

The GOSA Renewal Rescue Pack (v1)

In terms of Section 28(6) of the FCA (Act 60 of 2000), as confirmed by the Registrar, National Commissioner of the SAPS General Sitole in his Affidavit of 16 July 2018, "The Registrar may extend a period"... "on good cause shown" (Para 68.3), and "If any application for extension is received, it will be considered and dealt with on its merits." (Para 68.2).

This confirms beyond any doubt or debate that the SAPS agree that firearm licences that are both within the 90 day period before expiry, AND those already expired MAY be renewed, on "good cause shown".

By following the steps in this pack, using all the materials provided, you will be able to successfully renew your expired firearm licence.

If SAPS refuse to accept your renewal we provide you with the resources you will require to successfully appeal that refusal, right up to a judicial review. If you are a GOSA Silver member (or better) we will do all of this for FREE!

- Step-by-step guideline to renewal of expired firearm licences...
 - Fill in the four documents contained in the pack. Only fill in YOUR DETAIL on AF2.
 - Leave the firearm that you are applying for renewal for at home in the safe. That's what Minister Cele has advised us to do.
 - Visit the Customer Service Centre at your local police station. Ask the officer on duty to Commission your Affidavit (AF1).
 - Visit your DFO's office.
 - Inform your DFO (politely) that you wish to renew your firearm licence which has expired in terms of S28(6) of the FCA, and that the accompanying Affidavit (AF1) constitutes prima facie evidence of "good cause shown" as required by S28(6).
 - If your DFO responds that he/she cannot accept the documents then complete the details of the DFO and the refusal on the Affidavit AF2. Don't antagonise the DFO by asking them to Commission the Affidavit. Simply go past the CRC again on your way out of the station and ask the officer on duty there to Commission it for you.
 - If your DFO or any other police officer demands that you surrender your firearm tell them politely that as per the instructions of the Police Minister, and on the advice of Counsel you are unable to do that.
 - If you wish to carry or use your firearm whilst you are waiting for it to be renewed you may do so, but keep proof of renewal application (normally the receipt from the Finance Office) on hand.
 - If you wish to carry or use your firearm where the DFO has refused to accept your late renewal application, then you may use the SAP518 from the Pack to apply for a Temporary Permit in terms of Section 21 of the Act.
 - If the DFO refuses to accept your S21 application you will find that there is space on

the Affidavit AF2 to include those details also.

- DO NOT carry or use your firearm if you do not have a receipt for renewal or a S21 Temporary Permit!
- **Report back to GOSA** with the Affidavit AF2. Scan it and email it to us at AF2@gunownerssa.org.
- You can contact the GOSA office during business hours at 011 888 1355

The Rescue Pack contains the following documents:

- Copy of SAPS 518(a) "Application for the renewal of a firearm licence"
- Affidavit format for presenting "good cause shown" as prima facie evidence (AF1)
- Copy of SAPS 518 "Application for a Temporary Authorisation to Possess a Firearm"
- Affidavit to feedback to GOSA on acceptance/refusal of DFO to accept applications as above (AF2)

By following our step-by-step guidelines and reporting back to GOSA with your Affidavit AF2 (commissioned by the Customer Service Centre of your local SAPS station as you leave from your DFO's office) you place yourself under the legal care of GOSA and our legal team, and you place yourself outside of any danger of prosecution or arrest for possession of a firearm where the licence for that firearm has expired because you have taken steps to bring yourself into compliance with the Act (P54 "those who take steps to comply with the law should not face "the strictest form of strict liability"").

Welcome back to legality!

