

SPECIMAN

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

FIREARM	Type and quantity of ammunition that may be held or purchased at any one time
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 have you in your possession? Give details and certificate numbers _____
14. I apply for the grant to me of a firearm certificate in respect of the firearm and ammunition specified above.

Date _____

Signature of Applicant _____

NOTE