NOTICE: This form MUST be filled out with a BLACK PEN and MUST NOT be signed until you are standing in front of the police in Johannesburg!

OFFICIAL DATE STAMP



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)

FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED

| | ¹ Applicati | ion referen | ce No | | | | | | | | | |
|--|------------------------|--------------------|---------|----------|-------------------|----------|---------|-------|---|-------------------|---|--|
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| DATE RECEIVED | | | | | | | | | | | | |
| | -1 | | | | | | | | | | | |
| B. FOR OFFICIAL USE BY | POLICE STAT | TION WH | IERE . | APPLI | CATIC | N IS | REC | EIVE | D | | | |
| Province | | | | | | | | | | | | |
| Area | | | | | | | | | | | | |
| Police station | | | | | | | | | | | | |
| Component code | | | | | | | | | | | | |
| Firearm applications register reference number | SAPS 86 | NO | | | | | YEA | AR | | | | |
| c. FOR OF | FICIAL USE B | Y THE D | FCID | ING OI | FFICE | R | | | | | | |
| ¹ Outstanding/Additional information required | TIOIAL COL B | 1 1112 0 | LOID | | I IOL | | | | | | | |
| - Cutotanumg//tautional miormation required | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| - 2 P | Persal number | | | | - | | - | | | ³ Date | | |
| | | | | 7 | | | | | | | | |
| | | | | | | | | | | | | |
| ⁴ Signature of police official | | | | | ⁵ Nam | e in blo | ock let | ters | | | | |
| ⁶ Application for a permit approved (Indicate with an | (X) | | | | | | | | | | | |
| | | | 1 1 | | | 1 | 1 | | 1 | | | |
| - 7 P | Persal number | | | | - | | - | | | ⁸ Date | | |
| | | | | | | | | | | | 1 | |
| | | Щ. | | | 11 | | | | | | | |
| ⁹ Signature of deciding officer | ¹º Office | | (- \ \$ | | ¹¹ Nam | e in bl | ock let | tters | | | | |
| 12 Application for a permit refused (Indicate with an X | | ¹³ Reas | on(s) t | or retus | dl | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| _ 14 | Persal number | | | | - | | - | | | 15 Date | | |
| | | | | | | 1 | ! | | | | | |

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20.3

| 1 | Single | Х | Married | Divorced | Widow | Widower | |
|---|-----------------|---|---------|----------|-------|---------|--|
| | Other (specify) | | | | | | |

Type of identification (Indicate with an X)

| 25.1.1 | SA ID | | Passport | | | | | | | | | | |
|--------------------|----------------------|-------|-----------|--|--|--|--|---|--|--|---|--|---|
| 25.2 | Identity number of s | pouse | partner | | | | | - | | | - | | - |
| 25.3 | Passport number of | spous | e/partner | | | | | | | | | | |
| <mark>25.</mark> 4 | Full Name and Surn | ame | | | | | | | | | | | |

