

SWORN DECLARATION

FULL NAME	·
IDENTITY NUMBER	
GENDER	
RESIDENTIAL ADDRESS:	
OCCUPATION	:,
FULL WORK ADDRESS	
CELLPHONE NUMBER:	
Hereby declare under oath that I have sold /give my fire-arm to:	
	ID No:
ТҮРЕ	
MAKE	:
CALIBRE	
SERIAL NUMBSER	
LICENCE NUMBER	
I know and understand the content of this declaration. I have no objection in taking the prescribed oath. I consider the prescribed oath to be binding on my conscience.	
Signed	
	Date Date ent has acknowledge that he/she knows and understand the contents of this sworn to/affirmed before me and the deponent's signature was thereon in my
	COMMISSIONER OF OATHS
Name: Address: Force number:	