## FIRE-ARM CERTIFICATE APPLICATION FORM

## APPLICANT'S PARTICULARS

Surname	Sex				
Christian/Other names (in full)					
National Registration number					
Residential address (in full)					
	Telephone number (home)				
Postal address					
Occupation	Telephone number (business)				
Date of birth Place of birth	Country				
Have you ever suffered from epilepsy or any mental disorder? (If the answer is "Yes", your application should be supported by	YES/No)				
Note.—Where a fire-arm certificate is being applied for by a cor in the space provided below. In addition, the company's (surname, date of birth, etc.) in the spaces above.	npany, the full name of the company must be supplied representative must supply his full personal particulars				
Name of company (if applicable)					
TYPE OF APPLICATION  Tick the appropriate box   below to indicate the type of certificate/permit you are applying for—					
FIRE-ARM CERTIFICATE	Supporting documents required				
(a) If weapon is being purchased from a fire-arms dealer	Advice of intended sale (form F.R. 11) obtainable from the dealer.				
(b) If weapon is being acquired from a private individual	The fire-arm certificate of the present registered owner. If unavailable, a sworn statement giving reasons for its absence.				
(c) If you are a new immigrant and the fire-arm is part of your personal effects	Declaration of Fire-arms/Ammunition (form F.R.21) issued to you by customs on your entry into Zimbabwe.				
(d) If you have imported the fire-arm and you are NOT an immigrant	Permit to Import a Fire-arm (form F.R. 7) which has been completed and signed by a customs officer.				
It is NOT necessary to make a separate application for ammunition. An appropriate allocation of ammunition will be included on your certificate.					
AUTHORITY TO POSSESS ANOTHER PERSON'S FIRE-					
This type of authority will allow you to possess and use a of its present owner. The fire-arm certificate of the owner	fire-arm which continues to be registered in the name must accompany your application.				
PERMIT TO IMPORT A FIRE-ARM AND/OR AMMUNIT	TON				
This type of permit must be obtained BEFORE IMPORT of Trade and Commerce) for an import licence. No support	TATION to support your application (to the Ministry				

## DETAILS OF THE FIRE-ARM/AMMUNITION YOU WISH TO ACQUIRE (for importation, see note below)

Type (pistol, rifle, etc.)		Maker's name	Serial num	(YES/NO)
KIPLE	ZZLR	BRHO	55026	2 10
Where, and in whose custody,	is the fire-arm/ar	mmunition NOW?	C. ILLG	or Standela AVENDE HATZAGE TEL 04 - 790250
Note.—Importations: If your a at this si be confi	pplication is for	a Permit to Import a F details of the fire-arm,	ire-arm and/or Ammu	
Type	······	Calibre	Am	munitionpplicable) (rounds)
Describe the type of secure placabinet, etc.)				
If you already possess a fire-ar	m, list the partic	ulars of each weapon b	elow—	
Type		Calibre	Make	Serial number
-				
				•
	······································			
Note.—If this space is insuffici				
		ANTING TO POSSE		
Is it for self-protection? (YES/N				
If so, why do you believe you	are likely to com	e to harm, and from w	hom?	
Do you live alone? (YES/No)				
Is it to protect livestock or crop				
If so, from what animals do yo				
Is it for hunting? (YES/No)				
What type of game, and on wh				
Give details of your licence or	other authority t	o hunt (issued in terms	of National Parks and	i Wild Life Regulations)
Is it for target-shooting? (YES/N	[0]			
If you are a member of a gun-c				
If you require the fire-arm for a written support of a senior Gov	ny reason other	than those set out above	ve, give details and, wh	nere possible, enclose the
		· ·		

	ny offence (YES/No). If yes, supply details of the offence/s and sentence/s
	DECLARATION OF APPLICANT
I am aware that the making of a that the statements made above are	false statement renders me liable to the penalties prescribed by the Act. I declare true and correct.
Date	Signature
SUPPO	ORTING CERTIFICATE—BY A THIRD PARTY
The certificate of support for this a	pplication (set out below) must be completed as follows:
	or crop/livestock protection, the certificate should be signed by an official of National agement or the administrative officer of your local district council, or an officer of Services or a member of your local intensive conservation area committee.
(b) If required for target-shoot	ing, by an official of the gun-club of which you are a member.
(c) If required for hunting (1) National Parks officer.	by the person on whose land you have been authorized to hunt, or (2) by a senior
(d) If the gun is required for an	ny other purpose, by a holder of a fire-arm certificate other than a relative.
	CERTIFICATE OF SUPPORT
know the applicant to be of sound a fire-arm. I am aware of his/her r fire-arm as has been stated in this a	mind and temperate habits, and consider him/her to be a suitable person to possess eason for requiring the fire-arm, and I can confirm that he/she has a need for the application.
Name (block letters)	Signature
Address	
Telephone number	Occupation/Status/Capacity
	BE COMPLETED AT A POLICE STATION (preferably your local police station)
The applicant has proved his/her id	entity.
	Number
	Rank
Name (block letters)	
STATION DATE-STAMP	
	PLEASE DO NOT SEND ANY FORM OF PAYMENT—UNTIL SPECIFICALLY REQUESTED TO DO SO.

## FOR OFFICIAL USE ONLY: AT THE CENTRAL FIRE-ARMS REGISTRATION OFFICE

		DATE RECEI	VED
Application opened and contents checked by .			
Witnessed and confirmed by			
EX	JOI OSTIPES PECEIVED		
Er	NCLOSURES RECEIVED		
Fire-arm certificate number	Temporary permit number	F.R. 11	
Import permit number Imm	igrant's declaration V	isitor's certificate	
	Agrant 9 decimation		,
Affidavit Letter dated	Other (give details)		
Name and initials Date	e of birth Type of application		.F.R. No.
4		Dealt	with by
Date Referred to	Action/Remarks	Initials	Date
1. Registers	Recorded in register by		
2. Cierical check	Acceptable/Unacceptable		
	Initial rejection number		
3Name-cards	File attached. New/Existing		
4   Gim-cards	Registered/Not registered		
5 Vetting			
6 Assessor	Approved—F.R. 18 attached		•
()	Not approved—referred to		-
7.			
8.			
9.	Paradia P.O. Por		
	Posted to P.O. Box Posted to (residential address)—		
	rosted to (residential address)—		
10. (Assessor)	Value of stamps received: \$		***************************************
,	Certificate numberissued and attached		
11 Supervisor	Checked and found correct		
12 Mail out	Posted to	,	\$164779845 - 0001-120845-12084 - 121885640
,	British and the state of the st		
	Inon Pagistand Inter No.		