



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)

OFFICIAL DATE STAMP	A FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED								
	1 Application reference No								
DATE RECEIVED									
B. FOR OFFICIAL USE BY I	POLICE STATION WHERE APPLICATION IS RECEIVED								
Province	/								
vea									
Police station									
component code									
irearm applications register reference number	SAPS 86 NO YEAR								
	FICIAL USE BY THE DECIDING OFFICER								
Outstanding/Additional information required									
- z pe	ersal number - 3 Date								
⁴ Signature of police official	⁵ Name in block letters								
Application for a permit approved (indicate with an									
	ersal number * Date								
- ⁷ Pe	ersal number * Date								
° Signature of deciding officer	ersal number * Date 1º Officer code 11 Name in block letters								
⁹ Signature of deciding officer	10 Officer code 11 Name in block letters								
⁹ Signature of deciding officer	10 Officer code 11 Name in block letters								
⁹ Signature of deciding officer	10 Officer code 11 Name in block letters								
⁹ Signature of deciding officer Application for a permit refused (Indicate with an X)	10 Officer code 11 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 2 Temporary import 2 Tempor
	E. PARTICULARS OF APPLICANT
1	NATURAL PERSON'S DETAILS
2	Type of identification (Indicate with an X)
2.1	SAID Passport X
3	Identity number of natural person
4	Passport number of natural person 12345678
5	Sumame SmiTH 6 Initials PJ *
7	Full names PIETER JOHN *
11	Substitution of the substi
	TI VENSON TIVE
13	NEW YORK USA 123456 12 Postal Code X Postal address P.O. Box 12345 X
	NEW YORK USA 14 Postal Code X+
15	
17	Trade or profession DOCTOR 16 If self-employed, specify Name of employer/company ABS MEDiCAL #
18	Business address 2 JACKSON AVE
	NEW YORK USA 12345 19 Postal Code >
20	Telephone number 20.1 Home (123) 4.56-780 20.2 Work (231) 4-56-789
20.3	Cellphone number 123834323 21 Fax ()
2.2	E-mail address Smith. pj.@ gmail. com
23	Marital status (Indicate with an X)
24	Single X Married Divorced Widow Widower X Other (specify)
25	PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable) (only if spouse is travelling with an X)
25.1	Type of identification (Indicate with an X) With
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 Sumame **
26	JURISTIC PERSON'S DETAILS
27	Registered company name
28	Trading as name
29	FAR number
30	Postal address

	31 Postal Code 33 Postal Code)
Business telephone number 34.1 Work () 34.2 Fax (E-mail address RESPONSIBLE PERSON'S DETAILS Responsible person (full name and sumame) Type of identification (Indicate with an X) SA citizen Ne	
E-mail address RESPONSIBLE PERSON'S DETAILS Responsible person (full name and surname) Type of identification (indicate with an X) SA citizen No	
E-mail address RESPONSIBLE PERSON'S DETAILS Responsible person (full name and surname) Type of identification (indicate with an X) SA citizen No)
RESPONSIBLE PERSON'S DETAILS Responsible person (full name and sumame) Type of identification (Indicate with an X) SA citizen No.	
Responsible person (full name and surname) Type of identification (Indicate with an X) SA citizen	
Type of identification (Indicate with an X) SA citizen No.	
	on-SA citizen with permanent residence*
Identity number of responsible person	
Passport number of responsible person	
Cellphone number	
Physical address	7.00
	⁴³ Postal Code
Postal address	
	⁴⁵ Postal Code
Type of competency certificate (If applicable)	
Date of issue 48 Expiry date	
F. PARTICULARS OF THE CURRENT OWNER OF THE	FIREARM(S)
NATURAL PERSON'S DETAILS	
Surname	³ Initials
Full names	IIRICAN
Passport number of natural person	
Residential address	8
	⁸ Postal Code
Postal address	- I - I - I - I - I - I - I - I - I - I
	¹⁰ Postal Code
Telephone number 11.1 Home () 11.2 Work	()
Cellphone number 12 Fax	()
E-Mail address	
JURISTIC PERSON'S DETAILS	
Registered company name	
Registered company name Trading as name	
Registered company name	

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

- 1												400				
	Business address										_					
								200-0000	_/	/2 2	Postal	Code		1_		
	Business telephone number	23.1 Work						23.2	Fax						-	
	E-mail address						/									
	RESPONSIBLE PERSON'S DE	TAILS														
-					_	000000										
	Responsible person (full name a							T								_
	Type of identification (Indicate with		a de la companya della companya dell		SA T	AID T			Т		Pas	sport nu	ımber	Т		
	Identity number of responsible p				+		-	-	\vdash		_	- -	-	+	-	-
	Passport number of responsible	person	Tion of												L	
	Cellphone number															
	Physical address					-				22			1	-	Γ	
	5									J 32	Postal	Code			<u> </u>	
_	Postal address									34				Т	1	
1			************			-					Postal	Code			L	
	G. (1)		IMPOR	T AND/	OR EX	(POR	T DET	AILS								
-	Country of origin		USI	4												
	Country of destination		Say	th	- A	Fr	00	· · · · · · · · · · · · · · · · · · ·					••••••		• • • • • • • • • • • • • • • • • • • •	
I	-					•		s s								
ı	Port of entry		John	anne	PSh	SILV	CA									- 1
	Port of entry Port of exit		John	anne	esb nes	bu	9									
	-		John Jeh Hur	anno 1911r	esb nes a	bu S	9	ari								
	Port of exit		Jona Joh Hun	anno anr itino	esk nes g	bur Si	9	ari								
	Port of exit Reason for permit		Jone Joh Hun	anno anr itino	esk nes g	bu S	9									
	Port of exit	oport permit, s	Jone Joh Hun	anno anr itino	esk nes g	bu S	9									
	Port of exit Reason for permit		John John Hur	anno anr itino	esk nes g	bu S	9]		T - T		
	Port of exit Reason for permit In case of a permanent import/export Date on which the import/export	will take place	Joha Joha Hur ubmit the d	ann (ann (at in (esk nes g	Sur Su Su	G G G G G G G G G G G G G G G G G G G	t will tal	ke plad	ce				<u> </u>		
	Port of exit Reason for permit In case of a permanent import/ex	will take place	Joha Joha Hur ubmit the d	ann (ann (at in (esk nes g	Sur Su Su	G G G G G G G G G G G G G G G G G G G	t will tal	ke plad	ce				-		
	Port of exit Reason for permit In case of a permanent import/export Date on which the import/export	will take place	John John Hur Lubmit the o	ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (esb nes g. hich the	Sur Sur Sur e impor	t/expor	t will tal	ke plac	ce				-		
	Port of exit Reason for permit In case of a permanent import/export Date on which the import/export In case of a multiple import or experience of the control of the co	will take place	John John Hur Lubmit the o	ann (ann (at in (esb nes g hich the	Sur	of contraction of the contractio	t will tal	ke plac	ce				T - 1		
	Port of exit 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 place	John John Hur Lubmit the o	ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (ann (esb nes g. hich the	Sur	t/expor	t will tal	ke plac	ce				<u> </u>		
	Port of exit Reason for permit In case of a permanent import/export Date on which the import/export In case of a multiple import or experience of the control of the co	will take place	John John Hum	ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (esb nes G hich the	e impor	t/expor	permit,	subm	it the	followi	- I		-		
	Port of exit Reason for permit In case of a permanent import/export Date on which the import/export In case of a multiple import or experience of the company of the co	will take place port permit/tel	John John Hum	ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (esb nes G hich the	e impor	t/expor	permit,	subm	it the	followi	- I		- -		
	Port of exit Reason for permit In case of a permanent import/export In case of a multiple import or experience of the permit is required. FROM Date H. TRANSF	will take place port permit/ter ed	John John Hum	ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (esb nes G hich the	e impor	t/expor	permit,	subm	it the	followi	- I		-		
	Port of exit Reason for permit In case of a permanent import/export Date on which the import/export In case of a multiple import or experience of the company of the co	will take place port permit/ter ed	John John Hum	ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (esb nes G hich the	e impor	t/expor	permit,	subm	it the	followi	- I				
	Port of exit Reason for permit In case of a permanent import/export Date on which the import/export In case of a multiple import or experience of the company of the co	will take place port permit/ter ed	John John Hum	ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (esb nes G hich the	e impor	t/expor	permit,	subm	it the	followi	- I				
	Port of exit Reason for permit In case of a permanent import/export Date on which the import/export In case of a multiple import or experience of the company of the co	will take place port permit/ter ad - PORTER'S D	John John Hum	ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (esb nes G hich the	e impor	t/expor	permit,	subm	it the	followi	- I				
	Port of exit Reason for permit In case of a permanent import/export Date on which the import/export In case of a multiple import or experience or experience or experience of a multiple import or experience or	will take place port permit/tel ed	John John John Hurr ubmit the o	ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (esb nes hich the export pe	e impor	t/expor	permit,	subm	it the	following the season pure seas	ng -		-		
	Port of exit Reason for permit In case of a permanent import/export Date on which the import/export In case of a multiple import or experience or experi	port permit/tered	John John John Hurr ubmit the o	ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (Ann (esb nes hich the export pe	e impor	t/expor	permit,	subm	it the	following the season pure seas	- I		-		

						SAPS 52	20
9	Validity of the transporter's permit		FROM	Date			
			то	Date		-]
10	Transport route						7
]
							-
	L		DETAILS OF FIR	REARMS			
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	*
	RIFIE BOIL	-375		Rigby	0173210	rumoc	
							-
							-
						1	
2	DETAILS OF AMMUNITION						*
2.1	2.1.1 Type 2.1.2	Quantity		2.2 2.2.1	Type 2.2	.2 Quantity	
	, 375	60					

DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM(S)

3

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.

permit(s) hashlave been obtained and that the particulars of the life	earm(s) are correct and accurate.
SIGNATURE OF PERSON CURRENTLY IN POSSESSION	
Peter Smith Name of person currently in possession in block letters Signature of person currently in possession	4.2 Date 2014-08-01 4.4 Place New York
DECLARATION OF APPLICANT	
	Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in
J. SIGNATURE OF AF	PPLICANT (Sign only if applicable)
Peter Smith Name of applicant in block letters	2 Date 2014-08-01
Signature of applicant	4 Place New York
K. (This section must be completed	d only if the applicant cannot read or write)
Fingerprint designation	Date Name of applicant in block letters
Right index fingerprint of applicant	5 Place
PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICA	ATION
Name of police official in block letters	Persal number of police official
Rank of police official in block letters	Signature of police official
PARTICULARS OF WITNESS	
Name of witness in block letters	7.2
Name of withess in block letters	Persal number of witness 7.4
Rank of witness in block letters	Signature of witness
L. PARTICULAR (This section must be completed only if the applicant can	RS OF INTERPRETER nnot read or write or does not understand the content of this form.)
Name and sumarne of interpreter Identity/Passport number of interpreter	
Residential address	

⁴ Postal Code

Postal address		SAF
1 Ooka udu 635		£
- 1111	71	⁶ Postal Code
Telephone number	7.1 Home () 7.2 Work ()
Cellphone number		⁹ Fax ()
E-mail address		
Interpreted from (language)		to
		12 Date
		14 Place
ignature of interpreter		Hate
		16
Rank of police official in block	letters (if applicable)	Persal number of police official (if applicable)
M.	PARENTA	TAL CONSENT IN CASE OF A MINOR
Re	ecommended	Not recommended
Name and surname of parer	nt/guardian	
Identity/Passport number of	parent/guardian	
Comments of parent/guardia	an Charles	
		/
	3	
•••••••••••••••••••••••••••••••••••••••	/	
	/	
		5 Date
		5 Date

~ .	$\overline{}$		_
SA	-	n. 1	

						TOTAL PROPERTY.					**********		
N. IN CASE	OF NOMINEE/A	UTHO	ORIZED	PERS	SON								
Name and surname of nominee/authorized person							~						
Identity/Passport number of nominee/authorized pers	ion				T	T	T	T	T -	1	Τ	1	T
***************************************													_
		3	Date					<u> </u>			-		
		5	Place										
Signature of nominee/authorized person	ACONTRACTOR OF THE STATE OF THE		1100					_				-	+
*** NOTI	IFICATION OF CHA	ANGE	OF ADD	RESS	***		1						
The Registrar must be informed of all ch	nanges of address/o	circum	stances v	within 3	30 da	ys of	such (change	es oc	currin	ng		
O. FOR OFFICIAL USE BY THE DE	ESIGNATED EID	CADN	IC OCCI	CEDIO	>T A >	TION	001	ABAIC	2101	'ED			
O. TOR OFFICIAL OSE BY THE DE	-SIGNATED FIR	EARIV	IS OFFI	GERA	SIA.	IION	CON	/HVIIS:	SIUN	IEK			
RECOMME	ENDATION REGAR	RDING	THE AP	PLICA"	TION								
Recommended			1		No	t reco	mmer	nded					
Motivation regarding the application		***************************************	/		••••••				••••••				
		1	12										
	***************************************								•••••		•••••		
	,	/										**********	
		/											
		/											
		/											
Name of Designated Firearms Officer/Station Commiss	sioner in block letter	4	Date										
Name of Designated Firearms Officer/Station Commiss	sioner in block letter	s I											T
Name of Designated Firearms Officer/Station Commiss		s 6	Date										Ι
		s 6											T