

**Form 11**  
**APPLICATION FOR REGISTRATION CERTIFICATE**  
(reg. 10(1))  
REPUBLIC OF BOTSWANA  
ARMS AND AMMUNITION ACT  
(Cap. 24:01)

*(To be submitted in duplicate to Licensing Officer)*

1. Surname .....ID/Passport No.....
2. Other names .....
3. Residential Address .....
4. Arms for which Certificate is required:  
Type .....  
Calibre ..... Serial No.....  
Maker's name .....

5. I hereby apply for a Registration Certificate in respect of the arms specified in paragraph 4 above, and I declare that the statements made above are true and complete in all respects.

Date .....

.....  
Signature or Right Thumb Print

6. NOTE:

- (1) A separate completed application form is required in respect of each of the arms for which a Registration Certificate is required.
- (2) If the arms have been purchased or acquired from a person who has already registered the arms, the previous owner's Registration Certificate must be attached to this application.
- (3) The Licensing Officer will forward the completed application form to the Officer-in-charge, Central Arms Registry, Police Headquarters Private Bag 0012, Gaborone.
- (4) Type of arms, state whether rifle, S/B or DB/shotgun, revolver, automatic or semi-automatic pistol, etc.

7. Notes by Licensing Officer:

The application is recommended/not recommended. (State reasons)  
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NOTE:

Applicant has paid the appropriate fee at .....

Fee paid P.....

O.R. No. ....

Date Stamp:

Place issued .....

.....  
Signature of Licensing Officer

- 8. For use by Central Arms Registry only.  
Registration Certificate No. ....  
Date .....