Additional resources

You can find the following documents here:

The Affidavit from National Commissioner of the SAPS is split into two parts... https://www.facebook.com/download/preview/289032574986750, and https://www.facebook.com/download/preview/1902469926482684

The Firearms Control Act (Act 60 of 2000) https://www.saps.gov.za/services/flash/firearms/legislation/gov notice english.pdf



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR THE RENEWAL OF A FIREARM LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION

Section 24, 35, 49 and 63 of the Firearm Control Act, 2000 (Act No 60 of 2000)

	-															
OFFICIAL DATE STAMP		A.		FOR OFFICIAL WHERE THE										1		
		¹ App	olicatio	on reference No											T	
												-				
DATE RECEIVED																
B. FOR OFFICIAL USE BY P	OLI	CE ST	ATIO	N WHERE THE AF	PPLI	CA	TIC)N I	S RE	CEI	VED)				
Province																
Area																
Police station																
Component code																
Firearm applications register reference number	5	SAPS 8	3	NO					ΥE	AR						
							<u> </u>									
C. TYPE OF LICENCE, PE	KIVII	I, CER	CHIFIC	CATE OR AUTHO	KIZA	411	ON	(Indio	cate w	ith an	X)					
Licences			2.1	Licence to deal	in fir	ear	ms a	and a	amm	unitic	n					
Licence to possess a firearm for self-defence			2.2	Licence to man	ufact	ure	fire	arms	s and	amn	nuniti	on	ı			
Licence to possess a restricted firearm for self- defence			2.3	Licence to cond	duct b	ous	ines	s as	a gu	nsmit	:h					
Licence to possess a firearm for security officer purposes			3	Permits												
Licence to possess a firearm for occasional hunting and sports-shooting	3		3.1	Permit to posse	ess ai	mm	unit	ion i	n a p	rivate	colle	ect	tion			
Licence to possess a firearm for dedicated hunting and dedicated sports-shooting			3.2	Permit to posse	ess ai	mm	unit	ion i	n a p	ublic	colle	cti	on			
Licence to possess a firearm in a private collection			3.3	Import permit												
Licence to possess a firearm in a public collection (museums)			3.4	Export permit												
Licence to possess a firearm for business purposes Business in hunting	s:		3.5	In-transit permit	t											
Licence to possess a firearm for business purposes Other business purposes	s:		3.6	Multiple import	and e	ехр	ort p	erm	it							
Licence issued to particular categories of persons			3.7	Temporary impo	ort/ex	хро	rt pe	ermit								

1.1

1.3

1.4

1.5

1.6

1.9

2

4	Details of original licence, permit, certificate or authorization	Details of original licence, permit, certificate or authorization												
5	Licence, permit, certificate or authorization number Date issued Expiry date													
	D. PARTICULARS OF APPLICANT													
1		_												
•	NATURAL PERSON'S DETAILS													
2	Type of identification (Indicate with an X)													
2.1	SA ID Passport Non-SA citizen with permanent residence*													
3	Identity number of natural person													
4	Passport number of natural person	_												
5	Surname 6 Initials	_												
7 8	Full name	_												
·	Residential address	_												
10	9 Postal Code													
	Postal address 11 Postal Code	\dashv												
12	Business telephone number 12.1 Home () 12.2 Work ()	\dashv												
12.3	Cellphone number 13 Fax ()													
14	E-mail address													
15														
	JURISTIC PERSON'S DETAILS													
16	OTHER BODIES													
17	Registered company name													
18	Trading as name													
19	FAR number													
20	Postal address													
	²¹ Postal Code													
22	Business address													
24	Pusinger telephone number 24.1 Work () 24.2 Fey ()	_												
25	business telephone number vvoik ()	\dashv												
	E-mail address													
26	RESPONSIBLE PERSON'S DETAILS													
27	Responsible person (full names and surname)													
28	Type of identification (Indicate with an X) SA ID Passport number													
29	Identity number of responsible person													
30	Passport number of responsible person													

^{*} Proof of permanent residence must be submitted if an applicant is not a SA citizen.

31	Cellphone n	umber																		
32	Physical ad	dress																		
														³³ P	ostal C	ode				
34	Postal addr	ess																		
														³⁵ P	ostal C	ode				
36	OTHER INF	ORMATION (Indic	ate with an	n X)																
37	WAS YOUR	R APPLICATION F	IANDED I	IN 90 DAY	/S BE	FORE	EXPII	RY OI	F THE	EXIS	TING	LICE	NCE?	IF NO	, SUBN	AIT TH	IE RE	ASO	ı	
	YES	NO	Rea	eason(s)	<u></u>															
38		R APPLICATION H	IANDED I	IN AFTER	THE	DUE D	DATE,	BUT	BEFO	RE E	XPIR	Y OF	EXIST	NG LI	CENCE	E. IF Y	ES, S	SUBM	IT TH	ΙE
	YES	NO	Rea	eason(s)																
39	WAS YOUR	R APPLICATION H	IANDED I	IN AFTER	THE	EXPIR	RY OF	EXIS	TING	LICE	NCE.	IF YE	S, SUE	вміт т	HE RE	ASON	l (Indi	cate wit	h an 2	()
	YES	NO	Rea	eason(s)																
				<u> </u>																
													•••••							
40	DECLARAT	ION BY APPLICA	NT																	

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.

