



SA JAGGEWEERSKIETVERENIGING HUNTING RIFLE SHOOTING ASSOCIATION

AANSOEK OM AS TOEGEWYDE SPORTPERSOON VERKLAAR TE WORD
APPLICATION TO BE DECLARED A DEDICATED SPORT PERSON
VWR/FAR NO: 1300039

Application for endorsement of licensing of firearm applicable for use in SAHRSA

As an accredited sport shooting association, SAHRSA may issue endorsements in support of licensing applications with SAPS for members of SAHRSA.

Members have to comply to the following conditions

1. Paid up member of SAHRSA
2. Comply with the Constitution, Rules of SAHRSA and code of conduct.
3. Complete a supporting document motivating the application for endorsement
4. Application must be for a firearm applicable for shooting in the SAHRSA events
5. Pay the set application fee of R150 per application.

Application process:

- Members must complete a signed application form Annexure A
- consent form as stipulated by the POPIA Annexure B
- send completed forms, copy of ID document and proof of payment to the following
e-mail: chairman@sahuntingrifle.co.za

Note : Endorcements require a commissioner of oath declaration by the enforcer and may take up to 14 days to complete but not limited to.

Application Fee	R 150.00
Bank details	
Acc Name	SA Hunting Rifle Shooting Association
Banking Institution	ABSA
Account No:	405-332-9776
Branch	
Account Type	Current
Payment Reference	Membership Number + "Endorsement"



SA JAGGEWEERSKIETVERENIGING HUNTING RIFLE SHOOTING ASSOCIATION

Application for Endorsement
Aansoek vir Endorsement

SAHRSA Member Number		SAHRSA Dedicated Sports Person Number	Date
			YYYY/MM/DD
Initials			
Surname		First Name	ID Number
Physical Address			
Firearm detail (Calibre, Make, Ser Nr)			
Competitions participated in during past 24 Months			
Competition 1	Competition 2	Competition 3	
Competition 4	Competition 5	Competition 6	
Competition 7	Competition 8	Competition 9	
Competition 10	Competition 12	Competition 12	
List Provincial & National Colours and Awards received			
Colour/Award & Year awarded 1	Colour/Award & Year awarded 2	Colour/Award & Year awarded 3	
Colour/Award & Year awarded 4	Colour/Award & Year awarded 5	Colour/Award & Year awarded 6	
Email completed form to		chairperson@sahuntingrifle.co.za	

Declaration

I herewith apply for endorsement for applicable firearms. I am a paid-up member of the SAHRSA and supplied all my details to the best of my knowledge to the Association. I acknowledge that a false declaration in respect of my request and supporting documentation could influence my status in future.

.....
SIGNATURE

.....
DATE

ANNEXURE B: POPI NOTICE AND CONSENT FORM

POPI NOTICE AND CONSENT FORM

We understand that your personal information is important to you and that you may be disclosing such information. We are committed to safeguarding and processing your information in a lawful manner.

We are obligated to ensure that you understand the purpose of processing your personal information. Should you be of the opinion that your information is not processed in line with good practice in terms of the POPIA, or that information is being used for a purpose other than that for what it was originally intended, you can contact our Information Officer.

You can request access to information in our possession that pertains to you or in the event that you believe your information is outdated.

Our Information Officer's Contact Details	
Name	Conrad Walter de Does
Contact Number	084 9022000
Email Address:	secretary@sahuntingrifle.co.za

Purpose for Processing your Information

We collect, hold, use and disclose your personal information mainly to provide you with access to the services and/or products that we provide. We will only process your information for a purpose you would reasonably expect, including:

- Providing you with advice, products and services that suit your needs as requested
- To confirm, verify and update your details
- To comply with any legal and regulatory requirements

Information in our possession may include, your first and last name, email address, a home, postal or other physical address, other contact information, your title, birth date, gender, residency status, banking details and other related information.

Consent to Disclose and Share your Information

We may need to share your information to provide services and related support you have requested or require.

In the event that we are required to share your information, we will take all precautions to ensure that the third party will treat your information with the same level of protection as required by us in terms of the Act. Your information may be hosted on servers managed by a third-party service provider, which may be located outside of South Africa.

I hereby authorize and consent to the organization sharing my personal information with the following persons:
SAHRSA Club/District/Provincial management for membership registers Annual Membership declarations to SASSCO and Sports Councils SAPD declarations regarding membership status and membership type
Name & Surname
Signature
Date

FOR OFFICE USE ONLY

Approved/Declined:	Yes No	Expiry date of Membership
Reason		
Dedicated Sport Person No		
Signature:		
Designation		
Date		

A