

## SOUTH AFRICAN POLICE SERVICE

## **NOTIFICATION OF INCORRECT INFORMATION**

				ĺ															
	OFFICIAL DATE S		A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED																
				<sup>1</sup> Notificat	ion ref	eren	ce No												
			ı								<u> </u>	ı					<u> </u>	<u> </u>	
	DATE RECEIV	/ED																	
				_			_		_			_						_	
	B. FOR OF	FICIAL USE	BY TH	ΕP	OLICE S	ΓΑΤΙΟ	N W	/HERE	E TH	IE N	OTIF	ICA	TION	IS R	ECE	IVE	)		
1	Province																		
2	Area																		
3	Police station																		
4	Component code																		
5	General firearm transactions re	egister numbe	r																
	C. PARTICULARS	S OF THE H	OLDER	OF	THE LIC	ENCE	, PE	ERMIT	, CE	ERTI	FICA	TE	OR A	UTH	ORIZ	ATIO	NC		
1	NATURAL PERSON'S DETAI	LS																	
2	Type of identification (Indicate	with an X)																	
2.1	SA ID P	assport numb	er	Non-SA citizen with permanent residence*															
3	Identity number	асерент наппа	<u>.                                    </u>			Т				_ [	. po				_	П	П	l <u>.</u>	Н
4	Passport number	$\overline{}$	П																
5	Surname		1										6 <sub>I</sub>	nitials					
7	Full names													intidic				<u> </u>	
8	Residential address																		
	Nesiderillai address											п	9 Pos	ol Co	do				T
10	Postal address											_	F 0 5	ai Cu	ue	<u> </u>	<u> </u>	<u> </u>	1
	Fostal address												<sup>11</sup> Pos	4-1-0					
12	Don't and fall of	12.1, ,						12.2 <sub>W</sub>	· · · ·		,		Pos	stal C	oae				
13	Business telephone number	<sup>12.1</sup> Home	(	)							(	)							
15	Cellphone number							<sup>14</sup> F:	ax		(	)							
-	E-mail address	i																	

<sup>\*</sup>In case of a non-SA citizen proof of permanent residence must be submitted.

16	JURISTIC PERSON'S DETAILS														
17	OTHER BODIES														
18	Registered company name														
19	Trading as name														
20	FAR number														
21	Postal address														
		<sup>22</sup> Postal Code													
23	Business address														
		<sup>24</sup> Postal Code													
25	Business telephone number 25.1 Work ( )	<sup>25.2</sup> Fax ( )													
26	E-mail address														
27	RESPONSIBLE PERSON'S DETAILS														
28	Responsible person (full names and surname)														
29	Type of identification (Indicate with an X)	SA ID Passport number													
30	Identity number of responsible person														
31	Passport number of responsible person														
32	Cellphone number														
33	Physical address														
		<sup>34</sup> Postal Code													
35	Postal address														
		<sup>36</sup> Postal Code													
	D. DETAILS OF INCORRECT LICENCE, PE	ERMIT, CERTIFICATE OR AUTHORIZATION													
1															
•	Licence, permit, certificate or authorization type  Licence, perm	nit, certificate or authorization number Date licence, permit, certificate or authorization was issued													
2	OTHER INFORMATION														
2.1															
2.1	Description of incorrect information	2.2 Description of correct information													
3	Incorrect firearm particulars	4 Correct firearm particulars													
3.1	Туре	4.1 Type													
3.2	Calibre	4.2 Calibre													
3.3	Make	4.3 Make													
3.4		4.4 Martal													

	Firearm component type:		FILE	ann co	mponent ty	pe.											
3.5	Barrel serial number		4.	5 Barre	el serial nun	nber											
3.6	Make		4.0	6 Make	Э												
3.7	Frame serial number		4.7	<sup>7</sup> Fram	ne serial nui	mber											
3.8	Make		4.8	8 Make	Э												
3.9	Receiver serial number		4.9	9 Rece	eiver serial r	number											
3.10	Make		3.	10 Mak	е												
5	DECLARATION OF REPORTING PERSON																
				_ ,													
	I am aware that it is an offence in terms of the Firearms	Control A	ct, 2000	) (Act N	lo 60 of 200	00), to m	ake a	false s	tatem	ent in	this	notifica	tion.				
	E. SIGNATURE OF REPORTING PERSON (Sign only if applicable)																
4		(-	<i>y</i> . <i>y</i>		,		$\overline{}$	_									
1	Name of reporting person in block letters			2	Date				-			-					
	Name of reporting person in block retters																
3	Signature of reporting person			4	Place												
	Signature of reporting person																
	F. This section must be or	ompleted <u>c</u>	only if th	ne repo	rting persor	cannot	read	or write									
1	<sup>2</sup> Fingerprint			3	Date				-			-					
	Fingerprint designation																
	4				Newsfactors												
					Name of reporting person in block letters												
				5	Place												
	Right index fingerprint of reporting person																
6	PARTICULARS OF POLICE OFFICIAL DEALING WI	TH NOTIF	ICATIO	ON													
6.1																	
	Name of police official in block letters			6.2	Persal nun	nber of p	oolice	official		-		j					
6.3				6.4	_												
	Rank of police official in block letters				Signature	of police											
7	DADTICHI ADC OF WITNESS																
	PARTICULARS OF WITNESS											_					
7.1				7.2													
	Name of witness in block letters				_Persal nun	nber of v	witnes	S									
7.3				7.4													
	Rank of witness in block letters				Signature	of witnes	ss ——										
					RPRETER			4	41		41	.:. <b>6</b>	- \				
	(This section must be completed only if the repo	ning perso	on canno	ot read	or write or (	uces not	unae	rstand	ine co	ment	s of t	iis torn	1.)				
1	Name and surname of interpreter																
2	Identity/Passport number of interpreter																
3	Residential address																

<sup>4</sup> Postal Code

SAPS 521(g)

5	Postal address																
									6	Post	tal Co	de					
7	Telephone number	7.1 Home	(	)		7.2 Wo	ork	(	)								
8	Cellphone number					9 Fax	(	(	)								
10	E-mail address																
11	Interpreted from (language)					to											
					12	Date					-			-			
13	14						Place										
15	Signature of interpreter  16  Rank of police official in block letters (if applicable)						Persal number of police official (if applicable)										
	H. PARTICU	JLARS OF DES	SIGNAT	ΓED FIREA	RMS OFF	ICER/S	TAT	ON C	ОММ	ISSI	ONE	R					
1	Name of Designated Firearms O	fficer/Station Cor	nmissio	ner in block l	2 etters	Date					-			-			
3	Rank of Designated Firearms Of	ficor/Station Com	mission	or in block k	4	Place											
5					6							-	<u> </u>				
	Signature of Designated Firearm	s Officer/Station	Commis	ssioner		Persal r Commis			signa	iea Fl	ream	is Of	iicer/s	otatior	1		