ı	E.	SIGN	IATURE O	F APPLICAN	r (Sig	gn only if a	applicat	ole)								
L	Note: The requirements of the photograph must be The photo must be the set The photo must be a full applicant. The background of the period photograph. The applicant may not be photograph. The applicant must sign on the back of the photogram. The applicant must sign on the signature may not end to the photograph. The signature may not end to the photograph.	oto: e in colour and resize of a standa I front view of the ohoto must be presented in the color of the color	may not exc rd passport ne head and plain. t or sunglass number mu is affixed or er.	eed the border. photograph. shoulders of the ses on the list be written the application	е	gn only if a	applicat		НО	ΓΟ)		1			
	2												3	⁴ Finç des	gerpri signat	
		Signature	-													
Ĺ	New Court of the Land Latter				6	Date					-			-		
ľ	Name of applicant in block letters	;			_											
					7	Place										
Γ	PARTICULARS OF POLICE O	FFICIAL DEAL	ING WITH	APPLICATION		1										
Г			1		8.2			ı				1	I	1		
N	Name of police official in block le	tters	j			Persal	numbe	er of pol	ice of	ficial	<u> </u> 	-		_		
Γ	·		1		8.4											
F	Rank of police official in block let	ters]			Signati	ure of p	oolice of	fficial							
ſ	PARTICULARS OF WITNESS		1													
L			J T		0.0		-		1					7		
	Name of witness in block letters]		9.2	Persal	numbe	er of witi	ness			-				
Γ	Table of Marious III block lotters		1		9.4	. 51561		Ji Will	. 1000							
F	Rank of witness in block letters		j			Signati	ure of v	witness						••		
	E		DARTI	CULARS OF I	NITE	DDDF	TEP									
	F. (This section must be	completed only						ot under	rstand	l the	conte	ent s c	of this	form.)	
	Name and surname of interpret	ter		<u> </u>												
	Identity/Passport number of inte				Ī	1 1			T	l			Ī		Ī	T
ŀ	Residential address			1 1	1	1 1			I	1	1]	1	1	1
f									4	Pos	stal C	ode	П			
	Postal address												_		<u>i</u>	<u> </u>
ľ		<u> </u>							6	Po	stal C	ode				

7	Telephone number	7.1 Home	()			7.2 Work	()
8	Cellphone number					9 Fax	()
10	E-mail address						
11	Interpreted from (language)					to	
					12	Date	
13					14	Place	
	Signature of interpreter						
15	Rank of police official in block let	ters(if applicab] le)		16	Persal nur	mber of police official (if applicable)
	G.	IN	CASE OF	NOMINEE	AUTHO	ORIZED PER	SON
1	Name and surname of nomine	e/authorized ne	erson				
2	Identity/Passport number of no						
					3	Date	
4					5	Place	
	Signature of nominee/authorized	person				T lacc	
	H. FOR OFFICE	AL USE BY 1	THE DESIG	NATED FI	REARM	IS OFFICER	STATION COMMISSIONER
1		RECOMM	ENDATION I	REGARDING	THE A	PPLICATION	(Indicate with X)
2	Reco	mmended					Not recommended
2.1	Motivation regarding the applic	ation					
2.2	Report regarding the physical i facilities	nspection of th	e applicant's	safeguardin	g		
3	Name of Designated Firearms O	fficer/Station C	ommissione	r in block lett	4 ers	Date	
	Rank of Designated Firearms Of	ficer/Station Co	_ ommissioner	in block lette	ers	Place	
7	Signature of Designated Firearm	s Officer/Static	 on Commissio	oner	8	Per	rsal number of Designated Firearms Officer/Station Commissioner



AFFIDAVIT AF1 Questions 37, 38, 39 of 518a form

I, t	he undersigned,
	,
Do	hereby make OATH and state that:
1.	I am an adult FEMALE / MALE, (delete not applicable) and I depose to this affidavi in my personal capacity, my identity number is, reside
	and I am duly authorised to make this affidavit.
2.	The facts deposed to by me in this affidavit fall within my personal knowledge unless the contrary is stated or appears from the context and are both true and correct to the best of my belief.

