

## **OVERSEAS COMPETITORS ENTERING SAPA 2008 ISSF/NPA/PPC OPEN**

**All entries from overseas competitors must have a Visitors Firearms Permit.**

**All applications must be submitted by the SAPA on behalf of overseas competitors.**

**All applications must be received by SAPA not later than 22nd February 2008 to enable police paperwork to be completed.**

**Firearms of the same caliber, please supply a picture of each firearm of the same caliber attached to the application form.**

**All documentation must be completed and sent to :**

**SAPA P.O. Box 15278, SINOVILLE 0129. RSA**

**PLEASE NOTE: Firearm permits will only be supplied on arrival at the port of entry.**



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>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		



		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																			
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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																			
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TO

9.2

Date																			
------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**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.



**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.

**SIGNATURE OF PERSON CURRENTLY IN POSSESSION**

4.1   
Name of person currently in possession in block letters

4.2 Date     -

4.3 .....  
Signature of person currently in possession

4.4 Place

**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)**

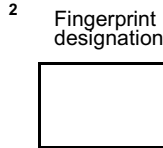
1   
Name of applicant in block letters

2 Date     -

3 .....  
Signature of applicant

4 Place

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



3 Date     -

Name of applicant in block letters

Right index fingerprint of applicant

5 Place

**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

**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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
3	Residential address											4 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



**N. IN CASE OF NOMINEE/AUTHORIZED PERSON**

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3 Date

4 Signature of nominee/authorized person

5 Place

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

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**

1 RECOMMENDATION REGARDING THE APPLICATION

2 Recommended Not recommended

Motivation regarding the application

3 Name of Designated Firearms Officer/Station Commissioner in block letters

4 Date

5 Rank of Designated Firearms Officer/Station Commissioner in block letters

6 Place

7 Signature of Designated Firearms Officer/Station Commissioner

8 Persal number of Designated Firearms Officer/Station Commissioner