

BOSVELD WAPEN EN AMMUNISIE VERENIGING

Geakkrediteer in terme van
Wet 60 van 2000 as 'n
Versamelaarsvereniging -
Reg No: 1300054
Jagtersvereniging – Reg No. 1300105
Geaffiliëer by NAACCSA



POSBUS 109
NABOOMSPRUIT, 0560
TEL: (014) 743 1171
FAKS: (014) 743 2957
Webtuiste: www.bwav.co.za
E-Pos: bosveldwapenenammunisie@gmail.com

(STUUR ASB TERUG AAN DIE SEKRETARIS TESAME MET 'N AFSKRIF VAN EERSTE BLAD VAN U ID BOEKIE)
(KINDLY RETURN TO THE SECRETARY TOGETHER WITH A COPY OF FIRST PAGE OF YOUR ID BOOK)

BWAV Lidmaatskap aansoekvorm BWAA Application for membership

A. BESONDERHEDE VAN APPLIKANT / PARTICULARS OF APPLICANT:

VOLLE NAAM / FULL NAME: _____

VAN / SURNAME: _____ NOEMNAAM / NICKNAME: _____

ID NOMMER / ID NUMBER: _____

HUWELIKSTATUS / MARITAL STATUS: _____

EGGENOOT SE ID NR / ID NUMBER OF SPOUSE: _____

BEROEP / OCCUPATION: _____

WOONADRES / RESIDENTIAL ADDRESS: _____

POSADRES / POSTAL ADDRESS: _____

TEL NR (H): _____ (W): _____

(CELL): _____ FAKS NR / FAX NO: _____

E-POS / E-MAIL: _____

BELANGSTELLINGSVELD (E) / FIELD(S) OF INTEREST:

MERK ASB ALLE TOEPASLIKE VELDE / PLEASE MARK ALL APPLICABLE FIELDS:

_____ FORMELE SKYFSKIET / FORMAL TARGET SHOOTING

_____ JAG / HUNTING

_____ VERSAMEL / COLLECTING

_____ MILLET&RE WAPENS / MILITARY ARMS

_____ GEWERE / RIFLES

_____ HAELGEWERE / SHOTGUNS

_____ HERLAAI / RELOADING

_____ SWARTKRUID / BLACK POWDER

_____ SPORTSKIET / SPORT SHOOTING

_____ HANDWAPENS / HANDGUNS

ANDER / OTHER: _____

VOORGESTEL DEUR / PROPOSED BY: _____ LID NR: _____

(Indien van toepassing / if applicable)

REDES VIR AANSOEK / REASONS FOR YOUR APPLICATIONS:

B. VERKLARING / AFFIDAVIT:

Is u al ooit skuldig bevind aan enige misdryf / misdrewe, waarby 'n wapen betrokke was of enige ander misdryf / misdrewe ten opsigte waarvan u vingerafdrukke geneem is? Indien wel, verstrek volle besonderhede oor elke misdryf, met vermelding van datum en plek.
Have you ever been convicted of any offence / offences relating to a firearm or any other offence / offences as a result of which your fingerprints were taken? If so, furnish full particulars of each offence, stating the date and place.

Het u voorheen enige wapen(s) wat in u besit was, verloor of was enige van u wapen(s) ooit gesteel? Indien wel, meld waar, wanneer en onder watter omstandighede.
Have you previously lost any firearm(s) in your possession or were any of your firearm(s) ever stolen? If so, state where, when and under what circumstances.

Is u al ooit onbevoeg verklaar om 'n wapen te besit? Indien wel, meld of u deur die Hof of Polisie, onbevoeg verklaar is, waar, wanneer en om watter rede.
Have you ever been declared unfit to possess a firearm? If so, state whether by court or Police, when, where and for what reason.

Is enige wapen(s) van u al ooit verbeurd verklaar? Indien wel, meld waar en om watter redes.
Has any firearm(s) in your possession ever been confiscated? If so, state where, when and for what reasons.