3.	in response to the question posed at Question 37 / 38 / 39 (delete which is not
	applicable) of form 518a, in respect of an application for late renewal of my firearm
	licence, I advise that my explanation on good cause is as follows:
1	
ᅻ.	
5.	I attach hereto marked X1 to X supporting documents in support of my
	explanation set out in paragraph 4 above
	(signature of Deponent)
	DEPONENT
ΙF	HEREBY CERTIFY THAT the deponent has acknowledged that the deponent knows
an	d understands the contents of this affidavit, which was signed and sworn before me
at	on this the, day of 20 , the Regulations

contained in the Government Notice No R1258 of 21 July 1972, as amended and Government Notice R1648 of 19 August 1977, as amended, having been complied with.

COMMISSIONER OF OATHS

NAME IN FULL:

DESIGNATION:

ADDRESS:

Explanatory notes

The explanatory notes to the 518a form uses as an example for good cause, that the applicant was in hospital and attaches a medical certificate

Here are suggestions for other explanations, these are not exhaustive, but merely examples, you will need to insert *your own truthful* explanation with supporting documents if appropriate:

- You were in hospital from.... to
- You work from.... to weekdays and were unable to obtain leave from your employer during work hours and the DFO is only open from..... to during the week
- You were overseas from to and were unable to submit your application timeously
- You were advised by the DFO that you first needed to renew competency and by the time competency was processed you were outside the time period to renew your licence and the DFO then refused to allow you to submit your application
- You attended at the DFO timeously but was unable to process the application as the DFO was on leave, office locked, computer systems were down, no DFO at your station
- You were later than 90 days but attended before expiry, but were told by the DFO that they refused to take your application and you had to wait for the court case
- The DFO refused to accept your application even though you attempted to apply before the licence expired



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR A TEMPORARY AUTHORIZATION TO POSSESS A FIREARM

Section 21 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP	Α.	FOR OFFICIA WHERE TH	L USE BY TH			
	¹ Application	n reference No				
						•
DATE RECEIVED						
B. FOR OFFICIAL USE BY PO	OLICE STATION	WHERE THE A	PPLICATION	IS RECEIVE	:D	
Province						
Area						
Police station						
Component code						
Firearm applications register reference No	SAPS 86	NO		YEAR		
C. FOR OF	FICIAL USE BY	THE DECIDING	OFFICER			
¹ Outstanding/Additional information required						
2 p	Persal number		-	-	³ Date	
⁴ Signature of police official			⁵ Name i	n block letters		
⁶ Application for a temporary authorization appro	oved (Indicate with a	n X)				
- ⁷ F	Persal number		-	-	⁸ Date	
⁹ Signature of deciding officer	10 Officer	code	¹¹ Name	in block letters		
¹² Application for a temporary authorization refu			Reason(s) for			
- 14	Persal number		-	-	¹⁵ Date	
116 Signature of deciding officer	17 Officer	code	¹⁸ Name ir	block letters		

