

FORM 1
APPLICATION FOR PERMIT TO ACQUIRE FIREARM
(reg. 6(1))
REPUBLIC OF BOTSWANA
ARMS AND AMMUNITION ACT
(Cap. 24:01)

1. SurnameID Number.....
2. Other Names
3. Address :
Residential.....
Postal.....
4. Age 5.Nationality
6. Occupation
7. Other personal information where appropriate:
Employer's name and address
-
Village Ward
- Headman District
- Town Street
- Plot No. Residence Permit No.
8. Arms for which permit is required:
Type Calibre
- Maker's name and identification number (if known).....
- Registration Certificate Number (if already registered)
9. Reasons for requiring arms (if for stock protection, state number of stock, ranches and boreholes owned).
.....
.....
10. Name and address of person/dealer from whom it is intended to acquire the arms.
.....
11. Arms possessed at date of application:

| <i>Arms Certificate No.</i> | <i>Type</i> | <i>Calibre</i> | <i>Identification No.</i> |
|-----------------------------|-------------|----------------|---------------------------|
| | | | |
12. I hereby apply for a permit to acquire the arms specified in paragraph 8 and I declare that the statements made above are true and complete in all respects.
Date

Signature or Right Thumb Print

Place

NOTE: The applicant should forward this form when completed to the Licensing Officer for the District in which he resides for onward transmission to the Central Arms Registry.

Notes by Licensing Officer:

The application is recommended/not recommended (state reasons where necessary)

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.....

Date Stamp:

.....

Signature of Licensing Officer

NOTE: A separate complete application form is required in respect of each arm which it is desired to acquire. The Licensing Officer will forward the completed application form to the Officer-in-charge, Central Arms Registry, P.O. Box 344, Gaborone.

For use by Central Arms Registry only.

Permit No

Date