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Form A – 4

(for companies)

Form of application for renewal of licence(s) granted in Form II, III and V

(See rule 24)

IDENTITY OF THE LICENSEE				
1.	UIN (16 digit)			
2.	Name of the licensee company (See Note 1)			
3.	Constitution of the licensee company			
	P.A.N./C.I.N.			
4.	Name of the responsible person			
5.	Address of the licensee company			
	Telephone No. (Office)			
	Mobile Number of the responsible person			
	E-mail			
	*Nearest Police Station			
	Licence particulars and weapon endorsements			
6.	Licence Number			
7.	Date of expiry		DD/MM/YYYY	
8.	Area Validity			
9.	Total Number of Weapons Endorsed			
10.	Details of Weapons		1	2
(a)	Type (Rifle/Shot gun/Handgun)			3
(b)	Bore			
(c)	Weapon Number			
	Separate list be attached for more than three weapons			
11.	Ammunition allowed		Cartridges	
			Gun Powder/Percussion Caps	
OTHER PARTICULARS OF THE APPLICANT				
12.	Whether the applicant or its office bearers or directors or responsible person since the issuance/last renewal have ever been -			
(a)	Convicted <i>(attach details in a separate sheet, if the answer is in affirmative)</i>	Y	N	<u>If yes, details thereof –</u> Offence Sentence Date of sentence DD/MM/YYYY
(c)	prohibited under the Arms Act, 1959, or any other law from having the arms or ammunition	Y	N	<u>If yes, details thereof –</u> Date DD/MM/YYYY Period for which prohibited
13	Whether -			
(a)	The applicant's licence since the	Y	N	<u>If yes, details thereof –</u>

	issuance or last renewal was ever suspended or cancelled or revoked			Name of the Licensing authority
				Reasons
(b)	The licensee has a safe place to keep the arms and ammunition	Y	N	<u>If yes, details thereof -</u>
(c)	The retainers appointed by the company have undergone training requirements as specified in rule 10 (Whenever made applicable by the Central Government)	Y	N	<u>If yes, details thereof -</u>

Declaration :

I,, the responsible person(named in column 4) of (company name), hereby declare that the above particulars given in the application are true, complete and correct to the best of my knowledge and belief. I understand that in the event of any information being found false or incorrect at any stage, I personally as well as the company are liable to be proceeded against and action taken under the relevant provisions of the Arms Act, 1959, the Arms Rules, 2016, and other central enactments or the law for the time being in force.

Signature with stamp of the responsible person
Signing on behalf of the company

Note :

1. Constitution of the company be mentioned – Private Limited Company; Limited Company; Government undertaking; Co-operative Society; Institute; University; Partnership Firm; Association of persons (AOPs) or any other body under any special act or otherwise etc.

Warning :

Suppression of any factual information or furnishing of any false or wrong information in the Application Form in violation of arms rules will render the applicant company and the responsible person liable for punishment under section 30 of the Arms Act, 1959.