	D. DESCRIPTION OF FIREARM (Indicate with an X)																					
1	Rifle			S	hotgu	n					Hand	dgun					(Combi	natior	1		
	Other, specify (armame indeterminable design type)	ent/																				
2	DETAILS OF FIREARM	(Indicate	e with an	Х)																		
3	Action				Ser	ni-aut	omati	c				Αι	utoma	ıtic					Manua	al		
ı				(Other	action	(spe	cify)														
4	Calibre																					
5	Make																					
6	Model																					
·	Firearm component typ	e:														_						
7	Barrel serial number															8 N	1ake					
9	Frame serial number															10 N	/lake					
11	Receiver serial number					_										12 N	/lake					
13	Every name and addres	ss engra	ved in t	ne met	al	<u> </u>																
	E.		PA	RTICU	JLAR	S OF	PEF	RSOI	N IN	POS	SESS	SION	I OF	FIRE	ARN	1						
1	Surname															2	nitials					
3	Full names															'	Tillais	•				
4	Identity number of pers	on in nos	ssessio	n of the	e firear	m							_					T _			_	
5	Residential address				, oa.				<u> </u>										<u> </u>			
															6 P	ostal	Code					
7	Postal address																					
															8 P	ostal	Code					
9	Telephone number		^{9.1} Hon	ne	()					9.2	Work	(()				•			
9.3	Cellphone number										¹⁰ F	ax		()							
11	E-Mail address																					
12	OTHER BODIES (eg bo	dy corpora	ate, close	corpor	ation o	rcomp	any)															
13	Registered company na	ame																				
14	Trading as name																					
15	Company registration number																					
16	FAR number																					
17	Postal address																					
		_													¹⁸ F	Postal	Code	e				
19	Business address																				_	_
															²⁰ F	Postal	Code	9				
21	Business telephone nu	mber	21.1 W	ork	()					21.2	Fax		()							
22	E-mail address																					

																		SAPS	3 518
23	Responsible person (full name	and surname)																	
24	Identity number of the respons	sible person								-					-			-	
25	Cellphone number																		
26	Physical address																		
												²⁷ F	osta	l Code	Э				
28	Postal address																		
												²⁹ [Posta	al Cod	е				
30										_	7								
	DECLARATION BY PERSON	WHO IS LAWF	ULLY IN P	ossi	ESSIC	ON OF	THE	FIRE	EARI	И	J								
	I hereby declare that the above authorization has been obtained	firearm is legally and that the par	in my pos rticulars of	session the fire	on and rearm	d that is cor	l prop rect a	pose tand a	to su ccura	pply it ate.	to th	е арр	lican	t once	the i	neces	sary		
31	SIGNATURE OF PERSON CL	JRRENTLY IN P	OSSESSI	ON															
32							33	Date	е					-			-		
!	Name of person currently in pos	session in block	letters				ı												
34																			
,	Signature of person currently in	possession																	
	F.		PAF	RTICU	JLAR	S OF	API	PLIC	ANT										
1	NATURAL REPOONS RETAI																		
	NATURAL PERSON'S DETAI	LS																	
1.1	Type of identification (Indicate	with an X)																	
2	SA ID Pas	sport																	
3	Identity number of natural pers	son								-					-			-	
4	Passport number of natural pe	rson																	
5	Surname			•			•						6	Initial	s				
7	Full names																		
8	Date of birth	-		-			9 A	ge					10	Gend	ler	M	ale	Fen	nale
11	Residential address		•								•								
	_											1	² Po	stal C	ode				
13	Postal address																		
												1	⁴ Po	stal C	ode				
15	Type of residence (eg shack, f	lat, caravan, cot	tage, hous	e, hos	stel or	home	less))											
16	Trade or profession					¹⁷	f self	-emp	loyed	l, spe	cify								
18	Name of employer/company																		
19	Business address																		
												2	20 Po	stal C	ode				
21	Telephone number	^{21.1} Home	()					21.2	Wor	k	()							
21.3	Cellphone number							22 F	=ax		()							

