

SOUTH AFRICAN POLICE SERVICE

PERMISSION TO		RM IN TERMS OF TROL REGULATION	REGULATION 86(4) DNS. 2004	OF THE
PROVINCE				
POLICE STATION				
FIREARM APPLICATIONS REG REFERENCE	ISTER SAPS 86(a)	NO	YEAR	
		North Control of the		
A. DE	TAILS OF LICENCE, PER	RMIT OR AUTHORIZATI	ON HOLDER OF FIREARI	A Telegraphy and the second
Full names				
Surname	Section 1 and 1 an			
Identity number	And the second s	-		-
Physical address	And the second s			
			Postal Code	
Telephone number	Work		lome constants	
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Date licence was issued Serial number	control of the contro			
Make Make	Sign and Sig			
Calibre	No State And County And Count			
Action		U . 3. 0		
I hereby grant permission in te	erms of regulation 86 of the	Firearms Control Regula	itions, 2004 to:	
			to possess my firearm,	
Name and surnan	ne of person who will store the	firearm	possessin,,	
serial number :		<u></u>		
For the Date		to Date		
period		The control of the co		
Reason for storage	Processor of Contract of Contr			
	program of the state of the sta			
C. L	ETAILS OF LICENCE HO	LDER WITH WHOM FIR	REARM WILL BE STORED	
Full names			The foreign control of the control o	Service in the service of the servic
Surname	with the second of the second			
Identity number	The state of the s			- [
Physical address of storage	Segment of the segmen			1 1 <u> </u>
The second secon			Postal Code	
Telephone number	Work		Home	
Cellphone number	The state of the s			
Date licence was issued	Date		Serial	

Prescribed safe on premises?	YES			NC		:						
I declare that the details provided by me on this form are truin terms of section 120 of the Firearms Control Act, Act 60 of									€			
Signature of licence holder or responsible person.	Date			-		,	-					
I undertake to comply with the provisions of Regulation 86 this regulation may not be used by me who provides the regulation. Only the holder of the licence of the firearm or the holder of or a person to whom permission was granted on authorizat safe or strong room where it is stored	storage or any fa competency co	other pers ertificate in	on whil respec	e it is tofa	store muzzl	ed in te e loadi	erms ng fi	of ti rearr	his n,			
Signature of person who will store the firearm	- Date	,		-			-					
I certify that the above address was physically visited and the safe inspected and it comply as prescribed in Regulation 86 of the Firearm Regulations of the Firearm Control Act, Act 60 of 2000												
Police Station	Date			-			-					
Name of Designated Officer in block letters		Re	nk	And the second s	A CONTRACTOR OF THE PROPERTY O							
Designature of Officer		sal nber						-				