ANNEXURE "A"

SOUTH AFRICAN POLICE SERVICE

DECLARATION IN TERMS OF REGULATION 86 OF THE FIREARMS CONTROL REGULATIONS, 2004 (SAFE KEEPING FACILITIES)

A.	PARTICULARS OF THE FIREARM LICENCE HOLDER/APPLICANT

1 NATURAL PERSON'S DETAILS

2 Surname																	
3 Full names																	
4 Identity number of natural person							-					-			-		
5 Passport number of natural person																	
6 Residential address																	
													7 Postal Code				

8 **STATE UNDER OATH IN ENGLISH/SOLEMNLY AFFIRM* TO THE FOLLOWING:**

I acknowledge that the approval of the firearm licence application and the issuing of the relevant licence, permit or authorisation is subject to myself providing proof to the Registrar of my ability to safely store the firearm in accordance with the law.

The fact that the application had been accepted by the Registrar and that it is being processed and considered prior to my ability to prove compliance with the law in respect of the safe custody does not confer on me any right or legitimate expectation that my application will be considered favourably.

I acknowledge that Regulation 86(1) reads as follows:

"When a firearm is not under the direct personal and physical control of a holder of a licence, authorisation or permit to possess a firearm, the firearm and its ammunition must be stored in a safe or strongroom that conforms to the prescripts of SABS Standard 953-1 and 953-2, unless otherwise specifically provided in these regulations."

I therefore swear under oath/solemnly affirm* that I am in possession of the prescribed safe which conform to the prescripts of SABS Standard 953-1/SABS Standard 953-2*.

B.	PARTICULARS OF SAFE STORAGE FACILITY (mark applicable block)		
1 Safe		2 strongroom	
3 Short description of the safe or strongroom			

* DELETE WHICHEVER IS NOT APPLICABLE

C. I HEREBY SWEAR UNDER OATH /SOLEMNLY AFFIRM* THAT THE ABOVE SAFE/ STRONGROOM* HAS BEEN PROPERLY INSTALLED AND MEETS WITH THE REQUIREMENTS OF SABS STANDARD 953-1/SABS STANDARD 953-2* FOR THE SAFE KEEPING OF FIREARMS AND OR AMMUNITION

1. Initials and surname of firearm licence holder

2. Signature of firearm licence holder/applicant .....

D. CERTIFICATION

I CERTIFY THAT THE ABOVE SWORN DECLARATION/SOLEMN AFFIRMATION* WAS SWORN TO/AFFIRMED BEFORE ME AND THE LICENCED FIREARM OWNER/APPLICANT HAS ACKNOWLEDGED THAT SHE/HE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION. THE LICENCED FIREARM OWNER/APPLICANT'S SIGNATURE WAS PLACED THEREON IN MY PRESENCE ON

(day) .....(month).....(year)..... AT (time).....h.....AT (place).....

1 Name of Designated Firearms Officer/police official in block letters

2 Date - -

3 Rank of Designated Firearms Officer/police official in block letters

4 Place

5 ..... Signature of Designated Firearms Officer/police official

6 - Persal number of Designated Firearms Officer/police official

OFFICIAL DATE STAMP

DATE RECEIVED

* DELETE WHICHEVER IS NOT APPLICABLE