

# Getting my rifle into South Africa

**Documents must reach us 25 DAYS before arrival.**

## FOR TEMPORARY PRE-ISSUED IMPORT / EXPORT FIREARM PERMITS

TO APPLY FOR A PRE-ISSUED PERMIT WE NEED THE FOLLOWING DOCUMENTS:

1. COPY OF PASSPORT
2. COPY OF INVITATION LETTER
3. COPY OF RETURN TICKET (itinerary)
4. PROOF OF OWNERSHIP FOR FIREARM (US CUSTOMS FORM 4457)
5. SAPS 520

- The police request the **original** document (SAPS 520)
- Please use Black Ink
- Date must be - Year - Month - Day

THE NEXT PAGES OF THE SAPS 520 FORM MUST BE FILLED IN:



- PAGE 2 – D; E; 1-25.4 (D – 1 UP TO 25.4)
- PAGE 4 – G; 1-9.2 (G – 1 UP TO 9.2)
- PAGE 5 – I; 1-2
- PAGE 6 – J; 4-4.4 – J; 1-4 (SIGNATURE MUST BE ON I; 4.3 – J; 3)

## Attached to this document is the US COSTOMS FORM 4457, SAPA 520 and INVITATION LETTER

**Important!** All firearms must be declared with US Customs before leaving the States. Get this done well before you leave. The location of the nearest Customs office can usually be found in the blue pages of your telephone guide. Many Customs offices are lightly staffed and there are not always agents on hand. Call ahead for an appointment. This does not register your firearms in anyway, as you will receive the only record of listing; it's **called a 4457 custom deceleration form**. **Do not lose this record!** Without it, you will not be able to bring back your rifles into the US. Keeping it with your passport should prevent it from being misplaced.

On entering South Africa, you should also fill out an import firearm permit, with the serial numbers, model and calibers of your firearms. Having this information handy, will prevent you having to open your rifle cases at this time. Your firearms must be presented to a Customs official and the serial numbers you registered will be checked. Your firearm permit must be stamped and retained by you until your departure. Put it with your passport to prevent loss. **Your firearm permit will be dated as valid only until your departure date. Be certain you do not put down a date prior to your actual departure.** You will also have to supply an in-country address to Immigration officials when arriving. Have this information handy. It is sometimes not enough to say you are going hunting in the bush at such and such a camp.

You will use your Safari Company's home address, **PO Box 45, Maasstroom, Limpopo Province, 0623, South Africa**

<b>DEPARTMENT OF HOMELAND SECURITY</b> <b>U.S. Customs and Border Protection</b>  <b>CERTIFICATE OF REGISTRATION</b> <b>FOR PERSONAL EFFECTS TAKEN ABROAD</b>  19 CFR 148.1		Number
Name of Owner		Address of Owner
Description of Articles		
<i>I certify that the information shown hereon is true and correct to the best of my knowledge and belief.</i>		Signature of Owner
Port	Date	Signature of CBP Official
 <i>Certifying officer shall draw lines through all unused spaces with ink.</i> 		

**Paperwork Reduction Act Notice:** The Paperwork Reduction Act requires that we advise you of the purpose of this form and how the information will be used. The form is provided for your use, strictly at your option, in lieu of or in addition to bills of sale, appraisals, and/or repair receipts to show the CBP officer proof of prior possession of the article(s) in the U.S. The completion of this form by you is strictly voluntary. U.S. Customs and Border Protection does not maintain copies of the completed forms.

**Statement Required by 5 CFR 1320.21:** The estimated average burden associated with this collection of information is 3 minutes per respondent or record keeper depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the U.S. Customs and Border Protection, Information Services Branch, Washington, DC 20229, and to the Office of Management and Budget, Paperwork Reduction Project (1651-0010), Washington, DC 20503.

## INSTRUCTIONS

1. Complete the **Original** only.
2. **Prior to Departure**, present the described articles and the completed form to a CBP Officer for comparison and signing of the form.
3. The signed form is to be returned to the applicant and must be shown to CBP each time the registered article(s) are returned.
4. **This certificate is not transferable.**
5. **Note:** Foreign repairs or alterations to articles (whether or not the articles are registered with CBP) are dutiable. Such repairs or alterations must be declared to Customs when the articles reenter the United States, whether or not they were done free of charge.

