

NAMIBIAN POLICE

APPLICATION FOR A LICENCE TO POSSESS AN ARM

(Arms and Ammunition Act, Act 7 of 1996)

A SEPARATE FORM MUST BE COMPLETED FOR EACH ARM (Complete in Block Letters)

Licence gr	anted
	Official Use
Station	
Ref. No.	

Licence refused

C.A.R. Use

Registration Number

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A. DESCRIPTION OF ARM (Indicate with x)

1. Type

Pistol	Revolver			bination of a le/Shotgun	Rifle
	Shotgun	Sin	gle	Double	

2. Action

Bolt	Automatic	Semi-Automatic	Cylinder lever	Pump Action

Other (Specify)

- 1. Private Owner:
- a) Surname

Full name(s)

b)	Namibian ID. No.															
				e wee't Nie												
C)	i)	Passport/\ (Only pers			nibic	an Id	entit	y do	cum	ent)						
	ii) Country of origin of passport															
2.	Other bodies															
	Licence Holder's Registration Number			lumber												
(Ind	dica	ite with an	x)				1									
	Со	mpany	Closed Corporation	Partne	ərship	>	Ass	socio	ation		(Club		0.	ther	
	i) Name															

- ii) Postal address
- iii) Business address

CERTIFICATE BY PERSON WHO IS LAWFULLY IN POSSESSION OF THE ARM

I hereby declare that the above mentioned arm is legally in my possession and that I propose to sell or supply same to the applicant and that particulars of the arm are correct and accurate.

Plac	Ce	Signature of licence holder												
Dat	е						0.9.							
C.	PARTICULARS OF APPLICANT													
1.	Private Owner:													
a)	Surname													
	Full name(s)													
b)	i) Namibian ID. No.													
	ii) Passport/Work/Resdence Permit No. (Only persons not in possession of a Namibian Identity document)													
C)	Residential address													
d)	Business address													

Postal address			
Do you reside in a rural or urban area?	Rural	[Urban
Trade or profession			
Telephone No. (home) (Work)			
Type of residence (house, flat, etc.)			
	Do you reside in a rural or urban area? Trade or profession Telephone No. (home)	Do you reside in a rural or urban area? Rural Trade or profession	Postal address Do you reside in a rural or urban area? Rural Trade or profession Telephone No. (home) Type of residence (house, flat, etc.)

2. Other bodies (indicate with x)

	Company	Closed Corporation	Partnership	Association		C	Club		Other			
a)	a) Name											
b)) Licence Holder's Registration No.											
C)) Postal address											
d)	Business addı	ress										
e)	Telephone N	0										
f)	Responsible p	person										

3. Purpose for which arm is required (indicate with x)

a)

Self Defence	Hunting Professional	Collector	Heirloom	Sports
	Replacement disservice arn	· · · ·	Security firm	

c) Other (specify)
c) Fully motivate paragraph 3(a) and/or (b)

d) Where the applicant already possess a similar arm, state the reason why he/she wishes to acquire this arm.

e) If the arm is required solely to enable the applicant to protect the property of his/her employer, is there any reason why the employer, can not purchase the arm and place it at the disposal of the applicant in terms of section 8 of the Arm and Ammunition Act, Act 7 of 1996?

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f) Submit the following documentation where applicable [Indicate with x].

Fingerprints	Copy of Residence	Certificate of Profes-	Certificate of bona-	Certificate of bona-
	Permit	sional Hunter	fide Sportsperson	fide Collector

g) If the arm has been imported, state number and date of import permit (POL 574)

h) What other arm(s) do you possess under licence or authority?

Тур	e	Calibre	Serial Number	Purpose for whic arm(s) is used	ch						
(if yo	if you possess more arms submit particulars on additional documentation) see additional documentation										
D.	OTHER PARTICU	LARS									
a)	Have you ever k relating to an ar	peen convicted of any m?	offence	Yes	No						
	If yes, furnish pa	rticulars of each offend	ce, date of conviction, plac	e and sentence?)						
b)	Have you ever been convicted of an offence whereby Yes No the unlawful possession of an arm was involved?										
	lf yes, furnish pai	rticulars of each offend	ce, date of conviction, plac	e and sentence?)						

C)	Have you ever been convicted of any offence(s) as a result of which fingerprints were taken?	Yes	No
	If yes, furnish particulars of each offence, date of conviction, plac	ce and sentence	?
d)	Have you previously lost any arm(s) in your possession or were any of your arm (s) ever lost/stolen?	Yes	No
	If yes, state where, when and under what circumstances?		
e)	Have ever been declared unfit to possess an arm?	Yes	No
	If yes, state where, when, for what reason and the result of the Un	fitness Board.	
£	Han any arm (a) in your possession over been configerated?	Yes	No
f)	Has any arm (s) in your possession ever been confiscated?	165	
	If yes, state where, when and for what reason.		
g)	Have you ever been refused a licence (s) to possess and arm?	Yes	No
	If yes, state where, when.		
		······	
h)	Are there any applications to posses an arm pending?	Yes	No
	If yes, at which police station was the last application handed in?		
I)	Do you have any criminal cases pending against you?	Yes	No
	If yes, state particulars of the case and name of the police station	investigating the	case.
	·		

E. PARTICULARS OF HEALTH

1.		resently receive c rous or mental de		ment	Yes	No					
	lf yes, do	you take prescrib	ed medication c	r by any other m	eans? (specify)						
		ve you during the drug or medicatio	•		s of sedative-, trar	nquillising-,					
		nentally disabled t therefor?	or receiving		Yes	No					
E	SAFE (Arms a	nd Ammunition A	Act, Act 7 of 1996)							
1.		ossess a prescribe ed by law?	Yes	No							
	b) State what kind of safe or device you possess. (Indicate with x)										
	Safe	Instrument	Other								
	Specify										
	c) Are vou ir	nformed to lock y	our arm in a safe	strongroom							
	device, a	pparatus, instrum	ent or other safe	place, as	Yes	No					
	indicated	l for safekeeping	when such arm is	not under your c	direct control on y	our person?					
		now and understo and 38 of the Ac		of	Yes	No					
		ware of the lega o in terms of Secti			Yes lation 35 (1)?	No					
CAI TIOI	REBY CERTIFY N BE CHARGE N 8 AND 10 (1)	THAT THE INFORI	MATION IS TRUE T CTION 38(1) (f) IF CHAPTER 2 WERE	o the best of N Any informatic	AY KNOWLEDGE A NI HAVE DISCLOS ME AND I UNDERS	ED IS FALSE. SEC-					
Plc	ıce:										
Da	ite:				SIGNATURE OF API	PLICANT					

NB Your attention is drawn to Section 38 (1) of Act 7 of 1996, which stipulates that any person who knowingly makes any false statement on this form shall be guilty of an offence.

G. POLICE REPORT (To be completed by the member in charge at the police station).

- 1. a) I hereby certify that the above-mentioned information as in section "F" is correct.
 - b) I certify that Section 8, 9(2), 12, 38 of the Act and Regulation 35(1), have been explained to the applicant.
 - c) Remarks as to the applicant's past, physical and temperamental fitness, knowledge of arms etc.

2. a) Recommendations(Motivation)

Date	Signature	No.	Rank

3. Comments and recommendation of Station Commander of Police Station (If not recommended, specify fully?

Official Date Stamp			
	Signature	No.	Rank

4. Postal address of Police Station to which licence must be submitted.

The Station Commander Namibian Police

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5. Comments and recommendation by Regional Commander

Official Date Stamp

Regional Commander

Region