

Import Permit

Firearms and Ammunition

Permit Number: _____
Date of Issue: ____/____/____
Expiry Date: ____/____/____

Importer Details

Name: _____
Address: _____

Phone: _____
Email: _____

Consignee Details (if different from Importer)

Name: _____
Address: _____

Phone: _____
Email: _____

Firearms and Ammunition to be Imported

Type	Make/Model	Caliber	Serial Number(s)	Quantity
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Purpose of Import

Conditions of Permit

- This permit is valid only for the importation of the items specified above.
- All importations must comply with national laws and regulations.
- This permit is non-transferable.
- Other conditions: _____

Applicant Signature:

Sign & Date

Issuing Authority:

Name: _____
Title: _____

Sign & Stamp

Note: Attach supporting documents as required by regulation.