## SOUTH AFRICAN POLICE SERVICE

| PERMISSION TO STORE A FIREARM IN TERMS OF REGULATION 88(4) OF THE FIREARMS CONTROL REGULATIONS, 2004 | | | |
|---|---|---|---|
| Province | | | |
| Police Station | | | |
| Firearm Application Register Reference | SAPS 86(a) | No | Year |

| DETAILS OF LICENCE, PERMIT OR AUTHORIZATION HOLDER OF FIREARM | | | | |
|---|---|---|---|---|
| Full names | | | | |
| Surname | | | | |
| Identity number | | -- | -- | |
| Physical address | | | | |
| | | 5 Postal Code | | |
| Telephone number | 6.1 Work ( ) | | 6.2 Home ( ) | |
| Cellphone number | | | | |

| DETAILS OF LICENCE HOLDER WITH WHOM FIREARM WILL BE STORED | |
|---|---|
| Date license was issued | |
| Serial number | |
| Make | |
| Caliber | |
| Action | |

I hereby grant permission in terms of regulation 86 of the Firearms Control Regulations, 2004 to:

..... .....

Name and surname of person who will store the firearm to possess my firearm, serial number from

| Date | - | - | TO | Date | - | - |
|---|---|---|---|---|---|---|
| | | | | | | |

| DETAILS OF LICENCE HOLDER WITH WHOM FIREARM WILL BE STORED | | | | |
|---|---|---|---|---|
| Full names | | | | |
| Surname | | | | |
| Identity number | | -- | -- | |
| Physical address of storage | | | | |
| | | 5 Postal Code | | |
| Telephone number | 6.1 Work ( ) | | 6.2 Home ( ) | |
| Cellphone number | | | | |
| **Date license was issued** | -- -- | -- -- | Serial Nr | |

| Prescribe safe on premises | Yes | | No | |
|---|---|---|---|---|

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 39(1)(f) on the Firearms Control Act, Act 60 of 2000 to knowingly make any false statement on this form

…….
Signature of license holder/ responsible person

| Date | | | | | - | | | - | | |
|---|---|---|---|---|---|---|---|---|---|---|

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.

……..
Signature of person who will store the firearm

| Date | | | | | - | | | - | | |
|---|---|---|---|---|---|---|---|---|---|---|

I certify that above address was physical visited and the safe inspected and it comply as prescribed in REGULATION 86 of the Firearm Regulations of the Firearm Control Act, Act 60/2000.

| Police station | |
|---|---|

| Date | | | | | - | | | - | | |
|---|---|---|---|---|---|---|---|---|---|---|

| Name of designated police officer- In block letters | |
|---|---|

| Rank | |
|---|---|

| Signature of Designated Firearm Officer | |
|---|---|

| Persal number | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|