

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

ARMS LICENSE UPTO DATE RENEWAL 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

Name of the applicant company or legal entity:																									
Name of the applicant branch or representative office of the company or legal entity:																									
Constitution of the applicant conentity (see note 1 below): please box	(5)	Pub	olic L	imit	ed C	ompa			(6)									口 rity O		ersity	, []			
Designation of the responsible p sign on behalf of the applicant c entity: please tick inside the	ompany	ho wil 7 or leş	ll gal	(1)) Bar	nk M	anag	er		(2)	Dire	ctor		(3)) Prir	ncipa	1								
Name of the responsible person application:																									
Registered Telephone Number (
Mobile Number of the responsib																									
Responsible person E-mail:																									
Branch Office Mobile Number:																									
Branch Office Telephone Numb (Office/Residence:	er																								
Branch Office E-mail:																									
Paste your passport size photograph here																									
										Sign	nati	ure	οf	anr	lic	ant			 						



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ADDRESS DETAILS

Signature of applicant	



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ADDITIONAL DETAILS

Whether the applicant ha	as be	en c	onvi	icte	d:-																				
Offence:																									
Sentence:													L	ate	e oj	se	nte	псе	?:						
Whether the applicant ha	as be	en –	- pro	hib	ited	lun	der the	Arı	ms A	ct,	1959	9, 01	or any other Law from having the Arms or												
Ammunition:-																									
Date:							d fron										hib	ite	$d u_{j}$	p te	o:				
The applicant applied for	r a L	icen	se b	efor						m a	nd v	with	wh	at r	esul	t:-									
Date applied for:																									
Applied District:																									
Name of the Licensia	ng A	Aut	hor	ity	:															•					
Result (specify):																									
Others (specify):																									
The applicant's License was ever suspended or cancelled/revoked:-																									
State:																									
District:																									
Name of the Licensi	ng I	Aut	hor	ity	:															•					
Reasons:																									
The applicant has a safe p	place	e to l	keep	the	e Ar	ms	and Ar	nmı	ıniti	on a	nd l	has	und	ergo	ne	pres	cril	oed 1	trai	nin	g as	spec	ified	I	
under Rule 10, if yes, deta	ails t	here	eof:																						
													Sig	na	tur	e of	ap	pli	can	t					



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LICENSE SPECIFIC DETAILS

License Number:	License Number:																							
License Number L	ocal:																							
License issue date:										License valid from date:														
License valid from date:										Are	a vali	dity:												
Lia State:																								
Lia District:																								
Name of the Licen	sing a	autho	rity:																					
Please mention the details of weapon already endorsed on above License																								
Weapon Number:										Wea	apon	categ	gory:											
Weapon type:										Wea	apon	mak	e:											
Weapon bore:																								
Application acceptance remarks (official):																								
														Sign	atui	e of	app	lica	nt					