

10

Prescribed safe on premises?	YES		NO	
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 (Indicate with an X)

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.

11
Signature of licence, permit and authorization holder

13
Police station

15
Name of Designated Firearms Officer in block letters

17
Signature of Designated Firearms Officer

12

Date						-					-			
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14

Date						-					-			
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16
Rank of Designated Firearms Officer in block letters

18

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Persal number of Designated Firearms Officer