



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)**

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

OFFICIAL DATE STAMP
DATE RECEIVED

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

B. FOR OFFICIAL USE BY POLICE STATION WHERE APPLICATION IS RECEIVED				
1	Province			
2	Area			
3	Police station			
4	Component code			
5	Firearm applications register reference number	SAPS 86	NO	YEAR

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

**D. TYPE OF PERMIT** (Indicate with an X)

1 Multiple import or export permit	<input type="checkbox"/>	2 Import permit	<input type="checkbox"/>	3 Export permit	<input type="checkbox"/>	4 In-transit permit	<input type="checkbox"/>	5 Temporary import or export permit	<input type="checkbox"/>
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**E. PARTICULARS OF APPLICANT**

1 **NATURAL PERSON'S DETAILS**

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

2.1 SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>																					
3 Identity number of natural person																								
4 Passport number of natural person																								
5 Surname											6 Initials													
7 Full names																								
8 Date of birth					-											9 Age						10 Gender	Male	Female
11 Residential address												12 Postal Code												
13 Postal address												14 Postal Code												
15 Trade or profession											16 If self-employed, specify													
17 Name of employer/company																								
18 Business address												19 Postal Code												
20 Telephone number	20.1 Home	( )	20.2 Work	( )																				
20.3 Cellphone number				21 Fax	( )																			
22 E-mail address																								

23 **Marital status** (Indicate with an X)

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

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

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

25.1.1 SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>									
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												

		31 Postal Code					
32	Business address						
		33 Postal Code					
34	Business telephone number	34.1 Work	( )	34.2 Fax	( )		
35	E-mail address						

**RESPONSIBLE PERSON'S DETAILS**

37	Responsible person (full name and surname)							
38	Type of identification (Indicate with an X)	SA citizen		Non-SA citizen with permanent residence*				
39	Identity number of responsible person					-	-	
40	Passport number of responsible person							
41	Cellphone number							
42	Physical address							
		43 Postal Code						
44	Postal address							
		45 Postal Code						
46	Type of competency certificate (if applicable)							
47	Date of issue					-	-	
		48 Expiry date						

**F. PARTICULARS OF THE CURRENT OWNER OF THE FIREARM(S)**

**NATURAL PERSON'S DETAILS**

2	Surname			3 Initials			
4	Full names						
5	Identity number of natural person					-	-
6	Passport number of natural person						
7	Residential address						
		8 Postal Code					
9	Postal address						
		10 Postal Code					
11	Telephone number	11.1 Home	( )	11.2 Work	( )		
11.3	Cellphone number			12 Fax	( )		
13	E-Mail address						

**JURISTIC PERSON'S DETAILS**

15	Registered company name						
16	Trading as name						
17	FAR number						
18	Company registration or CC number						
19	Postal address						
		20 Postal Code					

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

21	Business 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										
2	Country of destination										
3	Port of entry										
4	Port of exit										
5	Reason for permit										

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

7 Date on which the import/export will take place

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

9 Period for which permit is required

9.1 FROM

Date					-					-				
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TO

Date					-					-				
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**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.







