



Complete noted sections
in BLACK INK

Section 73(2), 74, 76, 77, 78, 80, 81 and 82 of the Firearms Control Act, 2000 (Act No 60 of 2000)

A.	FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED							
¹ Application reference No								

* Nothing to fill out on
Pages 1, 3, 7, & 8

C.		FOR OFFICIAL USE BY THE DECIDING OFFICER											
¹ Outstanding/Additional information required													
<div style="display: flex; justify-content: space-between;"> ² Persal number ³ Date </div>													
<div style="display: flex; justify-content: space-between;"> ⁴ Signature of police official ⁵ Name in block letters </div>													
⁶ Application for a permit approved (Indicate with an X)													
<div style="display: flex; justify-content: space-between;"> ⁷ Persal number ⁸ Date </div>													
<div style="display: flex; justify-content: space-between;"> ⁹ Signature of deciding officer ¹⁰ Officer code ¹¹ Name in block letters </div>													
¹² Application for a permit refused (Indicate with an X)													
¹³ Reason(s) for refusal													
<div style="display: flex; justify-content: space-between;"> ¹⁴ Persal number ¹⁵ Date </div>													
<div style="display: flex; justify-content: space-between;"> ¹⁶ Signature of deciding officer ¹⁷ Officer code ¹⁸ Name in block letters </div>													

1 Multiple import or export permit	2 Import permit	3 Export permit	4 In-transit permit	5 Temporary import or export permit
				<input checked="" type="checkbox"/>

E. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1 SA ID	Passport	<input checked="" type="checkbox"/>
3 Identity number of natural person		
4 Passport number of natural person	P a s s p o r t # H e r e	
5 Surname	Last Name	6 Initials XXX
7 Full names	First + Middle Names	
8 Date of birth	Y e a r - M o n t h - D a y	9 Age XX 10 Gender <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
11 Residential address	Physical Address	
	City, state	
12 Postal Code		
13 Postal address	Same as Above or List Otherwise	
14 Postal Code		
15 Trade or profession	XXXX	16 If self-employed, specify
17 Name of employer/company	XXXXXX	
18 Business address	Address	
19 Postal Code		
20 Telephone number	20.1 Home (XXX) XXX XXXX	20.2 Work (XXX) XXX XXXX
20.3 Cellphone number	(XXX) XXX XXXX	21 Fax ()
22 E-mail address	XXXX	

23 Marital status (Indicate with an X)

24 Single	Married	<input checked="" type="checkbox"/>	Divorced	Widow	Widower
Other (specify)					

25 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable)

25.1 Type of identification (Indicate with an X)

* If Spouse Accompanies

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 Surname		

26 JURISTIC PERSON'S DETAILS

27 Registered company name		
28 Trading as name		
29 FAR number		
30 Postal address		

		22 Postal Code					
23	Business telephone number	23.1 Work		23.2 Fax			
24	E-mail address						

RESPONSIBLE PERSON'S DETAILS

26	Responsible person (full name and surname)																	
27	Type of identification (Indicate with an X)	SA ID		Passport number														
28	Identity number of responsible person						-											
29	Passport number of responsible person																	
30	Cellphone number																	
31	Physical address																	
														32 Postal Code				
33	Postal address																	
														34 Postal Code				

G. IMPORT AND/OR EXPORT DETAILS

1	Country of origin	United States of America
2	Country of destination	South Africa (or Namibia, Zimbabwe via South Africa)
3	Port of entry	OR TAMBO Airport, Johannesburg
4	Port of exit	OR TAMBO Airport, Johannesburg
5	Reason for permit	

In case of a permanent import/export permit, submit the date on which the import/export will take place

Date on which the import/export will take place **Entry Date** Date Year - Month - Day

In case of a multiple import or export permit/temporary import or export permit/in-transit permit, submit the following

Period for which permit is required

FROM **Entry Date** Date Year - Month - Day TO **Exit Date** Date Year - Month - Day

H. TRANSPORTER'S DETAILS (Complete only in the case of an in-transit permit for business purposes)

1	FAR number								
2	Transporter's name and surname								
3	Transporter's trading name								
4	Method of transport								
5	Transporter's responsible person (name and surname)								
6	Type of identification (Indicate with an X)	SA citizen		Non-SA citizen with permanent residence*					
7	Identity number of responsible person							-	
8	Cellphone number								

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

TO

Date

10

Transport route

I.

DETAILS OF FIREARMS

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
Rifle	Bolt	.300	m77 Hawkeye	Ruger	XXXXXXXXXX	Same
Rifle	Bolt	30-06	700	Winchester	XXXXXXXXXX	Same

2

DETAILS OF AMMUNITION

2.1

2.1.1 Type	2.1.2 Quantity
.300	200
30-06	50

2.2

2.2.1 Type	2.2.2 Quantity

Note: Cannot Import Two (2) Firearms
of Same Caliber on Permit

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.

SIGNATURE OF PERSON CURRENTLY IN POSSESSION

4.1 Applicant Name
Name of person currently in possession in block letters

4.3 Sign Here
Signature of person currently in possession

DECLARATION OF 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.

J. SIGNATURE OF APPLICANT (Sign only if applicable)

1 Name - Printed
Name of applicant in block letters

3 *Sign in front Police Official
Signature of applicant


4.2 Date you sign on #4.3
Date Year - Month - Day

4.4 Place City + State Where you are

2 Date you sign on #3
Date Year - Month - Day

4 Place City + State Where you are

K. (This section must be completed only if the applicant cannot read or write)

1 
Right index fingerprint of applicant

2 Fingerprint designation

4 

3 Date 

Name of applicant in block letters

5 Place 

PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

6.1 Name of police official in block letters

6.3 Rank of police official in block letters

6.2 Persal number of police official

6.4 Signature of police official

PARTICULARS OF WITNESS

7.1 Name of witness in block letters

7.3 Rank of witness in block letters

7.2 Persal number of witness

7.4 Signature of witness

L. 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