JURISTIC PERSON'S DETAILS

| 27 | Registered company name | | | | | | | | | | | | | | | | | | | |
|----------------------------|--|----------|---------|----------|----------|----------|----------|---------|----------|----------|----------|----------|-----------------|------------|----------|----------|--------|--------|----|--|
| 28 | Trading as name | | | | | | | | | | | | | | | | | | | |
| 29 | FAR number | | | | | | | | | | | | | | | | | | | |
| 30 | Postal address | | I | <u> </u> | <u> </u> | <u> </u> | <u> </u> | | <u> </u> | ı | <u> </u> | <u> </u> | I | | | |
| | | | | | | | | | | | | | 31 _P | osta | al Cod | е | | | | |
| 32 | Business address | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | 33 _P | osta | al Cod | е | | | | |
| 34 | Business telephone number | 34.1 | W ork | (|) | | | | 34.2 | Fax | (|) | | | | | | | | |
| 35 | E-mail address | | | | | | | | | | | | | | | | | | | |
| 36 | RESPONSIBLE PERSON'S DE | TAIL | s | | | | | | | | | | | | | | | | | |
| 37 | Responsible person (full name a | and su | ırname) | | | | | | | | | | | | | | | | | |
| 38 | Type of identification (Indicate wit | th an X | Σ) | | | | SA | citizen | | | N | Ion-S | A citiz | en w | ith pe | rmane | nt res | idence | e* | |
| 39 | Identity number of responsible p | erson | | | | | | | | | - | | | | | - | | | ı | |
| 40 | Passport number of responsible | perso | on | | | | | | | | | | | | | | | | | |
| 41 | Cellphone number | | | | | | | | | | | | | | | | | | | |
| 42 | Physical address | | | | | | | | | | | | | | | | | | 1 | |
| | | | | | | | | | | | | | 4 | Po | ostal C | ode | | | | |
| 44 | Postal address | | | | | | | | | | | | | | | | | 1 | | |
| | | | | | | | | | | | | | 4 | 15 P | ostal C | ode | | | | |
| 46 | Type of competency certificate (| lf annli | icable) | | | | | | | | | | | | | | | | | |
| | 71 | | , | | | | | | | | | 1 | 1 | 1 | | _ | | | | |
| 47 | Date of issue | | - | | _ | | | 48 E | piry da | e | | | | | _ | | | _ | | |
| 47 | Date of issue | | | <u>_</u> | | | | | piry da | | | | | | | L | | - | | |
| 47 | Date of issue | PAI | RTICUI | LARS | | HE C | URR | | | | THE | FIRE | ARN | 1(S) | | | | - | | |
| 1 | | | | LARS | | HE C | URR | | | | THE | FIRE | ARM | 1(S) | | | | - | | |
| | F. | | | LARS | | HE C | URR | | | | THE | FIRE | ARM | |) | S | | - | | |
| 1 | F. NATURAL PERSON'S DETAIL | | | LARS | | HE C | URR | | | | THE | FIRE | ARM | |) | 6 | | - | | |
| 1 | F. NATURAL PERSON'S DETAIL Surname | .s | | LARS | | HE C | URR | | | | THE | FIRE | ARM | |) | 5 | | | | |
| 1 2 4 | F. NATURAL PERSON'S DETAIL Surname Full names | .s | | LARS | | HE C | URR | | | | | FIRE | ARM | |) | _ | | | - | |
| 1 2 4 5 | F. NATURAL PERSON'S DETAIL Surname Full names Identity number of natural perso | .s | | LARS | | HE C | URR | | | | | FIRE | ARM | |) | _ | | | | |
| 1 2 4 5 | F. NATURAL PERSON'S DETAIL Surname Full names Identity number of natural person Passport number of natural person | .s | | LARS | | HE C | URR | | | | | FIRE | | 3 | Initial | - | | | | |
| 1 2 4 5 | F. NATURAL PERSON'S DETAIL Surname Full names Identity number of natural person Passport number of natural person | .s | | LARS | | HE C | URR | | | | | FIRE | | 3 |) | - | | | - | |
| 1 2 4 5 6 7 | F. NATURAL PERSON'S DETAIL Surname Full names Identity number of natural person Passport number of natural person Residential address | .s | | LARS | | HE C | URR | | | | | FIRE | 8 Pc | 3 ostal | Initial | - | | | - | |
| 1 2 4 5 6 7 | F. NATURAL PERSON'S DETAIL Surname Full names Identity number of natural person Passport number of natural person Residential address | n n | | LARS | | HE C | URR | | WNE | | - | FIRE | 8 Pc | 3 ostal | Initial: | - | | | | |
| 1 2 4 5 6 7 9 | F. NATURAL PERSON'S DETAIL Surname Full names Identity number of natural perso Passport number of natural perso Residential address Postal address | n n | RTICUI | | OF TI | HE C | URR | | WNE | 2 Wo | - | | 8 PC | 3 ostal | Initial: | - | | | | |
| 1 2 4 5 6 7 9 | F. NATURAL PERSON'S DETAIL Surname Full names Identity number of natural person Passport number of natural person Residential address Postal address Telephone number | n n | RTICUI | | OF TI | HE C | URR | | DWNEF | R OF | - | (| 8 Pc | 3 ostal | Initial: | - | | | | |
| 1 2 4 5 6 7 9 11 11.3 13 | F. NATURAL PERSON'S DETAIL Surname Full names Identity number of natural personon passport number | n 11.11 | RTICUI | | OF TI | HE C | URR | | DWNEF | R OF | - | (| 8 Pc | 3 ostal | Initial: | - | | | | |
| 1 2 4 5 6 7 9 11 11.3 | F. NATURAL PERSON'S DETAIL Surname Full names Identity number of natural personorm natural persono | n 11.11 | RTICUI | | OF TI | HE C | URR | | DWNEF | R OF | - | (| 8 Pc | 3 ostal | Initial: | - | | | | |

