



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

<sup>1</sup> Main firearm licence holder  <sup>2</sup> Additional firearm licence holder  (Indicate with an X)

Section number	Type of licence/permit	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 <input type="checkbox"/>	Shotgun <input type="checkbox"/>	Handgun <input type="checkbox"/>	Combination <input type="checkbox"/>
	Other, specify (armament/indeterminable design type)			

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

1.1	<b>Action</b>	Semi-automatic <input type="checkbox"/>	Automatic <input type="checkbox"/>	Manual <input type="checkbox"/>
		Other action (specify)		

1.2 Names and addresses engraved in the metal

1.3	Calibre	1.4 Calibre code
1.5	Make	
1.6	Model	

Firearm component type:

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**

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

1.2	A Private owner <input type="checkbox"/>	B Firearm dealer <input type="checkbox"/>	C Company <input type="checkbox"/>	D Imported firearm <input type="checkbox"/>	E Estate <input type="checkbox"/>
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2 **NATURAL PERSON'S DETAILS**



41 **TYPE C (Companies)**

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 **TYPE D (Imported firearms)**

60	Import permit number																				
61	Date issued																				
62	Expiry date																				

63 **TYPE E (Estate)**

64 **Type of estate** (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							

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





28 **PARTICULARS OF APPLICANT'S SPOUSE/PARTNER**

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

29.1 SA ID  Passport

30 Identity number of spouse           -     -     -

31 Passport number of spouse

32 Name and surname

33 **JURISTIC PERSON'S DETAILS**

34 **OTHER BODIES** (eg body corporate, close corporation or company)

35 Registered company name

36 Trading as name

37 FAR number

38 Postal address

<sup>39</sup> Postal Code

40 Business address

<sup>41</sup> Postal Code

42 Business telephone number <sup>42.1</sup> Work (  ) <sup>42.2</sup> Fax (  )

43 E-mail address

44 Number of firearms already registered to the business

45 Number of persons employed by the business to handle firearms

46 Responsible person (Name and surname)

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

48 Identity number of responsible person           -     -     -

49 Cellphone number

50 Physical address

<sup>51</sup> Postal Code

52 Postal address

<sup>53</sup> Postal Code

54 **OTHER DETAILS** (Applicable to dedicated hunters, dedicated sports-persons or collectors only.)

55 Are you a member of an accredited association? (Indicate with an X) YES  NO  If yes, submit the following details

56 State name of accredited association

57 FAR number of accredited association

58 Membership number  <sup>59</sup> Date joined       -     -

<sup>60</sup> Expiry date       -     -

61 Motivation of purpose for which the firearm is required (Applicable to all types of applications)

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

62	<b>HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?</b> (Indicate with an X)			
	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	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**68.1 IF YES, SUBMIT FULL DETAILS (Indicate with an X, with short description)**

Type of safe	Handgun	<input type="checkbox"/>	Rifle	<input type="checkbox"/>
Strongroom	<input type="checkbox"/>			
Device	<input type="checkbox"/>			

**69 IS SAFE MOUNTED? (Indicate with an X)**

YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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**69.1 IF YES, SUBMIT FULL DETAILS (Indicate with an X)**

Wall	<input type="checkbox"/>	Floor	<input type="checkbox"/>
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**70 DECLARATION BY APPLICANT**

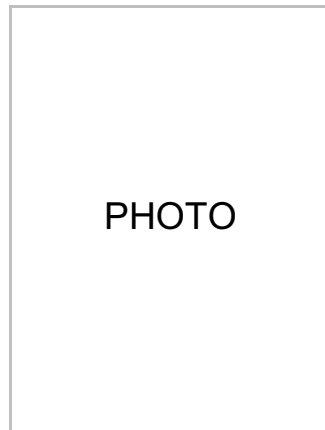
I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

**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.

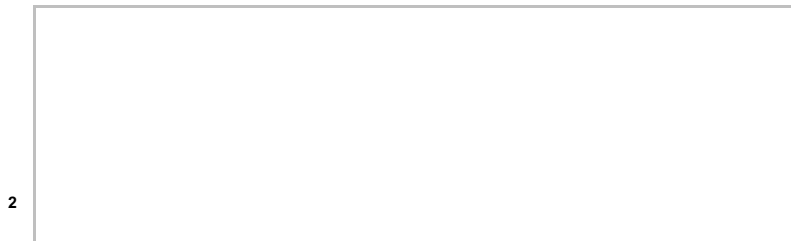


1

<sup>4</sup> Fingerprint designation



3



2

Signature

5

Name of applicant in block letters

6 Date     -   -

7 Place





