



SOUTH AFRICAN POLICE SERVICE

**NOTIFICATION OF CHANGE OF ADDRESS**

Section 25(1) of the Firearms Control Act, 2000 (Act No 60 of 2000)

<p><b>OFFICIAL DATE STAMP</b></p>          <p><b>DATE RECEIVED</b></p>
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A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE NOTIFICATION IS CAPTURED												
<sup>1</sup> 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. PARTICULARS OF THE HOLDER OF THE LICENCE, PERMIT, CERTIFICATE OR AUTHORIZATION**

**NATURAL PERSON'S DETAILS**

1.1	SA ID		Passport																	
2	Identity number of natural person																			
3	Passport number of natural person																			
4	Surname										<sup>5</sup> Initials									
<b>Details of new address</b>																				
6	Residential address																			
										<sup>7</sup> Postal Code										
8	Postal address																			
										<sup>9</sup> Postal Code										
10	Telephone number				<sup>10.1</sup> Home		( )		<sup>10.2</sup> Work		( )									
10.3	Cellphone number								<sup>11</sup> Fax		( )									
12	E-mail address																			

**JURISTIC PERSON'S DETAILS**

**OTHER BODIES**

15	Registered company name																			
16	Trading as name																			
17	FAR number																			

<b>Details of new address</b>									
18	Postal address								
		19	Postal Code						
20	Business address								
		21	Postal Code						
22	Business telephone number	22.1	Work	(	)	22.2	Fax	(	)
23	E-mail address								

**RESPONSIBLE PERSON'S DETAILS**

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

34	Are there additional firearm licence holder(s) licenced to your name?									
	YES		NO		If yes, submit full details					

**ADDITIONAL LICENCE HOLDER(S) PARTICULARS**

35.1	SA ID		Passport										
36	Identity number of natural person												
37	Passport number of natural person												
38	Surname								39	Initials			

		(1)	(2)	(3)	(4)
40	Type of licence				
41	Licence number				
42	Date issued				
43	Expiry date				

44	<b>DID THE ADDITIONAL LICENCE HOLDER ALSO MOVE TO THE NEW ADDRESS?</b>									
	YES		NO							

45	<b>DO YOU HAVE THE PRESCRIBED SAFE?</b> (Indicate with an X)									
	YES		NO							

45.1	<b>IF YES, SUBMIT FULL DETAILS</b>									

**DECLARATION BY REPORTING PERSON**

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. \_\_

**D. SIGNATURE OF REPORTING PERSON**  
(Sign only if applicable)

1   
Name of reporting person in block letters

2 Date     -   -

3 .....  
Signature of reporting person

4 Place

**E.** (This section must be completed only if the reporting person cannot read or write.)

1  2 Fingerprint designation

3 Date     -   -

4   
Name of reporting person in block letters

5 Place

Right index fingerprint of reporting person

**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

**F. PARTICULARS OF INTERPRETER**  
(This section must be completed only if the reporting person cannot read or write or does not understand the contents of this form.)

1	Name and surname of interpreter		<input type="text"/>														
2	Identity/Passport number of interpreter		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3	Residential address		<input type="text"/>														
													4 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	Postal address		<input type="text"/>														
													6 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	Telephone number	7.1 Home	( )	7.2 Work	( )												
8	Cellphone number				9 Fax	( )											
10	E-mail address		<input type="text"/>														
11	Interpreted from (language)						to	<input type="text"/>									

12 

Date						-							
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13 .....  
Signature of interpreter

14 

Place													
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15 

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Rank of police official (if applicable)

16 

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Persal number of police official (if applicable)

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

1 

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Name of Designated Firearms Officer/Station Commissioner in block letters

2 

Date													
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3 

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Rank of Designated Firearms Officer/Station Commissioner in block letters

4 

Place													
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5 .....  
Signature of Designated Firearms Officer/Station Commissioner

6 

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Persal number of Designated Firearms Officer/Station Commissioner