



P.O. Box 6446
Onverwacht
Lephalale (Ellisras)
0557
Limpopo Province
South Africa

Home: +27 73 945 9758
E-mail: dawie@bullseyesafaris.co.za
Website: www.bullseyesafaris.co.za

*"Your South African
Safari Starts Here!"*

Mr / Mrs.

To help start your safari on a positive note, please print and have this document with you when claiming your rifle(s) at the Customs Office at Johannesburg Int'l Airport.

To whom it may concern:

Mr / Mrs. has booked a hunting safari with Bull's Eye Safaris from the 20..... to the 20
We kindly provide you with the following information and we trust that it will assist him or her when claiming his/her rifles.

Safari Company: Bull's Eye Safaris

Outfitter: Dawie Spangenberg
Outfitter permit: ZA/LP/84488

Physical Address: Farm Nagwag
Overysel
Lephalale (Ellisras)
0555
Limpopo Province

Postal Address: P.O. Box 6446
Onverwacht, Lephalale (Ellisras)
0557

Phone: +27 73 945 9758
Email: bullseyehuntingsafaris@gmail.com

Yours truly,

.....
Dawie Spangenberg
Owner & Outfitter
Bull's Eye Safaris



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*"Your South African
Safari Starts Here!"*

Invitation to hunt with Bull's Eye Safaris

**Bull's Eye Safaris cordially invites: to hunt with
us from to 20
He/She will be hunting the following Species:**

.....
.....
.....
.....
.....
.....

He/She will be using the following rifle(s):

**1. Make:
Calibre:
Serial number:
Amount of Ammunition for specific caliber:**
**2. Make:
Calibre:
Serial number:
Amount of Ammunition for specific caliber:**

Enterprise name: Bull's Eye Safaris

Should you need additional information, please contact me on +27 73 945 9758.

Yours truly,

.....
**Dawie Spangenberg
Owner & Outfitter
Bull's Eye Safaris**



SOUTH AFRICAN POLICE SERVICE

**APPLICATION FOR MULTIPLE IMPORT OR EXPORT PERMIT/
PERMANENT IMPORT OR EXPORT PERMIT/TEMPORARY IMPORT OR
EXPORT PERMIT/IN-TRANSIT PERMIT FOR PERSONAL USE
(Individuals and companies)**

Section 73(2), 74, 76, 77, 78, 80, 81 and 82 of the Firearms Control Act, 2000 (Act No 60 of 2000)



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D.

TYPE OF PERMIT (Indicate with an X)

1 Multiple import or export permit	2 Import permit	3 Export permit	4 In-transit permit	5 Temporary import or export permit
------------------------------------	-----------------	-----------------	---------------------	-------------------------------------

E.

PARTICULARS OF APPLICANT

1 NATURAL PERSON'S DETAILS

2 Type of identification (Indicate with an X)

2.1 SA ID	Passport			
3 Identity number of natural person				
4 Passport number of natural person				
5 Surname	6 Initials			
7 Full names				
8 Date of birth	9 Age	10 Gender	Male	Female
11 Residential address	12 Postal Code			
13 Postal address	14 Postal Code			
15 Trade or profession	16 If self-employed, specify			
17 Name of employer/company				
18 Business address	19 Postal Code			
20 Telephone number	20.1 Home ()	20.2 Work ()		
20.3 Cellphone number	21 Fax ()			
22 E-mail address				

23 Marital status (Indicate with an X)

24 Single	Married	Divorced	Widow	Widower
Other (specify)				

25 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER (If applicable)

25.1 Type of identification (Indicate with an X)

25.1.1 SA ID	Passport
25.2 Identity number of spouse/partner	
25.3 Passport number of spouse/partner	
25.4 Full Name and Surname	

26 JURISTIC PERSON'S DETAILS

27 Registered company name	
28 Trading as name	
29 FAR number	
30 Postal address	

		31 Postal Code			
32	Business address				
34	Business telephone number	34.1 Work	()	34.2 Fax	()
35	E-mail address				

36 RESPONSIBLE PERSON'S DETAILS

37 Responsible person (full name and surname)					
38	Type of identification (Indicate with an X)	SA citizen		Non-SA citizen with permanent residence*	
39	Identity number of responsible person			-	
40	Passport number of responsible person			-	
41	Cellphone number				
42	Physical address				
44	Postal address			43 Postal Code	
46	Type of competency certificate (if applicable)				
47	Date of issue	-	-	48 Expiry date	-

F. PARTICULARS OF THE CURRENT OWNER OF THE FIREARM(S)

1 NATURAL PERSON'S DETAILS							
2	Surname					3 Initials	
4	Full names						
5	Identity number of natural person					-	
6	Passport number of natural person					-	
7	Residential address					8 Postal Code	
9	Postal address					10 Postal Code	
11	Telephone number	11.1 Home	()	11.2 Work	()		
11.3	Cellphone number			12 Fax	()		
13	E-Mail address						

14 JURISTIC PERSON'S DETAILS

15	Registered company name						
16	Trading as name						
17	FAR number						
18	Company registration or CC number						
19	Postal address						
				20 Postal Code			

* In case of a non-SA citizen proof of permanent residence must be submitted.