E-mail address

23

24	JURISTIC PERSON'S DETA	AILS																					
25	Registered company name																						
26	Trading as name																						
27	FAR number																						
28	Postal address				<u> </u>	1	1	<u> </u>															
																²⁹ P	ostal	Со	de				
30	Business address																				<u>I</u>		<u> </u>
																31 P	ostal	Со	de				
32	Business telephone number	32.1	¹ Worl	k	()					32.2	Fax		()								
33	E-mail address																						
34	Responsible person (full nam	ne and	surna	ame)																			
35	Type of identification (Indicate	with an	n X)						SA	ID						Р	assp	ort	num	ber			
36	Identity number of responsible	le pers	son										-		Г	Т	Τ	П	-			-	
37	Passport number of responsi																T	1					
38	Cellphone number																			1			
39	Physical address																						
																⁴⁰ P	ostal	Со	de				
41	Postal address															•				•	•		•
																42 P	ostal	Со	de				
	G.						0	THEF	DE.	ΓΑΙΙ	LS												
1	Period for which authorization	n is red	quired				FR	ОМ			Dat	e					Τ.				_		
			•										l		<u> </u>			_			1		1
							Т	0			Dat	е					-				-		
2	Motivation of purpose for whi	ich the	firear	m is r	eauir	ed																	
	у при																						
3	HAVE YOU EVER BEEN CO	DNVIC.	TED C	OF AN	OFF	ENC	E, CC	MMIT	TED I	NSI	DE O	R OU	TSID	E TH	IE E	ORDE	ERS (OF	THE	RS	۹?		
	(Indicate with an X)				1	ı																	
3.1	YES	١	NO			If y	es, sı	ıbmit th	ne foll	owir	1												
3.3	Police station (1)										3.2	CAS	'Case	num	ber	<u> </u>							
3.4	Charge																						
	Outcome																						
3.5	Police station (2)										3.6	CAS	Case	num	hai	-							
3 7												0, 10,	Ouoc	iluli	ibci								
3.7 3.8	Charge													······									

4	ARE THERE ANY CASI	ES PENDING AGAIN	ST YOU? (Indicate with a	in X)	
	YES	NO	If yes, submit th	ne following details	
4.1	Police station (1)			4.2 CAS/Case number	
4.3	Offence				
4.4	Police station (2)			4.5 CAS/Case number	
4.6	Offence				
_					
5	HAVE ANY OF YOUR F	FIREARM(S) EVER B	EEN LOST/STOLEN?	(Indicate with an X)	
	YES	NO	If yes, submit th	ne following details	
5.1	Police station ⁽¹⁾			5.2 CAS/Case number	
5.3	Circumstances				
5.7	Details of firearm				
5.5	Police station (2)			5.6 CAS/Case number	
5.7	Circumstances				
5.8	Details of firearm				
6	HAVE YOU EVER BEE	N DECLARED UNFIT	TO POSSESS A FIRE	ARM? (Indicate with an X)	
	YES	NO	If yes, submit th	ne following details	
6.1	Police station (1)			6.2 CAS/Case number	
5.3	Charge				
6.4	Date from			6.5 Period	
6.6	Police station (2)			6.7 CAS/Case number	
6.8	Charge				
6.9	Date from			6.10 Period	
7					
	DO YOU HAVE THE PF		Indicate with an X)		
7.1	YES IF YES, SUBMIT FULL	NO NO	h an Y with short description	2)	
	Type of safe	Handgun	Rifle		
	Strongroom				
	Device				
8	IS SAFE MOUNTED?	ndicate with an X)			
	YES	NO			
8.1	IF YES, SUBMIT FULL	DETAILS (Indicate wit	h an X, with short descriptio	n)	
	Wall	Floor			
9	Provide proof of previous	s experience in the ha	andling of firearms or pre	evious training in firearms	
		o expenses in the hi	and the second of pro-		

DECLARATION BY 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.

H.	SIGNATURE	OF APPLICA	NT	Sign only if applicable)		
	The photograph must be in colour and may not exceed the photo must be the size of a standard passport of the photo must be a full front view of the head and applicant. The background of the photo must be plain. The applicant may not be wearing a hat or sunglass photograph. The applicant's name and identification number must on the back of the photograph before it is affixed on form. The applicant must sign in black ink.	photograph. shoulders of the es on the st be written	•	PHOTO		
-	The signature may not exceed the border. The whole finger must be pressed down on the shee The fingerprint should not be rolled and must be a fl.	et. at impression.			1	⁴ Fingerprint
2	Signature				3	designatio
Name	of applicant in block letters		6	Date -		-
			7	Place		
PAR	TICULARS OF POLICE OFFICIAL DEALING WITH A	PPLICATION	8.2			1
Name	of police official in block letters			Persal number of police official		
	of police official in block letters		8.4	Signature of police official		
	TICULARS OF WITNESS		9.2			
	of witness in block letters of witness in block letters		9.4	Persal number of witness Signature of witness		
I.	PARTIC (This section must be completed only if the applic	CULARS OF II			of this fo	orm.)
Nam	e and surname of interpreter					
Ident	tity/Passport number of interpreter				\top	

