

(LICENCE BRANCH)

FORM A - 14

Form of application for a licence in Form XV for firearm free zone

(See rule 46)

1.	Name of the applicant	
2.	Nomenclature Individual/Company/Others	
3.	Date of inception of business	
4.	Nature of business or activity carried out	
4.	Address	
	Telephone	
	Mobile No.	
	E-mail	
5.	Name of the responsible person in case the applicant is a company	
6.	Description of the Area to be declared as Firearm Free Zone <i>(enclose site plan and mark in red the area to be declared as firearm free zone)</i>	
7.	Reasons for applying for the premises to be declared as fire-arm free zone	1. 2. 3.
8.	Number of surveillance staff employed at the premises to be declared as firearm free zone	

Declaration:

I, _____, the proprietor/partner/director/responsible person 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 laws for the time being in force.

Place _____

Date _____

Signature of the applicant