



**Department of Home Affairs and Justice / ਗ੍ਰਹਿ ਮਾਮਲੇ ਅਤੇ ਨਿਆਂ ਵਿਭਾਗ**  
**Legacy Data Form (for Company/ Organization including Banks )**

**Service Details / ਸੇਵਾ ਦਾ ਵੇਰਵਾ**

1. License Number*			
2. Category of Licensee*		<input type="checkbox"/> Company <input type="checkbox"/> Bank	
3. Application is applied in form*		<input type="checkbox"/> <b>Form II</b> (Licence for acquisition, possession and use of arms or ammunition of categories III (b), III (c), III (d), III (e), V or VI of Schedule I of Arms Rules, 2016) <input type="checkbox"/> <b>Form III</b> (Licence for the acquisition, possession, carrying and use of arms or ammunition for sport/target practice/protection/display of categories I(b), I(c), III, V, VI of Schedule I of Arms Rules, 2016) <input type="checkbox"/> <b>Form V</b> (Licence for acquisition, possession and use, for the purpose of sport/target practice, of firearms or ammunition)	
4. License UIN Number *			
5. Name of the applicant company * *			
6. Permanent Account Number (P.A.N.) *(Mandatory only in case of company)			
7. Corporate Identification Number (C.I.N.) *(Mandatory only in case of Company)			
8. Constitution of the applicant company *		<input type="checkbox"/> Private limited company <input type="checkbox"/> Limited company <input type="checkbox"/> Government undertaking <input type="checkbox"/> Society <input type="checkbox"/> Co-operative Society <input type="checkbox"/> Institute <input type="checkbox"/> University <input type="checkbox"/> Partnership firm <input type="checkbox"/> Association of firm <input type="checkbox"/> Any other body under any special Act  <input type="checkbox"/> Others(mention constitution of company) .....	
9. Designation of the 'responsible person' who will sign on behalf of the applicant company *			
10. Name of the 'responsible person' signing the application*			
11 Address of the branch or representative office by which the application is being filed **			
22 Telephone (office/residence) *		13 Mobile No. *	
14 Email Id *		15 State *	
16 District *		17 Tehsil *	
18 Nearest Police Station * (For branch or representative office Address)			
<b>Note: Nearest Police Station means the police station under whose jurisdiction the place given in the address comes.</b>			
19. Representative Office Pincode *			



If address of branch or representative office and Registered Office address is same kindly tick in the checkbox <input type="checkbox"/>			
20 Registered Office Address of the company * *			
21 Telephone (office/residence) *		22 Mobile No. *	
23 Email Id *		24 State *	
25 District *		26 Tehsil *	
27 Nearest Police Station* (For Permanent Address)			
28 Registered Office Pin code *			
<b>Other particulars of the Applicant(Company / Organisation )</b>			
29 Whether the applicant or its office bearers or directors has/have ever been convicted *		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- Offence Details*: _____ Sentence Details*: _____ Date of Sentence*: (dd/mm/yyyy) _____	
30. Whether the applicant or its office bearers or directors has/have ever been prohibited under the Arms Act, 1959, or any other law from having the arms or ammunition? *		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- Date*: _____ Period For Which prohibited*: _____	
31. Whether the applicant applied for a license before - if so, when, to whom and with what result? *		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- Date of Application*: _____ Licensing Authority*: _____ Results*: Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Pending <input type="checkbox"/>	
32. Whether the applicant's license was ever suspended or cancelled or revoked? *		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- Licensing Authority *: _____ Reasons*: _____	
33. Whether any other arms license 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? *		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- Name. *: _____ License No. *: _____ Licensing Authority *: _____ Weapon Details*: (Weapon Type, Weapon Bore and Sr. No. of Weapon) 1. _____ 2. _____ 3. _____	
34. Whether the applicant has a safe place to keep the arms and ammunition*		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- _____ _____	



35. Whether the applicant has undergone training as specified in rule 10 (whenever made applicable by the Central Government)? *	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details of training thereof- _____ _____					
<b>Particulars of license being applied for (For Companies)</b>						
36. Need for License *						
37 Description of arms for which license is being sought. *	Please refer notes below for more details:					
<b>Notes:</b> <b>a. Allowed Weapon Category</b> – Permissible or Restricted. (At Sewa Kendra, License for only permissible category allowed) <b>b. Allowed Weapon Type</b> – Rifle (Includes Carbine), Gun, Revolver and Pistol. <b>c. Allowed Weapon Bore</b> - List of weapon type wise allowed bores can be seen at: _____						
<b>SN</b>	<b>Weapon Category</b>	<b>Weapon Type</b>	<b>Weapon Bore</b>	<b>Weapon Sr. No.</b>	<b>PP Valid Upto</b>	<b>Want Renewal</b>
1						<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Area within which applicant wishes to carry arms *				District (of Punjab Only) <input type="checkbox"/> State <input type="checkbox"/> All India <input type="checkbox"/> Names( in case of District and State): _____		
39. Claims for special consideration for obtaining the license, if any*				Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, details thereof- _____ _____		
40. License Validity From*				DD/MM/YYYY		
41. License Valid Upto*				DD/MM/YYYY		

**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 application liable for punishment under section 30 of the Arms Act, 1959.

**ਘੋਸ਼ਣਾ/Declaration:-**

ਮੈਂ ਇਹ ਘੋਸ਼ਣਾ ਕਰਦਾ / ਕਰਦੀ ਹਾਂ ਕਿ ਉਪਰੋਕਤ ਅਤੇ ਨਾਲ ਨੱਥੀ ਦਸਤਾਵੇਜ਼ਾਂ ਵਿੱਚ ਸੂਚਨਾ ਮੇਰੀ ਜਾਣਕਾਰੀ ਅਤੇ ਵਿਸ਼ਵਾਸ ਅਨੁਸਾਰ ਦਰੁਸਤ ਹੈ ਅਤੇ ਇਸ ਵਿੱਚ ਕੁਝ ਵੀ ਛੁਪਾਇਆ ਨਹੀਂ ਗਿਆ ਹੈ | ਮੈਂ ਇਸ ਗੱਲ ਤੋਂ ਚੰਗੀ ਤਰ੍ਹਾਂ ਜਾਣੂ ਹਾਂ ਕਿ ਜੇਕਰ ਮੇਰੇ ਦੁਆਰਾ ਦਿੱਤੀ ਗਈ ਸੂਚਨਾ ਝੂਠੀ ਸਾਬਤ ਹੋਦੀ ਹੈ ਤਾਂ ਮੈਂ ਕਾਨੂੰਨ ਅਨੁਸਾਰ ਸਜ਼ਾ ਦਾ / ਦੀ ਭਾਗੀਦਾਰ ਹੋਵਾਂਗਾ / ਹੋਵਾਂਗੀ ਅਤੇ ਅਜਿਹੀ ਝੂਠੀ ਸੂਚਨਾ ਦੇ ਆਧਾਰ ਤੇ ਮੈਨੂੰ ਮਿਲੇ ਲਾਭ ਸਰਕਾਰੀ ਤੌਰ ਤੇ ਖਤਮ ਹੋ ਜਾਣਗੇ |

I Solemnly declare that the information provided as above and in attached documents is correct as per my belief and no information has been hidden in this. I am aware of the fact that if any of the information provided by me is proved incorrect/wrong then I can be punished in the court of law as per the provisions in the relevant Acts/rules/notifications and depending upon this wrong information, all the benefits provided by government to me shall also be stopped immediately.

ਮਿਤੀ:/Dated:

ਬਿਆਨਕਰਤਾ/Declarant  
Citizen's Signature / Thumb Impression