

## FIREARMS RENEWAL (1999 REVISION)

This form is for the application to renew a firearms licence.

**Instructions:** This form must be completed by all applicants in's entirety. Instruction for payment is found on schedule of fees

\*Denotes Required Inputs

### APPLICANT'S DETAILS:

To\*

Full Name:

<input type="text"/> Last Name*	<input type="text"/> First Name*	<input type="text"/> Middle Name*
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<input type="text"/> Date of Birth (DD/MM/YYYY)*	<input type="text"/> Nationality*
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Home Address:

<input type="text"/> Address 1*	<input type="text"/> Address 2*
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<input type="text"/> District / Town*	<input type="text"/> Postal Code*
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 Country\*

Postal Address:

<input type="text"/> P.O. Box	<input type="text"/> District / Town
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<input type="text"/> Postal Code*	<input type="text"/> Country*
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<input type="text"/> Email Address*	<input type="text"/> Telephone Number (H)
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Telephone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Occupation \_\_\_\_\_

**Business / Office Address:**

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

District / Town \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

**Description of the firearm for which the licence is required:**

Make\* \_\_\_\_\_

Type\* \_\_\_\_\_

Calibre\* \_\_\_\_\_

Serial No\* \_\_\_\_\_

My firearms licence no.\* \_\_\_\_\_

Expires on the date\* \_\_\_\_\_

Make \_\_\_\_\_

Type \_\_\_\_\_

Calibre \_\_\_\_\_

Serial No \_\_\_\_\_

My firearms licence no. \_\_\_\_\_

Expires on the date \_\_\_\_\_

It is subject to the following conditions of use: \*

\_\_\_\_\_

I wish to renew this licence and agree to pay the fee of \$:\*

I hereby certify that the above information is correct and that the details of the firearm, reasons for its possession and use, and the circumstance under which this licence was originally granted have not changed since the last application.

\_\_\_\_\_  
Signature of Applicant\*

\_\_\_\_\_  
Dated (DD/MM/YYYY)\*

## PAYMENT INSTRUCTIONS:

Electronic Funds Transfer:

Description	Information/Format
Bank Account	CIG COM POLICE OCP
Bank:	RBC Royal Bank (Cayman) Limited
Account Number (Including Transit): KYD	069751149434
Account Number (Including Transit): USD *USD transaction rate is \$0.82	069752639847
Account Type:	<input type="radio"/> Current <input type="radio"/> Chequing Account
Memo/Reference: Please include - Name of remitting party, Department Name / Application Type	Required format: Description must include the following information in order to be processed:
	<input type="radio"/> Department Name: Registry <input type="radio"/> Employee Name (e.g. John Doe-Firearms License, Traffic Report, etc)