



SOUTH AFRICAN POLICE SERVICE

NOTICE OF APPEAL

Section 133 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP

DATE RECEIVED

A. FOR OFFICIAL USE BY THE APPEAL BOARD

<sup>1</sup> Outstanding/Additional information required

.....  
 .....  
 .....  
 .....

.....

..... - ..... - ..... <sup>2</sup> Date

.....  <sup>3</sup> Signature of the Secretary: Appeal Board  <sup>4</sup> Name in block letters

<sup>5</sup> Appeal upheld (Indicate with an X)  <sup>6</sup> Conditions

.....  
 .....  
 .....

.....

..... - ..... - ..... <sup>7</sup> Date

.....  <sup>8</sup> Signature of the Chairperson: Appeal Board  <sup>9</sup> Name in block letters

<sup>10</sup> Appeal not upheld (Indicate with an X)  <sup>11</sup> Comments

.....  
 .....  
 .....

.....

..... - ..... - ..... <sup>12</sup> Date

.....  <sup>13</sup> Signature of the Chairperson: Appeal Board  <sup>14</sup> Name in block letters

**B. PARTICULARS OF APPLICANT**

**NATURAL PERSON'S DETAILS**

SA ID		Passport	
Identity number			
Passport number			
Surname			<sup>6</sup> Initials
Residential address			
			<sup>8</sup> Postal Code
Postal address			
			<sup>10</sup> Postal Code
Telephone number	<sup>11.1</sup> Home	( )	<sup>11.2</sup> Work ( )
Cellphone number			<sup>12</sup> Fax ( )
E-mail address			

**JURISTIC PERSON'S DETAILS**

**OTHER BODIES**

Registered company name			
Trading as name			
FAR number			
Postal address			
			<sup>20</sup> Postal Code
Business address			
			<sup>22</sup> Postal Code
Business telephone number	<sup>23.1</sup> Work	( )	<sup>23.2</sup> Fax ( )
E-mail address			

**RESPONSIBLE PERSON'S DETAILS**

Responsible person (full names and surname)			
Type of identification (Indicate with an X)	SA ID		Passport number
Identity number of responsible person			
Passport number of responsible person			
Cellphone number			
Physical address			
			<sup>32</sup> Postal Code
Postal address			
			<sup>34</sup> Postal Code

**REPRESENTATIVE'S DETAILS**

Full name and surname			
Type of identification (Indicate with an X)	SA ID		Passport number



**D. FIREARM DETAILS**  
(Complete only if the appeal involve a firearm)

	(1)	(2)	(3)	(4)
1 Type				
2 Calibre				
3 Make				
4 Model				
Firearm component type:				
5 Barrel serial number				
6 Frame serial number				
7 Receiver serial number				

**E. DETAILS OF THE CURRENT OWNER OF THE FIREARM**

1 SA ID		Passport	
2 Identity number			
3 Passport number			
4 Surname			<sup>5</sup> Initials
6 Residential address			
		<sup>7</sup> Postal Code	
8 Postal address			
		<sup>9</sup> Postal Code	
10 Telephone number	<sup>10.1</sup> Home	( )	<sup>10.2</sup> Work ( )
10.3 Cellphone number			<sup>11</sup> Fax ( )
12 E-mail address			

**DECLARATION BY APPLICANT/AUTHORIZED PERSON/REPRESENTATIVE**

I am aware that it is an offence in terms of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this notice.

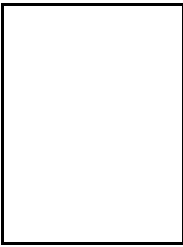

**F. SIGNATURE OF APPLICANT** (Sign only if applicable)

1		2 Date	
	Name of applicant in block letters		
3	.....	4 Place	
	Signature of applicant		

**G. SIGNATURE OF AUTHORIZED PERSON/REPRESENTATIVE**

1	Name and surname of authorized person/representative	
2	Designation	3 Date
4	.....	5 Place
	Signature of authorized person/representative	

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

1		2	Fingerprint designation 	3	Date	<input type="text"/>
				4	<input type="text"/>	
					Name of applicant in block letters	
				5	Place	<input type="text"/>

Right index fingerprint of applicant

**6 PARTICULARS OF POLICE OFFICIAL DEALING WITH NOTICE**

6.1	<input type="text"/>	6.2	<input type="text"/>
	Name of police official in block letters		Persal number of police official
6.3	<input type="text"/>	6.4	.....
	Rank of police official in block letters		Signature of police official

**7 PARTICULARS OF WITNESS**

7.1	<input type="text"/>	7.2	<input type="text"/>
	Name of witness in block letters		Persal number of witness
7.3	<input type="text"/>	7.4	.....
	Rank of witness in block letters		Signature of witness

**I. PARTICULARS OF INTERPRETER**  
(This section must only be completed 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	Postal address		
		6	Postal Code
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	..... Signature of interpreter		
		14	Place
15	<input type="text"/>		
	Rank of police official in block letters (if applicable)	16	<input type="text"/>
			Persal number of police official (if applicable)