAP 350 (A) DETAILS** ← **The dealer will complete and give the SAP 350 (A) with application form**

36 Firearm received from

36 Name

37 Identification number or FAR number

38 Address

39 Postal code 40 Date received

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

41	<b>TYPE C (Companies)</b>																
42	Registered company name																
43	Trading as name																
44	FAR number																
45	Postal address																
												46 Postal Code					
47	Business address																
												48 Postal Code					
49	Business telephone number	49.1 Work	(	)	49.2 Fax	(	)										
50	E-mail address																
51	Responsible person (Name and surname)																
52	Type of identification (Indicate with an X)	SA citizen					Non-SA citizen with permanent residence*										
53	Identity number of responsible person							-					-				-
54	Cellphone number																
55	Physical address																
												56 Postal Code					
57	Postal address																
												58 Postal Code					

59	<b>TYPE D (Imported firearms)</b>													
60	Import permit number													
61	Date issued							-					-	
62	Expiry date							-					-	

63	<b>TYPE E (Estate)</b>																
64	<b>Type of estate</b> (Indicate with an X)																
65	Executorship		Administratorship		Curatorship		Trust										
66	Surname											67 Initials					
68	Full names																
69	Identity number of the owner of the firearm							-					-				-
70	Name and surname of executor, administrator, curator, trustee or liquidator																
71	Type of identification (Indicate with an X)	Non-SA citizen with permanent residence*					SA citizen										
72	Identity number of executor, administrator, curator, trustee or liquidator							-					-				-
73	Telephone number	73.1 Home	(	)	73.2 Work	(	)										
73.3	Cellphone number					74 Fax	(	)									
75	Physical address																
												76 Postal Code					
77	Postal address																
												78 Postal Code					

← This section will be completed only if the previous firearm passed away. You will received this normally form the Executor of the Estate

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







Point 62 to 67.7 must be completed honestly do not leave out any answer to these questions

62	<b>HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED</b> (Indicate with an X)			<b>ORDERS OF THE RSA?</b>
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
62.1	Police station <sup>(1)</sup>			62.2 CAS/Case number
62.3	Charge			
62.4	Outcome			
62.5	Police station <sup>(2)</sup>			62.6 CAS/Case number
62.7	Charge			
62.8	Outcome			

63	<b>ARE THERE ANY CASES PENDING AGAINST YOU?</b> (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
63.1	Police station <sup>(1)</sup>			63.2 CAS/Case number
63.3	Offence			
63.4	Police station <sup>(2)</sup>			63.5 CAS/Case number
63.6	Offence			

64	<b>HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN?</b> (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
64.1	Police station <sup>(1)</sup>			64.2 CAS/Case number
64.3	Circumstances			
64.7	Details of firearm			
64.5	Police station <sup>(2)</sup>			64.6 CAS/Case number
64.7	Circumstances			
64.8	Details of firearm			

65	<b>WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM?</b> (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
65.1	Police station <sup>(1)</sup>			65.2 CAS/Case number
65.3	Charge			65.4 Outcome
65.5	Police station <sup>(2)</sup>			65.6 CAS/Case number
65.7	Charge			65.8 Outcome

66	<b>HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM?</b> (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
66.1	Police station <sup>(1)</sup>			66.2 CAS/Case number
66.3	Charge			
66.4	Date from			66.5 Period
66.6	Police station <sup>(2)</sup>			66.7 CAS/Case number
66.8	Charge			
66.9	Date from			66.10 Period

67	<b>HAS A FIREARM IN YOUR POSSESSION BEEN CONFISCATED?</b> (Indicate with an X)			
	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
	If yes, submit the following details			
67.1	Police station <sup>(1)</sup>			67.2 CAS/Case number
67.3	Circumstances			67.4 Outcome



67.5	Police station <sup>(2)</sup>		67.6	CAS/Case number	
67.7	Circumstances		67.8	Outcome	

**68 DO YOU HAVE THE PRESCRIBED SAFE? (Indicate with an X)**

YES		NO	
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Description of your safe/  
strong room and how it is  
fasten to wall or floor  
minimum of 2 roll bolts

**68.1 IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)**

Type of safe	Handgun		Rifle	
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Strongroom	
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Device	
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**69 IS SAFE MOUNTED? (Indicate with an X)**

YES		NO	
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**69.1 IF YES, SUBMIT FULL DETAILS (Indicate with an X)**

Wall		Floor	
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**70 DECLARATION BY APPLICANT**

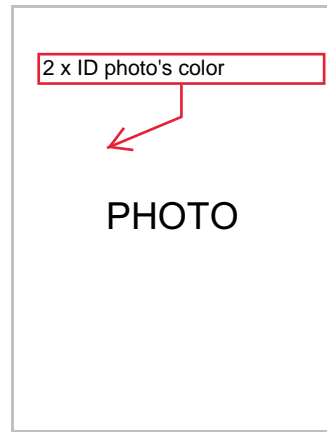
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

**H. 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.

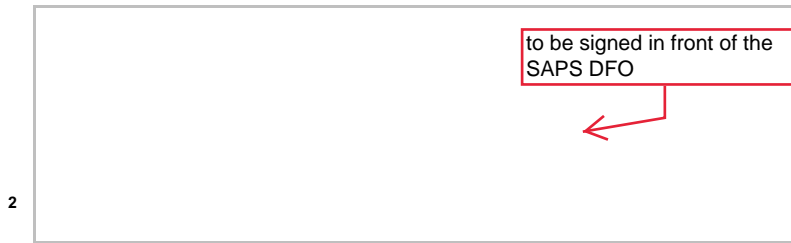


1

<sup>4</sup> Fingerprint designation



3



to be signed in front of the  
SAPS DFO



2

Signature

5

Name of applicant in block letters

Complete full name(s) and  
surname

6 Date     -

7 Place

**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

**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

**I. 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)

**J. 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															
.....																
.....																
.....																
.....																



1.2

Report regarding the physical inspection of the applicant's safeguarding facilities

2

Name of Designated Firearms Officer/Station Commissioner in block letters

3

Date						-														
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4

Rank of Designated Firearms Officer/Station Commissioner in block letters

5

Place																				
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6

.....  
Signature of Designated Firearms Officer/Station Commissioner

7

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Personal number of Designated Firearms Officer/Station Commissioner