



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
Overysse
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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0557
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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

**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)**

OFFICIAL DATE STAMP

DATE RECEIVED

A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED							
¹ Application reference No							

B. FOR OFFICIAL USE BY POLICE STATION WHERE APPLICATION IS RECEIVED			
Province			
Area			
Police station			
Component code			
Firearm applications register reference number	SAPS 86	NO	YEAR

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**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)

OFFICIAL DATE STAMP	A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED																		
	¹ Application reference No <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																		
DATE RECEIVED																			

B. FOR OFFICIAL USE BY POLICE STATION WHERE APPLICATION IS RECEIVED			
1	Province		
2	Area		
3	Police station		
4	Component code		
5	Firearm applications register reference number	SAPS 86	NO
			YEAR

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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
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E. PARTICULARS OF APPLICANT

NATURAL PERSON'S DETAILS

Type of identification (Indicate with an X)

[illegible]

Marital status (Indicate with an X)

24	Single	Married	Divorced	Widow	Widower	
	Other (specify)					

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

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																				

JURISTIC PERSON'S DETAILS

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

Responsible person (full name and surname)																									
Type of identification (Indicate with an X)						SA citizen					Non-SA citizen with permanent residence*														
Identity number of responsible person												-					-								
Passport number of responsible person																									
Cellphone number																									
Physical address																									
																				43 Postal Code					
Postal address																									
																				45 Postal Code					

Type of competency certificate (if applicable)																				
Date of issue					-			-		⁴⁸ Expiry date						-		-		

NATURAL PERSON'S DETAILS	
1	NAME
2	DATE OF BIRTH
3	PLACE OF BIRTH
4	CITIZENSHIP
5	RESIDENTIAL ADDRESS
6	PROFESSION
7	EDUCATION
8	RELIGION
9	POLITICAL AFFILIATION
10	CRIMINAL RECORD
11	FINANCIAL RECORD
12	RECORD OF TRAVEL
13	RECORD OF EMPLOYMENT
14	RECORD OF EDUCATION
15	RECORD OF RESIDENCE
16	RECORD OF MARRIAGE
17	RECORD OF DEATH
18	RECORD OF BIRTH
19	RECORD OF CITIZENSHIP
20	RECORD OF RESIDENCE
21	RECORD OF MARRIAGE
22	RECORD OF DEATH
23	RECORD OF BIRTH
24	RECORD OF CITIZENSHIP
25	RECORD OF RESIDENCE
26	RECORD OF MARRIAGE
27	RECORD OF DEATH
28	RECORD OF BIRTH
29	RECORD OF CITIZENSHIP
30	RECORD OF RESIDENCE
31	RECORD OF MARRIAGE
32	RECORD OF DEATH
33	RECORD OF BIRTH
34	RECORD OF CITIZENSHIP
35	RECORD OF RESIDENCE
36	RECORD OF MARRIAGE
37	RECORD OF DEATH
38	RECORD OF BIRTH
39	RECORD OF CITIZENSHIP
40	RECORD OF RESIDENCE
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42	RECORD OF DEATH
43	RECORD OF BIRTH
44	RECORD OF CITIZENSHIP
45	RECORD OF RESIDENCE
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82	RECORD OF DEATH
83	RECORD OF BIRTH
84	RECORD OF CITIZENSHIP
85	RECORD OF RESIDENCE
86	RECORD OF MARRIAGE
87	RECORD OF DEATH
88	RECORD OF BIRTH
89	RECORD OF CITIZENSHIP
90	RECORD OF RESIDENCE
91	RECORD OF MARRIAGE
92	RECORD OF DEATH
93	RECORD OF BIRTH
94	RECORD OF CITIZENSHIP
95	RECORD OF RESIDENCE
96	RECORD OF MARRIAGE
97	RECORD OF DEATH
98	RECORD OF BIRTH
99	RECORD OF CITIZENSHIP
100	RECORD OF RESIDENCE

Surname											³ Initials						
Full names																	
Identity number of natural person								-					-			-	
Passport number of natural person																	
Residential address																	
											⁸ Postal Code						
Postal address																	
											¹⁰ Postal Code						
Telephone number	^{11.1} Home	()				^{11.2} Work	()										
Cellphone number						¹² Fax	()										
E-Mail address																	

Registered company name																											
Trading as name																											
FAR number																											
Company registration or CC number																											
Postal address																											
																					20	Postal Code					

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

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										

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

Date on which the import/export will take place

Date

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

Period for which permit is required

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

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

TO

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

10	Transport route	

I.	DETAILS OF FIREARMS
----	----------------------------

1	1.1	Type	1.2	Action	1.3	Calibre	1.4	Model	1.5	Make	1.6	Frame or receiver serial number	1.7	Barrel serial number

2	DETAILS OF AMMUNITION
---	------------------------------

2.1	2.1.1	Type	2.1.2	Quantity

2.2	2.2.1	Type	2.2.2	Quantity

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.

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

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)

1
Right index fingerprint of applicant

2 Fingerprint designation

4

3 Date -

Name of applicant in block letters

5 Place

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

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

7810111214

13

15

16

Persal number of police official (if applicable)

M.

123457

6

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

5 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
RECOMMENDATION REGARDING THE APPLICATION

Recommended

Not recommended

2 Motivation regarding the application

4 Date

3 Name of Designated Firearms Officer/Station Commissioner in block letters

6 Place

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

7 Signature of Designated Firearms Officer/Station Commissioner

8 Persal number of Designated Firearms Officer/Station Commissioner