



# ALIS (ARMS LICENSE ISSUANCE SYSTEM)

## FORM A-2

For Companies or Legal Entities Form of Applications for an Arms Licence in Form II, III, V

### FRESH ARMS LICENSE APPLYING FORMAT

**ALL THE PARTICULARS ARE TO BE FILLED UP BY CAPITAL LETTERS ONLY  
INCOMPLETE DATA MAY NOT BE RECEIVED BY THIS OFFICE**

#### IDENTITY OF APPLICANT

|  |   |
|--|---|
| <b>Name of the applicant company or legal entity:</b>  |   |
| <b>Name of the applicant branch or representative office of the company or legal entity:</b>   |   |
| <b>Constitution of the applicant company or legal entity (see note 1 below): please tick inside the box <input type="checkbox"/></b>                               | (1) College/School <input type="checkbox"/> (2) Nationalized Bank <input type="checkbox"/> (3) Insurance Company <input type="checkbox"/> (4) University <input type="checkbox"/><br>(5) Public Limited Company <input type="checkbox"/> (6) Government Sector PSU <input type="checkbox"/> (7) Security Organization <input type="checkbox"/><br>(8) Religious Trust/Body <input type="checkbox"/> (9) Others <input type="checkbox"/> |
| <b>Designation of the responsible person who will sign on behalf of the applicant company or legal entity: please tick inside the box <input type="checkbox"/></b> | (1) Bank Manager <input type="checkbox"/> (2) Director <input type="checkbox"/> (3) Principal <input type="checkbox"/>  |
| <b>Name of the responsible person signing the application:</b>   |   |
| <b>Registered Telephone Number (Office):</b>   |   |
| <b>Mobile Number of the responsible person:</b>  |   |
| <b>Responsible person E-mail:</b>  |   |
| <b>Branch Office Telephone Number (Office/Residence):</b>  |   |
| <b>Branch Office Mobile Number:</b>  |   |
| <b>Branch Office E-mail:</b>   |   |

Paste your  
passport size  
photograph here

Signature of applicant





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**ADDITIONAL DETAILS**

|  |                                 |
|--|---------------------------------|
| <b>Whether the applicant has been convicted:-</b>  |                                 |
| <i>Offence:</i>  |                                 |
| <i>Sentence:</i>   | <i>Date of sentence:</i>        |
| <b>Whether the applicant has been – prohibited under the Arms Act, 1959, or any other Law from having the Arms or Ammunition:-</b>                               |                                 |
| <i>Date:</i>   | <i>Period prohibited from:</i>  |
|  | <i>Period prohibited up to:</i> |
| <b>The applicant applied for a License before – if so, when, to whom and with what result:-</b>  |                                 |
| <i>Date applied for:</i>   | <i>Applied State:</i>           |
| <i>Applied District:</i>   |                                 |
| <i>Name of the Licensing Authority:</i>  |                                 |
| <i>Result (specify):</i>   |                                 |
| <i>Others (specify):</i>   |                                 |
| <b>The applicant's License was ever suspended or cancelled/revoked:-</b>   |                                 |
| <i>State:</i>  |                                 |
| <i>District:</i>   |                                 |
| <i>Name of the Licensing Authority:</i>  |                                 |
| <i>Reasons:</i>  |                                 |
| <b>The applicant has a safe place to keep the Arms and Ammunition and has undergone prescribed training as specified under Rule 10, if yes, details thereof:</b> |                                 |
|  |                                 |

|                               |
|-------------------------------|
|                               |
| <b>Signature of applicant</b> |



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#### **LICENSE SPECIFIC DETAILS**

|   |
|---|
| <b>Need for Licence:</b>                          |
| <b>Weapon category:</b>                           |
| <b>Weapon type:</b>                               |
| <b>Area validity:</b>                             |
| <b>Special consideration:</b>                     |
| <b>Arms &amp; ammunition details:</b>             |
| <b>Application acceptance remarks (official):</b> |

|                               |
|-------------------------------|
|                               |
| <b>Signature of applicant</b> |