

**BEMÆRK:** Denne formular SKAL udfyldes med SORT kuglepen og må IKKE underskrives (sektion J) før du bliver bedt om dette af Politiet (SAPS), på dagen ved våbenindførelsen i Johannesburg!



## 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											
1 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											
1 Outstanding/Additional information required											
								2 Persal number			3 Date
										4 Signature of police official	
										5 Name in block letters	
6 Application for a permit approved (Indicate with an X)											
								7 Persal number			8 Date
										9 Signature of deciding officer	
				10 Officer code		11 Name in block letters					
12 Application for a permit refused (Indicate with an X)											
13 Reason(s) for refusal											
								14 Persal number			15 Date

..... 16 Signature of deciding officer	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> 17 Officer code				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table> 18 Name in block letters	

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

1 Multiple import or export permit		2 Import permit		3 Export permit		4 In-transit permit		5 Temporary import or export permit	<b>X</b>
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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  Passport

3 Identity number of natural person: 2 2 0 3 4 5 - 1 7 2 7 - - -

4 Passport number of natural person: 2 0 2 2 0 8 8 5 5

5 Surname: Jensen 6 Initials: J O J

7 Full names: Jens Ole Jensen

8 Date of birth: 1 9 4 5 - 0 3 - 2 2 9 Age: 6 9 10 Gender: Male  Female

11 Residential address: Jagtvej 10, Horsens,

Denmark 12 Postal Code: 8 7 0 0

13 Postal address: Jagtvej 10, Horsens,

Denmark 14 Postal Code: 8 7 0 0

15 Trade or profession: Salesman 16 If self-employed, specify

17 Name of employer/company: H o r s e n s F u r n i t u r e s

18 Business address: Industrivej 21,

Horsens, Denmark 19 Postal Code: 8 7 0 0

20 Telephone number 20.1 Home: ( +45 ) xx xx xx xx 20.2 Work: ( +45 ) xx xx xx xx

20.3 Cellphone number: +45 xx xx xx xx 21 Fax: ( +45 ) xx xx xx xx

22 E-mail address: jens.ole@hotmail.com

23 Marital status (Indicate with an X) Marker ægteskabelig status med et X

24 Single  Married  Divorced  Widow  Widower

Other (specify)

25 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable) Udfyldes kun hvis du medbringer samlever/partner

25.1 Type of identification (Indicate with an X)

25.1.1 SA ID  Passport

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															
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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																	

**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	Denmark
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					-					-					

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	2	0	1	4	-	0	8	-	2	1	TO	9.2	Date	2	0	1	4	-	0	8	-	2	9

**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.

9 Validity of the transporter's permit

FROM

Date

Date

TO

10

Transport route

(Serie nr. på pipe) Udfyldes i tilfælde af vekselpibe

## I. 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	30-06	R8	Blaser	07857	PG6547
Rifle	Lever action	45-70	1895	Marlin	80533	-
Rifle	Falling block	416 Rigby	No. 1	Ruge	657832	-

2

## DETAILS OF AMMUNITION

2.1

2.1.1 Type	2.1.2 Quantity
30-06	40
45-70	40
416 Rigby	25

2.2

2.2.1 Type	2.2.2 Quantity

**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** Jens Ole Jensen

Name of person currently in possession in block letters

**4.3** Underskrift

Signature of person currently in possession

**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** UDFYLDES FORAN POLITIET

Name of applicant in block letters

**3** MÅ IKKE UNDERSKRIVES FØR DU BLIVER BEDT OM DETTE  
AF POLITIET, PÅ DAGEN VED VÅBEN-INDFØRELSEN

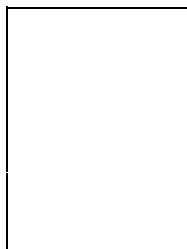
Signature of applicant

Dato hvor du underskriver 4.3

**4.2** Date   ÅR  - Måned - Dag

By og land hvor du er når du underskriver 4.3

**4.4** Place Horsens, Denmark

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

Right index fingerprint of applicant

**2** Fingerprint designation



**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			



5	<b>Postal address</b>									
							<b><sup>6</sup> Postal Code</b>			
7	<b>Telephone number</b>	7.1 Home	( )	7.2 Work	( )					
8	<b>Cellphone number</b>			9 Fax	( )					
10	<b>E-mail address</b>									
11	<b>Interpreted from (language)</b>			to						

12 **Date**     -   -

13		14 <b>Place</b>				
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Signature of interpreter

15

Rank of police official in block letters ( if applicable)

16

Persal number of police official (if applicable)

M.	<b>PARENTAL CONSENT IN CASE OF A MINOR</b>
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1	Recommended		Not recommended	
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2	<b>Name and surname of parent/guardian</b>										
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3	<b>Identity/Passport number of parent/guardian</b>																	
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4	<b>Comments of parent/guardian</b>										
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5 **Date**     -   -

6		7 <b>Place</b>				
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Signature of parent/guardian

**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 \_\_\_\_\_

5 Place

Signature of nominee/authorized person

**\*\*\* 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

Recommended		Not recommended	
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2 Motivation regarding the application

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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