

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)

	Α.	FOR OFF	E THE A							
	¹ Applica	ation reference N	0							
DATE RECEIVED										
FOR OFFICIAL USE B	Y POLICE STA	TION WHERI	E APPLI	CATIO	ON IS	REC	EIVE	D		
Province										
Area										
Police station							CONT.			
Component code			es estates and							
Firearm applications register reference number	SAPS 86	NO				YE	AR			
FOR O	FFICIAL USE I	BY THE DECI	DING O	FFICE	R					
Outstanding/Additional information required										
Outstanding/Additional information required										
Outstanding/Additional information required	Persal number			- 1		1-			3 Dat	е
	Persal number			- [3 Dat	e
	Persal number			- S Nar	me in t	lock le	tters		3 Dat	e
. 2				- S Nar	me in t	lock le	tters		3 Dat	•
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⁴ Signature of police official Application for a permit approved (indicate with				5 Nar	me in t	lock le	ttters		3 Dat	
⁴ Signature of police official Application for a permit approved (indicate with	an X)			- * Nar	me in t	lock le	l		000	
⁴ Signature of police official Application for a permit approved (indicate with	an X) Persal number	cer code		- I	I	- lock le	L		000	
Signature of police official Application for a permit approved (indicate with	an X) Persal number	cer code 13 Reason(s) for refu	- 11 Nai	I	Ι-	L		000	
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Signature of police official Application for a permit approved (indicate with	an X) Persal number) for refu	- 11 Nai	I	Ι-	L		000	

	46		Man affica	17 Offic	os code	-	11 Name	in block let	ttere			
L	** Signa	ature of dec	ciding officer	Onic	er code		Ivanie	III DIOCK IO				11000
	D.		TYI	PE OF PER	RMIT (Indicate	with an	X)					
	Multiple import or export permit		2 Import permit		port	4	In-transit permit		5 T	emporary r export p	impor ermit	
	Ε.		PA	RTICULAR	RS OF APPL	ICAN	т					
	NATURAL PERSON'S	DETAILS										
	Type of identification	(Indicate wit	h an X)									
Г	SA ID X	Passpo	rt X									
	Identity number of natura	al person		60	042	2 2	. 5	0 3	9	- 0	8	•
Ī	Passport number of nate	ural person		68	093	3 5	02	24				
	Surname	205	SOUW		and the same			6 Ir	itials	H	А	
	Full names	Herma	anus Albe	rtus								-
	Date of birth	96	0 - 04	2	Z 9 Age		4	6 10 G	ender	1	(le	Fer
	Residential address		8 Oldfield	street	Fich	ard	tpark	12		9	2	0
			D - 0					12 Posta	l Code	1 9	3	D
-	Postal address		P.O. Box	31152	, Fic	har	dtbark	14 Posta	I Code	0	3	1
	Trade or profession		Engineer		16 If self-e	mploy	ed, specify					
	Name of employer/comp	oany [SKON									
	Business address		120 Henry	Stree	t, R	Sloe	mFonte				_	
			_	7	- Freeze			19 Post			3	0
	Telephone number	2		5220		Work		1) 40				_
	Cellphone number		082808			Fax		51) 40	14 8	1677		
L	E-mail address		pannetji	e@ w	web. c	0. 2	a.					
	Marital status (Indicate	with an X)										
ſ	Single		Married	X Div	orced		Widow			Wio	dower	
Ì	Other (specify)											
				24-03								
L	PARTICULARS OF AP	PLICANT	S SPOUSE/PARTNER	R (If applicable)							
[Type of identification	(Indicate wi	th an X)									
-	SA ID X	Passpo	ort									
	Identity number of spou	se/partner		62	102	7	- 0	00	6	- 0	8	-
1	Passport number of spo	ouse/partne	er	28	060	0	07	2				
- 1	Full Name and Surnam	-	annette	TI	orah [R.						

Registered company	lame																
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FAR number							_						_	_	ш		
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Business telephone n	umber 3	34.1 W ork	()				34.2	Fax	()						
E-mail address										_							
RESPONSIBLE PER	SON'S DET	AILS															
Responsible person (full name and	d surname)															
Type of identification	(Indicate with a	an X)			70 8	SAC	itizen			N	оп-SA	itizen w	ith per	mane	nt resid	dence	•
Identity number of res	ponsible per	son															-
Passport number of r	esponsible pe	erson	6														
Cellphone number						-11500											
Physical address		7. 201			95												
1000												43 Pc	stal C	ode			
Postal address																	
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		V R IN											_				
Type of competency	certificate (If a	applicable)	1000	-	-	10				_	Г	_	_	_			
Date of issue		-		-		- 1	48 Exp	iry dat	te	_						٠	
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F.		PARTICU	LAKS	UF IF	IE CU	KKE	NIO	MAINE	COF	Inc	FINEA	KIN (S)					
NATURAL PERSON	'S DETAILS																
NATURAL PERSON	3 DETAILS											-					
Surname	Ros	soun		70.17.2								3	Initial	S	H	A	
Full names	Herm	anus	A	lbe	rtus	R	os	Sou	W								
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Identity number of na	tural person				6	0	0 4	- 2	2	-	50	3	9	-	0	8	
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AR number							
company registration or CC number							
ostal address	h I						
		20 Posta	al Code				
In case of a non-SA citizen proof of permanent residence must be submitted.							
usiness address							
		22 Post	tal Code	е	_		
usiness telephone number 23.1 W ork	23.2 Fax	4					
-mail address							_
ESPONSIBLE PERSON'S DETAILS							
tesponsible person (full name and surname)							_
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dentify number of responsible person	-			-			
assport number of responsible person							Γ
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ellohone number							
Sellphone number							
eliphone number Physical address		32 Pos	stal Code	e			
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intropolation in the second of	national tional tlic Sill	34 Pos	port ort	te hoot			
in case of a permanent import/export permit, submit the date on which the import/export with a submit the date on which the import/export with the date on which th	national Jional Llic S,11 will take place	air air bayeth	port c SI	te hoot			
IMPORT AND/OR EXPORT DE Sountry of origin Country of destination Country of	national Jional Llic S,11 will take place	air air bayeth	port c SI	te hoot			
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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 c	tizen wit	th perma	nent res	idence*	
Identity number of responsible person							

