APPLICATION FOR PERSONAL **ARMS LICENSE** Home Department, Government of Puniab Application Type New Gratis Duplicate Transfer Retainership Applicant's recent Photo NPB Pistol Revolver Rifle 2 License Type 3 Weapon Type Do not use Pin or Staple РΒ Shotgun Other 1" x 1" Purpose for which license applied Security Sports Display Applicant's Name Applicant's CNIC Date of Birth (DD/MM/YYYY) Gender Male Female Father's Name Applicant's contact No. Current Mailing Address Tehsil/Town: 10 Muhallah/Street/Locality: District: **Police Station** District 12 Permanent Address 13 Muhallah/Street/Locality: Tehsil/Town: District: **Police Station** District 16 Profession / Occupation Armed Forces Service of Pakistan other (mention below) 16-A In case of Government Servant, please indicate the scale BPS -17 Validity of license Province of punjab All Pakistan (provide reason below in case of All Pakistan) 18 Exemption from fee claimed? Yes No If yes on what grounds? Armed Forces Service of Pakistan (If yes, please attach copies of all license and specify number of licenses here) 19 Do you already possess arm license? No Yes **Weapon Retainer's Information** New Retainer **Existing Retainer** Change of Retainer Retainer's Complete Name Date of Birth (DD/MM/YYYY) Retainer's CNIC Gender -Male Female Retainer's Father Name Permanent Address City / Village Tehsil District Posta//Zip Code 6 I hereby declare that I have never been convicted by any court of law except minor offences or traffic violationd and the above statements is true to the best of my knowledge and, belief that furnishing false information will result in rejection of my application. Applicant's Signature and Date Applicant's Left Thumb Retainer's recent Do not use Pin or Staple 1" x 1" FOR OFFICIAL USE ONLY RECOMMENDATIONS OF THE CAPITAL/CITY/DISTRICT POLICE OFFICER (In case of Government Servant recommendations of the Head of the Department) Certified that the details given above are correct and applicant to the best of my knowledge and belief; i. Neither a fugtive for law or a member of proscribed organization nor suspected to be involved in any anti-state activity ii. Has never been convicted by any court of law except for minor offences or traffic violation b. I recommend/not recommended the insurance of license. Name Verifying Designation Authority Signature & Official Seal & Stamp Date RECOMMENDATION OF THE DEPUTY COMMISSIONER **District Coordination Office** Monthly Quota Application No. Number of Bullets allowed Validity of License Approved Not Approved Name Approving Designation Authority Signature & Official Seal & Stamp Date