

DECLARATION IN TERMS OF REGULATION 86 OF THE FIREARMS CONTROL REGULATIONS, 2004 (SAFE KEEPING FACILITIES)

а. <u>Р</u>	A.PARTICULARS OF FIREARM LICENCE HOLDER / APPLICANT																		
1.	NATURAL PERSON'S DETAIL																		
2.	Surname																		
3.	Full names																		
4.	Identity number of natural	person							-					-			-		
5.	Residential Address								ı						ı				
							6.	Pos	tal Co	de									
7.	STATE UNDER	MNL	YA	FFII	RM :	* TC	TH	E F	OLL	OW	ING	:							
I acknowledge that the approval of the firearm licence application and the issuing of the relevant licence, permit or authorisation are subject to me providing proof to the Registrar of my ability to safely store the firearm in accordance with the law. The fact that the application had been accepted by the Registrar and that it is being processed and considered prior to my ability to prove compliance with the law in respect of the safe custody does not confer on me any right or legitimate expectation that my application will be considered favourably. I acknowledge that Regulation 86(1) reads as follows: When a firearm is not under the direct personal and physical control of a holder of a licence, authorisation or permit to possess a firearm, the firearm and its ammunition must be stored in a safe or strongroom that conforms to the prescripts of SABS Standard 953-1 and 953-2, unless otherwise specifically provided in these regulations. I therefore swear under oath / solemnly affirm* that I am in possession of the prescribed safe which conform to the prescripts of SABS Standard 953-1 / SABS Standard 953-2*. B.PARTICULARS OF SAFE STORAGE FACILITY (mark applicable block)																			
Type of Safe Handgun			Rifle		Strongroom				Device										
Is Safe mounted? (Indicate with X) Yes					No														
If Yes, submit details (indicate with X) Wall						Floo	or												
Specify manner in which the safe / device was mounted to wall / floor																			
*DELETE WHICHEVER IS NOT APPLICABLE I HEREBY SWEAR UNDER OATH /SOLEMNLY AFFIRM * THAT THE ABOVE SAFE / STRONGROOM * HAS BEEN PROPERLY C. INSTALLED AND MEETS WITH THE REQUIREMENTS OF SABS STANDARD 953-1 / SABS STANDARD 953-2* FOR THE SAFE KEEPING OF FIREARMS AND OR AMMUNITION																			
*																			
Initials and Surname of Firearm licence holder						2.	Sign	nature	of Fi	rearm	licen	ce ho	lder						
D. CERTIFICATION																			
I CERTIFY THAT THE ABOVE SWORN DECLARATION / SOLEMN AFFIRMATION* WAS SWORN TO / AFFIRMED BEFORE ME AND THE LICENCED FIREARM OWNER / APPLICANT HAS ACKNOWLEDGED THAT SHE / HE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION. THE LICENCED FIREARM OWNER / APPLICANT=S SIGNATURE WAS PLACED THEREON IN MY PRESENCE																			
						2.	Date)					-			•			
Name of Designated Firearms Officer / Police Official in block letters																			
						4.	Plac	Place SUNNYSIDE											
Rank of Designated Firearms Officer / Police Official in block letters																			
	- nallda					6.								-		PEF	RSAL	NR	
5.	Signature of Designated F	rirearms Officer	/ Police	Official in b	lock let	tters			<u> </u>		<u> </u>		<u> </u>	<u> </u>	l				

SAFE ANNEXURE DOCUMENT, DESCRIBING THE SAFE KEEPING FACILITIES

- Three **colour** photos of your safe.
- One photo of the safe, with the door closed.
- One photo of the safe, with the door open.
- One photo of the safe where the roll bolts with which it is attached are clearly visible.
- Photos may be printed on any plain white paper, but it must be printed in **COLOUR**.
- The backside of the photos must contain your **initials and** surname, **ID number**, and **signature**.