

FORM A -2

(for Bank/companies)

Form of application for an New Arms Licence in Form II, III and V

IDENTITY OF THE APPLICANT		
1.	Name of the applicant company	
2.	Permanent Account Number (P.A.N.)	
3.	Corporate Identification Number (C.I.N.)	
2.	Name of the applicant branch or representative office of the company (if the application is being filed by such branch or representative office)	
3.	Constitution of the applicant company	
4.	Designation of the 'responsible person' who will sign on behalf of the applicant company (duly authorized in writing or by way of a board resolution wherein required)	
	Name of the 'responsible person' signing the application	
5.	Registered Office Address of the company	
	Telephone No. (Office)	
	Mobile Number of the responsible person	
	E-mail	
	*Nearest Police Station	
6.	Address of the branch or representative office by which the application is being filed	
	Telephone (office/residence)	
	Mobile No.	
	E-mail	
	*Nearest Police Station	

*Note - Nearest Police Station means the police station under whose jurisdiction the place given in the address comes

OTHER PARTICULARS OF THE APPLICANT				
7.	Whether the applicant or its office bearers or directors has/have ever been –			
(a)	convicted (attach details in a separate sheet, if the answer is in affirmative)	Y	N	If yes, details thereof — 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	If yes, details thereof — Date DD/MM/YYYY Period for which prohibited
8.	Whether -			
(a)	the applicant applied for a licence before – if so, when, to whom and with what result	Y	N	If yes, details thereof — Date applied for DD/MM/YYYY Name of the licensing authority Result (pl. specify) Approved//Rejected/Pending
(b)	the applicant's licence was ever suspended or cancelled or revoked -	Y	N	If yes, details thereof – Name of the licensing authority Reasons
(c)	any other arms licence already held by the company or where the applicant is a branch or representative office of such company, held by such branch or representative office	Y	N	If yes, details thereof — Name Licence No. Weapons endorsed 1. 2. 3.
(d)	the applicant has a safe place to keep the arms and ammunition	Y	N	If yes, details thereof –
(e)	the retainer or retainers to be employed by the applicant have undergone training as specified in rule 10 (whenever made applicable by the Central Government)			

Particulars of licence being applied for				
9.	Need for licence (see Note 2 below)			
10.	Description of arms for which licence	Category – Restricted / Permissible		
	is being sought	Rifle		
(a)	(Tick any one of the options)	Shot Gun (BL/ML)		
		Hand Gun (Revolver / Pistol)		
		Others		
(b)	Description of ammunition or ingredients of ammunition for which licence is being sought			
11.	Number of firearms which applicant wishes to apply for			

12.	Area within which applicant wishes to	District	
	carry arms	State	
		Throughout India	
13.	Claims for special consideration for		
	obtaining the licence, if any		
	(attach documentary evidence)		
(designation as mentioned in column 3)			

_ (designation as mentioned in column 3)

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I,..... the responsible person..... 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

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.