| | | | | | | | | | | | | | | | | | | | 5 | SAPS | 520 |
|------------------|---|---------------|----------------------|---------|--------------|---------|--------|----------|----------|---------|---------|---------|---------|--------|--------|--------|-----|-----|---|------|-----|
| 16 | Trading as name | | | | | | | | | | | | | | | | | | | | |
| 17 | FAR number | | | | | | | | | | | | | | | | | | | | |
| 18 | Company registration or CC nur | mber | | | | | | | | | | | | | | | | | | | |
| 19 | Postal address | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | 20 F | Postal | Code |) | | | | |
| | * In case of a non-SA citizen pro | oof of perma | anent | reside | nce m | nust b | e sub | mitte | d. | | | | | | | | | | | | |
| 21 | Business address | | | | | | | | | | | | | | | | | | | | |
| | | • | | | | | | | | | | | | 22 | Posta | ıl Cod | е | | | | |
| 23 | Business telephone number | 23.1 W or | rk | | | | | | | | | 23.2 | Fax | | | | | | | | |
| 24 | E-mail address | | | | | | | | | | | | | | | | | | | | |
| 25 | DECENSION E DEDOCUIO DI | | | | | | | | | | | | | | | | | | | | |
| | RESPONSIBLE PERSON'S DI | TAILS | | | | | | | | | | | | | | | | | | | |
| 26 | Responsible person (full name a | and surnam | e) | | | | | | | | | | | | | | | | | | |
| 27 | Type of identification (Indicate with an X) SA ID Passport number | | | | | | | | | | | | | | | | | | | | |
| 28 | Identity number of responsible p | | | | | | | | | | | - | | | | | - | | | - | |
| 29 | Passport number of responsible | | | | | | | | | | | | | | | | | | | | Щ |
| 30 | Cellphone number | <u> </u> | | | | | | | | | | | | | | | | | | | |
| 31 | Physical address | | | | | | | | | | | | | | | | | | 1 | | |
| 33 | | | | | | | | | | | | | | 32 | Posta | al Cod | le | | | | Щ |
| 55 | Postal address | | | | | | | | | | | | | 24 | | | | | I | | |
| | | | | | | | | | | | | | | 34 | Post | al Cod | de | | | | |
| | G. | | | IMI | POR | T AN | ID/O | R EX | POF | RT DI | ETAI | LS | | | | | | | | | |
| 1 | Country of origin | Unit | -ed | St | tat | - 65 | 0 | f i | Δme | ri | ca | | | | | | | | | | |
| 2 | Country of destination | Rep | | | | | | | | | | | | | | | | | | | |
| 3 | Port of entry | C |) . R | . 1 | 'am | ıbo | A | irr | oor | `t., | Ј | oha | nn | es | bu: | ra | | | | | |
| 4 | Port of exit | O.R | | | | | | | | | | | | | | | | | | | |
| 5 | Reason for permit | Hunt | tin | ıg i | Saf | far | i | wi | th | Pε | ete | S | afa | ri | s | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| 6 | In case of a permanent import/e | xnort nermi | t sub | mit the | date | on w/l | hich t | he imi | nort/a | xnort | will ta | ke nla | ce | | | | | | | | |
| _ | oddo or a pormanent importe | Whole helilli | ., 500 | | , auto | OII WI | | | 2011/6 | Apolt | เส | pia | - | | ı | | I | , I | | - | |
| 7 | Date on which the import/export | will take pla | асе | | | | | | | Da | ate | | | | | - | | | - | | |
| 8 | In case of a multiple import or ea | xport permi | t/ <mark>temp</mark> | orary i | import | t or ex | port p | oermit | t/in-tra | ansit p | ermit, | subn | nit the | follov | ving | | | | | | |
| 9 | Period for which permit is requir | red | | | | | | | | | | | | | | | | | | | |
| <mark>9.1</mark> | FROM Date 2 0 | 2 2 - | 0 | 8 | _ [| 2 | 1 | то | 9.2 | Da | ate | 2 | 0 | 2 | 2 | Τ_ | 0 | 8 | _ | 2 | 9 |
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| | H. TRANS | SPORTER | (SD | ΕIAI | LS (0 | Comple | ete on | ly in th | ie cas | e of ar | in-tra | nsit pe | rmit fo | r busi | ness | ourpos | es) | | | | |
| 1 | FAR number | | | | | | | | | | | | | | | | | | | | |

