SOUTH AFRICAN POLICE SERVICE

NOTIFICATION OF REQUIREMENT TO DEACTIVATE A FIREARM

Section 150 of the Firearms Control Act, 2000 (Act No 60 of 2000)

OFFICIAL DATE STAMP

DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED	
1 Notification reference No	

B. FOR OFFICIAL USE BY POLICE STATION WHERE THE NOTIFICATION IS RECEIVED	
1 Province	
2 Area	
3 Police station	
4 Component code	
5 General firearm transactions register number	

C. FOR OFFICIAL USE BY THE CENTRAL FIREARMS REGISTER (CFR)

1 **Outstanding/Additional information required** .....

.....

- - 2 Persal number - - - 3 Date

.....
_____4 Signature of police official

_____5 Name in block letters

6 **Was the firearm referred for ballistic testing?** _____YES ☐ _____NO ☐ (Indicate with an X)

7 **Result** .....

.....

- - 8 Persal number - - - 9 Date

.....
10 Signature of police official

11 Name in block letters

12 **Deactivation approved** (Indicate with an X) ☐ .....

.....

- - 13 Persal number - - - 14 Date

.....
15 Signature of CFR officer_____

16 Officer code

17 Name in block letters

18 **Deactivation refused** (Indicate with an X) ☐ 19 **Reason(s) for refusal**

.....

.....

- - 20 Persal number - - - 21 Date

.....
22 Signature of CFR officer

23 Officer code

24 Name in block letters

D. PARTICULARS OF THE HOLDER OF THE LICENCE

1 **NATURAL PERSON'S DETAILS**

2	SA ID		Passport														
3	Identity number of natural person							-					-			-	
4	Passport number of natural person																
5	Surname											6 Initials					
7	Residential address																
												8 Postal Code					
9	Postal address																
												10 Postal Code					
11	Telephone number	11.1 Home	( )					11.2 Work	( )								
11.3	Cellphone number							12 Fax	( )								
13	E-mail address																

14 **JURISTIC PERSON'S DETAILS**

15 **OTHER BODIES**

16	Registered company name																
17	Trading as name																
18	FAR number																
19	Postal address																
												20 Postal Code					
21	Business address																
												22 Postal Code					
23	Business telephone number	23.1 Work	( )					23.2 Fax	( )								
24	E-mail address																

25 **RESPONSIBLE PERSON'S DETAILS**

26	Responsible person (full name and surname)																
27	Type of identification (Indicate with an X)	SA ID								Passport number							
28	Identity number of responsible person							-					-			-	
29	Passport number of responsible person																
30	Cellphone number																
31	Physical address																
												32 Postal Code					
33	Postal address																
												34 Postal Code					

E. PARTICULARS OF FIREARM

1 Licence number

2 **TYPE OF FIREARM**
(indicate with an X)

3

Rifle		Shotgun		Handgun	
Other, specify					

4 Calibre

5 Make

6 Model

Firearm component type:

7 Barrel serial number — 7.1 Make

8 Frame serial number — 8.1 Make

9 Receiver serial number — 9.1 Make

10 **GUNSMITH'S DETAILS**

11 Gunsmith's trading as name

12 FAR number — 13 Licence number of gunsmith

14 Reason for deactivation

15 Name of gunsmith in block letters

16 Date - -

17 Signature of gunsmith

18 Place

19 **DECLARATION BY THE HOLDER OF THE LICENCE**

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 notification.

20 **PARTICULARS OF THE HOLDER OF THE LICENCE**

21 Name of the holder of the licence in block letters

22 Date - -

23 Signature of the holder of the licence

24 Place

F. (This section must be completed only if the surrendering person cannot read or write.)

1 Right index fingerprint of surrendering person

2 Fingerprint designation

4

3 Date - -

Name of surrendering person in block letters

5 Place

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

6.1 Name of police official in block letters

6.2 Persal number of police official -

6.3 Rank of police official in block letters

6.4 Signature of police official

7 **PARTICULARS OF WITNESS**

7.1 Name of witness in block letters

7.2 Persal number of witness -

7.3 Rank of witness in block letters

7.4 Signature of witness

G. **PARTICULARS OF INTERPRETER**

(This section must be completed only if the surrendering person cannot read or write or does not understand the contents 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

16 -

Rank of police official in block letters (if applicable)

Persal number of police official (if applicable)

H. FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1 RECOMMENDATION REGARDING THE NOTIFICATION

2 Motivation regarding the notification

3 Name of Designated Firearms Officer/Station Commissioner in block letters

4 Date - -

5 Rank of Designated Firearms Officer/Station Commissioner in block letters

6 Place

7 Signature of Designated Firearms Officer/Station Commissioner

8 -

Persal number of Designated Firearms Officer/Station Commissioner