

D. PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)
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2.1	SA ID	Passport	Non-SA citizen with permanent residence*															
3	Identity number															-	-	-
4	Passport number																	
5	Surname															6 Initials		
7	Full names																	
8	Residential address																	
10	Postal address															9 Postal Code		
12	Description of type of residence (eg shack, flat, caravan, cottage, house, hostel)																	
13	Trade or profession										14 If self-employed, specify							
15	Name of employer/company																	
16	Business address															17 Postal Code		
18	Telephone number			18.1 Home			()			18.2 Work			()					
18.3	Cellphone number						19 Fax			()								
20	E-mail address																	

21 Marital status (Indicate with an X)

21.1	Single	Married	Divorced	Widow	Widower
	Other (specify)				

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

22.1 Type of identification (Indicate with an X)

22.1.1	SA ID	Passport																
22.2	Identity number of spouse/partner															-	-	-
22.3	Passport number of spouse/partner																	

23 JURISTIC PERSON'S DETAILS

24 OTHER BODIES (eg body corporate, close corporation or company)
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25	Registered company name												
26	Trading as name												

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

27	FAR number												
28	Postal address												
		29 Postal Code											

48 **COMPLETE IN CASE OF A PRIVATE COLLECTOR** (Indicate with an X)

49	Are you a member of an accredited association? (Indicate with an X)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	If yes, submit the following details											
50	Name of accredited association																
51	FAR number of accredited association	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Membership number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				⁵³ Date joined		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				⁵⁴ Expiry date		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Description of the place where the ammunition will be stored	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>															
56	Manner in which the ammunition will be displayed	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>															

57 **COMPLETE IN CASE OF A PUBLIC COLLECTOR**

58	WHERE WILL THE AMMUNITION BE DISPLAYED?																
58.1	Name of the accredited museum																
58.2	Accreditation number of the museum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				^{58.3} Date issued		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58.4	Manner in which the ammunition will be displayed	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>															

59

OTHER INFORMATION (Indicate with an X)

60

HAVE YOU EVER BEEN CONVICTED OF AN OFFENCE COMMITTED INSIDE OR OUTSIDE THE BORDERS OF THE RSA?

(Indicate with an X)

YES	NO	If yes, submit the following details	
60.1	Police station ⁽¹⁾	60.2	CAS/Case number
60.3	Charge		
60.4	Outcome		
60.5	Police station ⁽²⁾	60.6	CAS/Case number
60.7	Charge		
60.8	Outcome		

61

ARE THERE ANY CASES PENDING AGAINST YOU? (Indicate with an X)

YES	NO	If yes, submit the following details	
61.1	Police station ⁽¹⁾	61.2	CAS/Case number
61.3	Offence		
61.4	Police station ⁽²⁾	61.5	CAS/Case number
61.6	Offence		

62

HAVE ANY OF YOUR FIREARM(S) EVER BEEN LOST/STOLEN? (Indicate with an X)

YES	NO	If yes, submit the following details	
62.1	Police station ⁽¹⁾	62.2	CAS/Case number
62.3	Circumstances		
62.4	Details of firearm		
62.5	Police station ⁽²⁾	62.6	CAS/Case number
62.7	Circumstances		
62.8	Details of firearm		

63

WAS A CASE OF NEGLIGENCE OPENED AND INVESTIGATED REGARDING THE STOLEN/LOST FIREARM? (Indicate with an X)

YES	NO	If yes, submit the following details	
63.1	Police station ⁽¹⁾	63.2	CAS/Case number
63.3	Charge	63.4	Outcome
63.5	Police station ⁽²⁾	63.6	CAS/Case number
63.7	Charge	63.8	Outcome

64

HAVE YOU EVER BEEN DECLARED UNFIT TO POSSESS A FIREARM? (Indicate with an X)

YES	NO	If yes, submit the following details	
64.1	Police station ⁽¹⁾	64.2	CAS/Case number
64.3	Charge		
64.4	Date from	64.5	Period
64.6	Police station ⁽²⁾	64.7	CAS/Case number
64.8	Charge		
64.9	Date from	64.10	Period

***** NOTIFICATION OF CHANGE OF ADDRESS *****

Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

H. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

RECOMMENDATION WITH REGARD TO THE APPLICATION

Recommended

Not recommended

Motivation

Additional conditions

Name of Designated Firearms Officer/Station Commissioner in block letters

Rank of Designated Firearms Officer/Station Commissioner in block letters

Signature of Designated Firearms Officer/Station Commissioner

Date					-						
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Place											
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Persal number of Designated Firearms Officer/Station Commissioner