

Prescribed safe on premises?	YES	NO
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I declare that the details provided by me on this form are true and correct, I furthermore, declare that I know it is an offence in terms of section 120 of the Firearms Control Act, Act 60 of 2000 to knowingly make any false statement on this form.

Date					-					
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Signature of licence holder or responsible person.

I undertake to comply with the provisions of Regulation 86 and that the firearm or muzzle loading firearm stored in terms of this regulation may not be used by me who provides the storage or any other person while it is stored in terms of this regulation.
 Only the holder of the licence of the firearm or the holder of a competency certificate in respect of a muzzle loading firearm, or a person to whom permission was granted on authorization may remove the firearm or muzzle loading firearm from the safe or strong room where it is stored

Date					-					
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Signature of person who will store the firearm

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					-			
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Name of Designated Officer in block letters		Rank	
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Signature of Designated Firearm officer	_____	Personal number								
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