Is 'n lisensie(s) om wapen te besit ooit aan u geweier? Indien wel, meld waar en wanneer.
Have you ever been refused a license(s) to possess a firearm? If so, state where and when.

Wanneer en by watter polisiestasie het u u laaste aansoek ingehandig?

At which police station was the last application handed in?

Watter wapen(s) besit u kragtens lisensie(s) of magtiging.

Which firearm(s) do you possess under license(s) or authority?

Type Kaliber Reeksnommer Doel waarvoor wapen gebruik word

Type Caliber Serial number Purpose for which firearm is used

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Watter wapen(s) besit u kragtens op permit (te). (Moet volledig ingevul word)

What firearm(s) do you possess on permit(s)? (Complete in full)

Type Kaliber Reeksnommer Doel waarvoor wapen gebruik word

Type Caliber Serial number Purpose for which firearm is used

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Ontvang u tans enige mediese behandeling vir enige senu- of geestesafwyking?

Are you receiving any medical treatment for nervous or mental deviation at present?

Ja / Yes: _____ Nee / No: _____

Indien "Ja", neem u enige medikasie op voorskrif of andersins (Spesifiseer)?

If "Yes" do you take any prescribed medication or any other medication (Specify)?

Indien nie hierbo gemeld nie, het u gedurende die afgelope 5 (Vyf) Jaar, 'n reeks kalmeer-, sus-, verdowingsmiddels of medikasie om ander redes geneem?

If not mentioned above, have you during the last 5 (Five) Years taken any series of sedative, tranquilizing or narcotic drugs or medication for other reasons?

Is daar enige omstandighede met betrekking tot u gesondheid wat hierdie aansoek kan beïnvloed?

Are there any circumstances with regard to your health which could influence this application?

Ek doen aansoek om lidmaatskap en heg die volgende dokumentasie aan:

I apply for membership submits the following documentation:

1. Getuigskrifte / Testimonials _____

2. 'n Lys van alle vuurwapens in u naam gelisensiëer / a list of firearms licensed in your name:

3. Ander (Spesifiseer) / Other (Specify) _____

Ek verklaar / I declare:

1. Dat alle inligting wat in hierdie vorm verstrek is, waar en juis is.
That the information furnished in this form is true and correct.
2. Ek verklaar dat ek nog nooit skuldig bevind is aan 'n oortreding van die Wet op Wapens en Ammunisie, 1969 of 'n misdaad waarby 'n wapen gebruik is nie, dat ek nie ingevolge Artikel 11 of 12, van die Wet, onbevoeg verklaar is om 'n wapen te besit nie en dat, indien my aansoek om lidmaatskap goedgekeur word, ek my gebonde ag aan die Vereniging se Grondwet en Reëls.
I declare that I have never been convicted of any offence in terms of the Arms and Ammunition Act, 1969 or any offence in which an arm was used, that I have not been declared unfit to possess an arm in terms of Sections 11 or 12, of the Act, and that I will abide by the Constitution and Rules of the Association, should by membership be approved.

L.W. U aandag word gevestig op Artikel 39 (1) (F) van Wet No. 75 van 1969, wat stipuleer dat enige persoon wat willens en wetens enige valse verklaring op hierdie vorm maak skuldig is aan 'n misdryf.

N.B. Your attention is drawn to section 39 (1) (F) of Act No. 75 of 1969, which stipulates that any person who knowingly makes any false statement on this form shall be guilty of an offence.

HANDTEKENING VAN APPLIKANT
SIGNATURE OF APPLICANT

PLEK / PLACE

HANDTEKENING VAN OUER/VOOG
SIGNATURE OF PARENT / GUARDIAN
(Indien minderjarig / In case of a minor)

DATUM / DATE

C. VIR AMPTELIKE GEBRUIK / FOR OFFICIAL USE ONLY:

Verslag oor aansoek om lidmaatskap van die Vergadering.
Report on application for membership of the association.

Aanbeveling / Recommendation:

VOORSITTER
CHAIRMAN

SEKRETARIS
SECRETARY

LID NO TOEGEKEN: _____

DATUM / DATE