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

FROM

Date Z O O 6 - 0 9 - 1 O

Date Z O O 6 - 1 O - 1 O

Transport route	Fly	From	London	ook "	Johann	esbur	۹	
Travel bu	road	from	Johann	resburg	J to	Pret	oria an	d
From their								
to Cape								
Kimberle	u to	goshar	nesburg.	FW	out	de	London	from
gehanne =1								
		San						

DETAILS OF FIREARMS

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	· 2Z	mkz	BRNO	82327	82327
Handgun	Break	.22		TC	12739	
Handgun Rifle	Lever	·44 Mag		Winschafter	837	738
		4		_		
	_					

DETAILS OF AMMUNITION

2.1.1 Type	2.1.2 Quantity
·22 long	200
.308	320
·44 Mag	125
J	

2.2.1	Туре	2.2.2 Quantity	
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	SAPS
DECLARATION BY PERSON WHO IS LAWFU	LLY IN POSSESSION OF THE FIREARM(S)
I hereby declare that the above firearm(s) is/are leg permit(s) has/have been obtained and that the part	pally in my possession and that I propose to supply it to the applicant once the necessary iculars of the firearm(s) are correct and accurate.
SIGNATURE OF PERSON CURRENTLY IN PO	DSSESSION
H.A. Rossouw Name of person currently in possession in block le	4.2 Date Z C O 6 - O 6 - O 6
197	44 Place Bloemfontein
Signature of person currently in possession DECLARATION OF APPLICANT	
I am aware that it is an offence in terms of section application.	120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this
J. Sle	GNATURE OF APPLICANT (Sign only if applicable)
H.A. Rossouw Name of applicant in block letters	2 Date Z O O 6 - O 6 - O
M	4 Place Bloemfontein
Signature of applicant	
K. (This section	on must be completed only if the applicant cannot read or write)
Fingerprint designation	3 Date
Dishi kan fanansin dan Jana	Name of applicant in block letters 5 Place
Right index fingerprint of applicant PARTICULARS OF POLICE OFFICIAL DEAL	NG WITH APPLICATION
PARTICULARS OF FOLICE OFFICIAL DEAC	6.2
Name of police official in block letters	Persal number of police official 6.4
Rank of police official in block letters	Signature of police official
PARTICULARS OF WITNESS	
Name of witness in block letters	7.2 Persal number of witness
	7.4
Rank of witness in block letters	Signature of witness
L. (This section must be completed \underline{o}	PARTICULARS OF INTERPRETER nly if the applicant cannot read or write or does not understand the content of this form.)
Name and surname of interpreter	

Residential address

4 Postal Code

								No.					$\overline{}$	\neg
								6 P	ostal C	ode				
Telephone number	7.1 Home	()			7.2 W ork	()	- 0.00					
Cellphone number		Contract of the Contract of th				9 Fax	()						
E-mail address														
Interpreted from (language)						to								
					12				_	T	_		Т	_
						Date			-			٠.	_	_
					14	Place								
ignature of interpreter								Section 1				-0.70		
		7			16					T				
ank of police official in block	letters (if applicab	le)				Persal numb	er of police	officia	al (if ap	plica	ble)			
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R	ecommended						Not re	ecomn	nended	d				
														_
Name and surname of paren	t/guardian								_	_	_	_	_	_
				П		П								
Name and surname of paren Identity/Passport number of parent/guardia	parent/guardian													
Identity/Passport number of	parent/guardian													
Identity/Passport number of	parent/guardian				5	Date								

N.	IN CASE OF	NOMIN	ELIA	7111	UNIZE	DILK	3014	-			-			
Name and surname of nominee/auti	horized person													
Identity/Passport number of nomine	e/authorized person													
				3	Date	100	T	Т	Г		Г		Τ.	
					Duic			_			_			
				5	Place									
Signature of nominee/authorized pers	ion					411111111111111111111111111111111111111								
	*** NOTIFIC	ATION O	F CHAI	NGE	OF AD	DRESS	•••							
The Registrar must	t be informed of all chang	ges of add	ress/cir	rcum	stances	within 3	0 days	s of su	ch ch	ange	s occi	urring		
o. FOR OFFICIAL	USE BY THE DESIG	SNATED	FIRE	ARM	us of	FICER	STA	TION	COI	MMIS	SIO	NER		
			5010		TUE 4	DDI IOA	TION			- 100				
	RECOMMEND	ATION R	EGARI	DING	THEA	PPLICA	Deco	ot reco	mmer	hehr	-			
Recomn	nended						140	A TECO	IIIIII	lubu		_		
														-
				4	Date									
Name of Designated Firearms Office	r/Station Commissioner i	in block le	utters	4	Date									
Name of Designated Firearms Office	r/Station Commissioner i	in block le	litters	4	Date									
Name of Designated Firearms Office														
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