



SOUTH AFRICAN POLICE SERVICE

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

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<div style="border: 1px solid black; width: 150px; height: 20px; margin: 0 auto;"></div> 16 Signature of deciding officer	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 300px; height: 20px; margin: 0 auto;"></div> 17 Officer code	<div style="border: 1px solid black; width: 300px; height: 20px; margin: 0 auto;"></div> 18 Name in block letters
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D.	TYPE OF PERMIT (Indicate with an X)
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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 checked="" type="checkbox"/>
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E.	PARTICULARS OF APPLICANT
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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	2	2	0	3	5	4	-	1	7	2	7	-		-		
4 Passport number of natural person	2	0	2	2	0	8	8	5	5							
5 Surname	Jackson										6 Initials	J	R	J		
7 Full names	James Ruddmann															
8 Date of birth	1	9	5	4	-	0	3	-	2	2	9 Age	6	5	10 Gender	Male <input checked="" type="checkbox"/>	Female
11 Residential address	98 Beech Ave.															
	New York, NY										12 Postal Code	1	0	0	31	
13 Postal address	98 Beech Ave.															
	New York, NY 10031										14 Postal Code	1	0	0	31	
15 Trade or profession	Salesman										16 If self-employed, specify					
17 Name of employer/company	New York State Furniture s															
18 Business address	83 Homestead St.															
	Brooklyn, NY 11211										19 Postal Code	1	0	0	31	
20 Telephone number	20.1 Home	(xx) xx xx xx					20.2 Work	(xx) xx xx xx								
20.3 Cellphone number	xx xx xx xx					21 Fax	(xx) xx xx xx									
22 E-mail address																

23 Marital status (Indicate with an X)

Single	<input checked="" 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)

Only if you are bringing your wife / partner

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																				

36 **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)

1 **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																							

14 **JURISTIC PERSON'S DETAILS**

15	Registered company name																				
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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																		

25 **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	Republic of South Africa															
3	Port of entry	O.R. Tambo Airport, Johannesburg															
4	Port of exit	O.R. Tambo Airport, Johannesburg															
5	Reason for permit	Hunting Safari with Pete Safaris															

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						-					-				

8	In case of a multiple import or export permit/temporary import or export permit/in-transit permit, submit the following
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9	Period for which permit is required
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9.1	FROM	Date	2	0	2	2	-	0	8	-	2	1	TO	9.2	Date	2	0	2	2	-	0	8	-	2	9
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H. TRANSPORTER'S DETAILS (Complete only in the case of an in-transit permit for business purposes)

1	FAR number																
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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.

3 DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM(S)

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.

4 SIGNATURE OF PERSON CURRENTLY IN POSSESSION

4.1 James Rudmann Jackson

Name of person currently in possession in block letters

4.3 Signature
Signature of person currently in possession

Date of signature (4.3)

4.2 Date YEAR - Month - Day

City and country where you are signing

4.4 Place NY, USA

5 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 FILL OUT IN FRONT OF POLICE OFFICER

Name of applicant in block letters

FILL OUT IN FRONT OF POLICE OFFICER

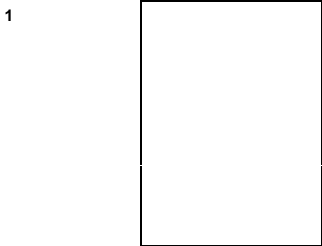
2 Date

3 DO NOT SIGN BEFORE BEING ASKED TO DO SO AND IN FRONT OF THE POLICE OFFICER !!
Signature of applicant

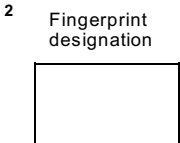
FILL OUT IN FRONT OF POLICE OFFICER

4 Place

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



Right index fingerprint of applicant



3 Date

4

Name of applicant in block letters

5 Place

6 PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION

6.1

Name of police official in block letters

6.2

Persal number of police official

6.3

Rank of police official in block letters

6.4
Signature of police official

7 PARTICULARS OF WITNESS

7.1

Name of witness in block letters

7.2

Persal number of witness

7.3

Rank of witness in block letters

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		

78101-1214

13

15

16

Persal number of police official (if applicable)

M.

1

2345

11

7

10

Signature of parent/guardian

Name and surname of nominee/authorized person	
Identity/Passport number of nominee/authorized person	

[illegible]

Date					-			-		
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Place

*** NOTIFICATION OF CHANGE OF ADDRESS ***

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

RECOMMENDATION REGARDING THE APPLICATION

Recommended		Not recommended	
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[illegible]

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Date					-			-		
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Place	
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Signature of Designated Firearms Officer/Station Commissioner

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