21 Business address							
				22 Postal Code			
23 Business telephone number	23.1 Work				23.2 Fax		
24 E-mail address							

25 RESPONSIBLE PERSON'S DETAILS

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

G.

IMPORT AND/OR EXPORT DETAILS

1 Country of origin							
2 Country of destination							
3 Port of entry							
4 Port of exit							
5 Reason for permit							

6 In case of a permanent import/export permit, submit the date on which the import/export will take place

7 Date on which the import/export will take place

Date				-			-		
------	--	--	--	---	--	--	---	--	--

8 In case of a multiple import or export permit/temporary import or export permit/in-transit permit, submit the following

9 Period for which permit is required

9.1 FROM Date

				-			-		
--	--	--	--	---	--	--	---	--	--

TO 9.2 Date

				-			-		
--	--	--	--	---	--	--	---	--	--

H. TRANSPORTER'S DETAILS (Complete only in the case of an in-transit permit for business purposes)

1 FAR number												
2 Transporter's name and surname												
3 Transporter's trading name												
4 Method of transport												
5 Transporter's responsible person (name and surname)												
6 Type of identification (Indicate with an X)	SA citizen			Non-SA citizen with permanent residence								
7 Identity number of responsible person								-			-	
8 Cellphone number												

* In case of a non-SA citizen proof of permanent residence must be submitted.

9

Validity of the transporter's permit

FROM

SAPS 520

Date _____

Date				-		-		
------	--	--	--	---	--	---	--	--

10

Transport route

10

DETAILS OF FIREARMS

1

2

DETAILS OF AMMUNITION

2.1

12

3 **DECLARATION BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE FIREARM(S)**

I hereby declare that the above firearm(s) is/are legally in my possession and that I propose to supply it to the applicant once the necessary permit(s) has/have been obtained and that the particulars of the firearm(s) are correct and accurate.

4 **SIGNATURE OF PERSON CURRENTLY IN POSSESSION**

4.1

Name of person currently in possession in block letters

4.2 Date - -

4.3

Signature of person currently in possession

4.4 Place

5 **DECLARATION OF APPLICANT**

I am aware that it is an offence in terms of section 120 (9)(f) of the Firearms Control Act, 2000 (Act No 60 of 2000), to make a false statement in this application.

J.

SIGNATURE OF APPLICANT (Sign only if applicable)

1

Name of applicant in block letters

2 Date - -

3

Signature of applicant

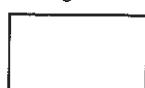
4 Place

K.

(This section must be completed only if the applicant cannot read or write)



2 Fingerprint designation



4

3 Date - -

Name of applicant in block letters

5 Place

Right index fingerprint of applicant

6 **PARTICULARS OF POLICE OFFICIAL DEALING WITH APPLICATION**

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

L.

PARTICULARS OF INTERPRETER

(This section must be completed only if the applicant cannot read or write or does not understand the content of this form.)

1 Name and surname of interpreter

-

2 Identity/Passport number of interpreter

-

3 Residential address

-

4 Postal Code

5 Postal address					SAPS 520	
7 Telephone number	7.1 Home	()	7.2 Work	()	6 Postal Code	
8 Cellphone number				9 Fax	()	
10 E-mail address						
11 Interpreted from (language)				to		

13 _____
Signature of interpreter

15	Rank of police official in block letters (if applicable)						
16	Persal number of police official (if applicable)						

14

PARENTAL CONSENT IN CASE OF A MINOR

6 _____
Signature of parent/guardian

5	Date					-			-	
---	------	--	--	--	--	---	--	--	---	--

7 Place

N.

IN CASE OF NOMINEE/AUTHORIZED PERSON

1 Name and surname of nominee/authorized person

2 Identity/Passport number of nominee/authorized person

3

Date

4

Place

Signature of nominee/authorized person

***** NOTIFICATION OF CHANGE OF ADDRESS *****

The Registrar must be informed of all changes of address/circumstances within 30 days of such changes occurring

O.

FOR OFFICIAL USE BY THE DESIGNATED FIREARMS OFFICER/STATION COMMISSIONER

1 RECOMMENDATION REGARDING THE APPLICATION

Recommended

Not recommended

2 Motivation regarding the application

4 Date

Name of Designated Firearms Officer/Station Commissioner in block letters

6 Place

5 Rank of Designated Firearms Officer/Station Commissioner in block letters

8

Persal number of Designated Firearms Officer/Station

Commissioner

7 Signature of Designated Firearms Officer/Station Commissioner