**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)

<b>OFFICIAL DATE STAMP</b>	<b>A. FOR OFFICIAL USE BY THE POLICE STATION WHERE THE APPLICATION IS CAPTURED</b>									
	<sup>1</sup> Application reference No									
<b>DATE RECEIVED</b>										

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	<input type="checkbox"/>	2 Import permit	<input type="checkbox"/>	3 Export permit	<input type="checkbox"/>	4 In-transit permit	<input type="checkbox"/>	5 Temporary import or export permit	<input type="checkbox"/>
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**E. PARTICULARS OF APPLICANT****1 NATURAL PERSON'S DETAILS****2 Type of identification** (Indicate with an X)

2.1 SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>												
3 Identity number of natural person	<input type="text"/>	<input type="text"/>	<input type="text"/>												
4 Passport number of natural person	<input type="text"/>	<input type="text"/>	<input type="text"/>												
5 Surname	<input type="text"/>										6 Initials	<input type="text"/>	<input type="text"/>	<input type="text"/>	
7 Full names	<input type="text"/>														
8 Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
11 Residential address	<input type="text"/>														
	<input type="text"/>										12 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	
13 Postal address	<input type="text"/>														
	<input type="text"/>										14 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	
15 Trade or profession	<input type="text"/>										16 If self-employed, specify	<input type="text"/>			
17 Name of employer/company	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
18 Business address	<input type="text"/>														
	<input type="text"/>										19 Postal Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	
20 Telephone number	20.1 Home	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	20.2 Work	<input type="text"/>	<input type="text"/>	<input type="text"/>	
20.3 Cellphone number	<input type="text"/>										21 Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	
22 E-mail address	<input type="text"/>														

**23 Marital status** (Indicate with an X)

Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow	<input type="checkbox"/>	Widower	<input type="checkbox"/>
Other (specify)	<input type="text"/>	<input type="text"/>							

**25 PARTICULARS OF APPLICANT'S SPOUSE/PARTNER** (If applicable)**25.1 Type of identification** (Indicate with an X)

25.1.1 SA ID	<input type="checkbox"/>	Passport	<input type="checkbox"/>
25.2 Identity number of spouse/partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
25.3 Passport number of spouse/partner	<input type="text"/>	<input type="text"/>	<input type="text"/>
25.4 Full Name and Surname	<input type="text"/>		

**26 JURISTIC PERSON'S DETAILS**

27 Registered company name	<input type="text"/>													
28 Trading as name	<input type="text"/>													
29 FAR number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
30 Postal address	<input type="text"/>													

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																			
										Postal Code									
Postal address																			
										Postal Code									

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

Surname													<sup>3</sup> Initials					
Full names																		
Identity number of natural person								-						-			-	
Passport number of natural person																		
Residential address																		
												<sup>8</sup> Postal Code						
Postal address																		
												<sup>10</sup> Postal Code						
Telephone number	<sup>11.1</sup> Home		(      )				<sup>11.2</sup> Work		(      )									
Cellphone number							<sup>12</sup> 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															

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						-				-				
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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						-				-				
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**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					-			-		
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TO

Date					-			-		
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10

Transport route	

1

I. DETAILS OF FIREARMS						
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
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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**


Name of person currently in possession in block letters

4.2

Date						-							
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4.3  
Signature of person currently in possession

4.4

Place												
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**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						-							
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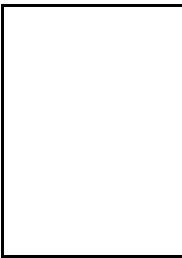
3  
Signature of applicant

4

Place												
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**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												
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**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					

7813

15

16

Persal number of police official (if applicable)

## 1

234Comments of parent/guardian567Page 7 of 8

**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		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**

1	RECOMMENDATION REGARDING THE APPLICATION													
	Recommended							Not recommended						
2	Motivation regarding the application	<div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px dotted black; margin-bottom: 2px;"></div>												
3														
	Name of Designated Firearms Officer/Station Commissioner in block letters													
4	4													
	5													
5														
	Rank of Designated Firearms Officer/Station Commissioner in block letters													
6	6													
	7													
7														
	Signature of Designated Firearms Officer/Station Commissioner .....													
8	8													
	9													
	Persal number of Designated Firearms Officer/Station Commissioner													

## Invitation Letter



### Outfitter Information:

#### ***Sediba Nkwe Hunting Safaris***

Mailing Address: Posbus 45 Maasstroom RSA 0623

Physical Address: Farm Donkerwater

Sediba Nkwe Game Lodge

Maasstroom, Limpopo Province, Republic of South Africa

Telephone: (+27) 82 954 1623

Limpopo Province Licensed Outfitter and PH Mr. A. P. Vorster

Date: \_\_\_\_\_

To whom it may concern:

This serves to confirm that:

Name: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Will be hunting with Sediba Nkwe Hunting Safaris from the period \_\_\_\_\_ to \_\_\_\_\_  
at the Limpopo Province of South Africa, for plains game animals.

In order to conduct this hunt Mr/Ms. \_\_\_\_\_

☐ Bow Hunter ☐ Gun Hunter

Will require a Bow or the following arms and correct ammunition:

(Not applicable to Bow hunter)

Type: Rifle, Shotgun, Handgun	Make	Serial nr.	Number of rounds
1.			
2.			
3.			
4.			
5.			

We request that you assist our Clients to obtain his temporary firearm importation permits and if any further information is required please contact me at the numbers on this letterhead.

Sincerely

**Sediba Nkwe Hunting Safari's**