| SA | PS | 521 |
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| | | 0,41 0 020 |
|---|------------|--|
| Transporter's name and surname | | |
| Transporter's trading name | | |
| Method of transport | | |
| Transporter's responsible person (name and surname) | | |
| Type of identification (Indicate with an X) | SA citizen | Non-SA citizen with permanent residence* |
| Identity number of responsible person | | |
| Cellphone number | | |

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

2

| 9 | | | | | | | SAPS 520 | | | | | | | | |
|-----|------------------------|-----------------------|---------------|-----------|---------------------|-------------------------------------|--------------------------|--|--|--|--|--|--|--|--|
| | Validity of the transp | oorter's permit | | FROM | Date | | | | | | | | | | |
| | | | | то | Date | - | - | | | | | | | | |
| 10 | Transport route | | | | | | | | | | | | | | |
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| | L | | | | 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 | Bolt 30-06 R8 | | | 07857 | PG6547 | | | | | | | | |
| | Rifle | Lever action | 45-70 | 1895 | Marlin | 80533 | _ | | | | | | | | |
| | Rifle | Falling block | 416 Rigby | No. 1 | Ruger | 657832 | _ | | | | | | | | |
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| 2 | DETAILS OF AMM | DETAILS OF AMMUNITION | | | | | | | | | | | | | |
| 2.1 | 2.1.1 Type | 2.1.2 | Quantity | | 2.2 2.2.1 | Type 2.2. | .2 Quantity | | | | | | | | |

| Z. 1 | 2.1.1 Type | Quantity |
|-------------|------------|----------|
| | 30-06 | 40 |
| | 45-70 | 40 |
| | 416 Rigby | 25 |
| | | |
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| 2.2.1 | Туре | 2.2.2 | Quantity |
|-------|------|-------|----------|
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| 3 | DECLARATION BY PERSON WHO IS LAWFULLY IN POS | SESSION OF THE | FIREARM(S) | | | | | |
|----------------|--|-------------------------------|------------------------|--------------------|---------------|------------|---------|--------------------|
| | I hereby declare that the above firearm(s) is/are legally in my popermit(s) has/have been obtained and that the particulars of the | | | it to the applican | it once the n | ecessar | У | |
| 4 | SIGNATURE OF PERSON CURRENTLY IN POSSESSION | | | | | | | |
| | | | Date of sig | gnature (4.3) | | | | |
| 4.1 | James Rudmann Jackson | 4.2 | Date | YEAR | - Mor | t.h | - Г | Day |
| | Name of person currently in possession in block letters | | | | | | = | · - - 1 |
| 4.3 | | 4.4 | | ountry where | | gning | | |
| 4.3 | Signature Signature of person currently in possession | 9.4 | Place | NY, | USA | | | |
| 5 | DECLARATION OF APPLICANT | | | | | | | |
| | I am aware that it is an offence in terms of section 120 (9)(f) of application. | the Firearms Control | Act, 2000 (Act No | o 60 of 2000), to | o make a fals | se staten | nent in | this |
| | J. SIGNATURE | OF APPLICANT | (Sign only if applical | ble) | | | | |
| | | | FILL OUT IN FR | RONT OF POLICE | E OFFICER | | | |
| 1 | FILL OUT IN FRONT OF POLICE OFFICER | 2 | Date | | - | | | |
| | Name of applicant in block letters | | FILL OUT IN FR | RONT OF POLICE | E OFFICER | | | |
| 3 | DO NOT SIGN BEFORE BEING ASKED TO DO SO AND IN FRONT OF THE POLICE OFFICER !! | 4 | Place | | | | | |
| | Signature of applicant | | | | | | | |
| | | | | | | | | |
| | K. (This section must be co | ompleted <u>only</u> if the a | ipplicant cannot re | ad or write) | | | | |
| | | | | | | | | , , |
| 1 | ² Fingerprint | 3 | Date | | - | - | - | |
| | designation | | - | | | | | |
| | | 4 | | | | | | |
| | | | Name of applica | ant in block lette | rs | | | |
| | | 5 | | | | | | |
| | | | Place | | | | | |
| | Right index fingerprint of applicant | | | | | | | |
| 6 | PARTICULARS OF POLICE OFFICIAL DEALING WITH AF | PPLICATION | | | | | | |
| 6.1 | | 6.2 | | | | | | |
| • | | V.= | | | - | | | |
| | Name of police official in block letters | | Persal number of | r police official | | | | |
| 6.3 | | 6.4 | | | | | | |
| | Rank of police official in block letters | | Signature of police | ce official | | | | |
| 7 | PARTICULARS OF WITNESS | | | | | | | |
| 7.1 | | 7.2 | | | 1 1 | | | |
| | Name of witness in block letters | | Persal number of | f witness | - | | | |
| 7.3 | | 7.4 | | | | | | |
| | Pank of witness in block letters | | | | | | | |
| | Rank of witness in block letters | | Signature of witn | ess | | | | |
| | L. PARTIC (This section must be completed only if the appli | CULARS OF INTE | | inderstand the c | ontent of thi | s form | | |
| | (This section must be completed only if the appli | cant cannot read of | write or does not u | muerstallu tile C | ontent or thi | 3 101111.) | | |
| 1 | Name and surname of interpreter | | | | | | | |
| 2 | Identity/Passport number of interpreter | | | | | | \Box | $\neg \neg \dashv$ |

