

SECOND SCHEDULE

KINGDOM OF LESOTHO

**APPLICATION FOR THE GRANT OF A FIREARM CERTIFICATE UNDER
SECTION 4(1) OF THE INTERNAL SECURITY (ARMS & AMMUNITION)
ACT, 1966**

1. Full name of applicant
2. Address
3. Age Sex
4. Occupation
5. Description of firearms and ammunition for which this application is made

**Type and quantity
of ammunition that
may be held or
purchased at any
one time**

FIREARM

A	Type	
	Calibre	
	Every name inscribed on the arm	
	
	Serial No. of arm	
B	Type	
	Calibre	
	Every name inscribed on the arm	
	
	Serial No. of arm	
C	Type	
	Calibre	
	Every name inscribed on the arm	
	
	Serial No. of arm	
D	Type	
	Calibre	
	Every name inscribed on the arm	
	
	Serial No. of arm	

This certificate is valid for one year from the date of this certificate unless earlier cancelled or revoked.
The conditions of this certificate are:-

6. Name and address of person or firm from whom you intend obtaining each firearm and ammunition
7. Proposed date of purchase
8. Reason for requiring firearm
9. Have you ever been convicted of an offence under any firearm law in any country?
If so, give details
10. Have you ever been declared unfit to possess a firearm in any country?
If so, give details
11. Have you ever had a licence to possess a firearm cancelled in any country?
If so, give details
12. Has any previous application by you been refused in any country?
If so, give details
13. What other firearms and ammunition you have in your possession?
Give details and certificate numbers
14. I apply for the grant of a firearm certificate in respect of the firearm and ammunition specified above.

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Signature of Applicant

Date

NOTE

If any person makes any statement which he knows to be false for the purpose of procuring