

**PERMISSION TO STORE A FIREARM IN TERMS OF REGULATION 86(4) OF THE
FIREARMS CONTROL REGULATIONS, 2004**

B. DETAILS OF FIREARM TO BE STORED	
Date licence was issued	
Serial number	
Make	
Calibre	
Action	

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

C. 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 licence was issued	Date				-			-		⁹ Serial number	
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10	Prescribed safe on premises?	YES		NO		(Indicate with an X)
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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

12	Date					-					
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13

Police station

14	Date					-					
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15

Name of Designated Firearms Officer in block letters

16

Rank of Designated Firearms Officer in block letters

17
Signature of Designated Firearms Officer

18								-	
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Persal number of Designated Firearms Officer