SAPS 520

Residential address

4 Postal Code

| | | | | | | | | | | | | | | | SAP | 3 320 | | |
|----|---|-------------|-----|---|---|----|-----------|--|--------|-------------------|---------|----|--|---|-----|-------|--|--|
| 5 | Postal address | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | ⁶ Post | tal Cod | le | | | | | | |
| 7 | Telephone number | 7.1 Home | () | | | | 7.2 W ork | | (|) | | | | | | | | |
| 8 | Cellphone number | | | | | | 9 Fax | | (|) | | | | | | | | |
| 10 | E-mail address | | | | | | | | | | | | | | | | | |
| 11 | Interpreted from (language) | | | | | | to | | | | | | | | | | | |
| | | | | | | 12 | 5 1 | | | | | | | | | | | |
| | | | | | | ļ | Date | | | | - | | | - | | | | |
| 13 | | | ••• | | • | 14 | Place | | | | | | | | | | | |
| | Signature of interpreter | | | | | | | | | | | | | | | | | |
| 15 | | | | | | 16 | | | | | | | | | | | | |
| | Rank of police official in block letters (if applicable) | | | | | | | Persal number of police official (if applicable) | | | | | | | | | | |
| | M. PARENTAL CONSENT IN CA | | | | | | SE OF A N | IINO | R | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | |
| | Recommended | | | | | | | | Not re | ecommer | nded | | | | | | | |
| 2 | Name and surname of parent/gu | ardian | | | | | | | | | | | | | | | | |
| 3 | Identity/Passport number of pare | nt/guardian | | | | | | | | | | | | | | | | |
| 4 | Comments of parent/guardian | | | , | | | | | | • | | | | | | • | | |
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| | | | | | | | Date | | | | - | | | - | | | | |
| 6 | | | | | | 7 | | | | | | | | | | | | |
| | | | | | | | Place | | | | | | | | | | | |

Signature of parent/guardian

| Name and surname of nominee/authorized person Identity/Passport number of nominee/authorized person | | | | | | 11011 | 4 | /AUT | 10 | IXIZE | J FI | _1(0) | <u> </u> | | | | | | | |
|---|---------------|-----------------|------------------|--------------|-----------------|---------|----------|---------|------------|-------|-------|-------|----------|-------|-------|-------|------|--------|---|---|
| identity/Passport number of nominee/authorized person 3 Date | Name and s | urname of non | ninee/authorize | ed person | | | | | | | | | | | | | | | | |
| ignature of nominee/authorized person The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring O. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER RECOMMENDATION REGARDING THE APPLICATION Recommended Not recommended Not recommended Motivation regarding the application A Date | Identity/Pas | sport number o | of nominee/aut | horized pers | on | | | | | | | | | | | | | | | |
| ginature of nominee/authorized person | | | | | | | | | 3 I | | | | | | | | | 1 | 1 | |
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