3	Residential address															
										⁴ Posta	al Code	Э				
5	Postal address															
										⁶ Posta	al Cod	е				
7	Telephone number	7.1 Home	()				7.2 Work	()						
8	Cellphone number							⁹ Fax	()						
10	E-mail address															
11	Interpreted from (language)							to								
							12	Date								
								Date			-			-		
13							14	Place								
	Signature of interpreter		•••					1 lace								
15			7				16					_ [
	Rank of police officer in block let	ters(if applicab	J ole)					Persal number of	of police	official(if appl	icable	∍)			
	J.	F	AREN	TAL	CONS	SENT	IN CA	SE OF A MINO	ıR							
1						Ŧ								一	_	
•	Reco	mmended							Not red	commer	nded					
2	Name and surname of parent/g	juardian														
3	Identity/Passport number of pa	rent/guardian														
4	Comments of parent/guardian															
							_					1				ı
							5	Date			-			-		
6							7	DI .								
	Signature of parent/guardian_							Place								
	K. FOR OFFICI	AL USE BY	THE DI	ESIG	NATE	D FIR	EARN	MS OFFICER/S	TATIO	N CON	IMISS	SION	ER			
1		RECOMM	ENDAT	ION F	REGAF	RDING	THE A	APPLICATION (Inc	dicate wi	th X)						
2	Reco	mmended							Not red	commer	nded					
2.1	Motivation															
	1															

SAPS 518	

	Date
Name of Designated Firearms Officer/Station Commissioner in block letters	
	⁶ Place
Rank of Designated Firearms Officer/Station Commissioner in block letters	
Signature of Designated Firearms Officer/Station Commissioner	Persal number of Designated Firearms Officer/Station
orginature of Designated Filedinis Officer/Station Confinissioner	Commissioner

2.2

Recommended conditions



AFFIDAVIT AF2

I, tl	ne undersigned,
	,
Do	hereby make OATH and state that:
1.	I am an adult FEMALE / MALE, and I depose to this affidavit in my personal capacity , my identity number is
	and I am duly authorised to make this affidavit.
2.	The facts deposed to by me in this affidavit fall within my personal knowledge unless the contrary is stated or appears from the context and are both true and correct to the best of my belief.
3.	On the

4.	I handed the said Police officer my fully completed, together with all supporting documentation and the prescribed fee, a Section 21 licence renewal application form, in respect of the following fireams.					
	and requested that the officer submit same to the registrar of firearms in order for a temporary licence to be granted in terms of Section 21 of The Firerarms Control Act					
5.	The officer accepted my application / The officer refused to accept my application (delete where appropriate)					
6.	The officer when refusing to accept the application stated that					
7.	I handed the said Police officer my Section 21 temporary firearm licence application form, SAPS form 518 and requested that the officer submit same to t he registrar of firearms in order for a temporary licence to be granted in terms of Section 21 of The Firearms Control Act					
8.	The officer accepted my application / The officer refused to accept my application (delete where appropriate)					
9.	The officer when refusing to accept the application stated that					

10	I also handed the said Police officer my Section 24/ 28 Firearm Licence renewal
	form, in respect of the following
	fireams
	application form, SAPS form 518(a) and requested that the officer submit same to
	the registrar of firearms in order for my existing firearm licence to be renewed on
	good cause as provided for in section 28(6) of the Firearms Control Act
11.	The officer accepted my application / The officer refused to accept my application
	(delete where appropriate)
	TI 60 1 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12	The officer when refusing to accept the application stated that

			DEPONENT	
I HEREBY CERTIFY	THAT the depo	nent has ackno	owledged that th	e deponent knows
and understands the	contents of this	affidavit, which	was signed and	l sworn before me
at	on this the	_, day of	20	_, the Regulations
contained in the Go	vernment Notice	No R1258 of	² 21 July 1972,	as amended and

Government Notice R1648 of 19 August 1977, as amended, having been complied with.

COMMISSIONER OF OATHS

(signature of Deponent)

NAME IN FULL:

DESIGNATION:

ADDRESS: