SAPS 548



SOUTH AFRICAN POLICE SERVICE AMNESTY FORM

		(Section 139 of the Fi	REARMS CONTROL A	CT, 2000)			
This form m	oust be completed in black provided / The form mus	INSTRUCTIONS ink / A separate form it be completed in tripli	must be complete	d for each fire	arm handed	in / All the information nded to the owner.	must be
		FOR	OFFICIAL U	SE			
OB NUMBER		6 934	SAPS	13 NO			1000
POLICE STAT	ION	PR	OVINCE			PUT AND DESCRIPTION OF STREET	
	PAR	TICULARS OF F	PERSON HAN				
SURNAME				INITIAL	5		
FULL NAME	s						
ADDRESS							
TEL CODE	Т	EL NO (H)			L NO		
ID NUMBE	R		PASSPORT N	9			
NATIONAL							
		RS OF FIREARN R EXPLOSIVES				DEVICES	
TYPE	Pistol Rifle	Revolver	Shotgun	C	Carbine	Rifle / Shotgun Combination	
ACTION	Semi-Automatic (if applicable)	Automati	ic (if applicable)				
Calibre:							
Manufacturer's serial no:							
Every name a	nd address engraved in the metal					***************************************	
Other (firearm	parts etc. (Describe)						
Explosive devi	ces and explosives (hand grenad	e etc.) Describe					
			ECLARATIO	V			
"I intend/do no for the specific above firearm I furthermore a ltern will be may, in its sol South African I accept this fo	nent ched and undersigned, declar of intend to apply for a licence to page in the life of	nossess the particular fiream must lodge this application(s rts in accordance with Regulid not indicate my Intention t not entitled to any compens by the Item, but to deal with their nominated agents as indigement of receipt for the ab) within 14 days of the lation 93(4) of the Firea o apply for a licence to lation for the above-me it in terms of the Natior formed by Regulation 1 love mentioned items.	date hereof, failing rms Control Regul possess such iten ntioned Item, I fur lal Heritage Resor 04 (5) of the Fires	g which the Sou lations, 2004. In and lodged su Inther acknowled Urces Act, 1999	th African Police Service will ch application within 14 days ge that the South African Pol (Act No. 25 of 1999) as impo	destroy the hereof, the lice Service
	OF PERSON/ APPLICANT HAND		SIG		PS MEMBER R	ECEIVING ARTICLES	pay 24 - 24

* DELETE WHICHEVER IS NOT APPLICABLE