

Change of Information Form



Name of Applicant / Holder:

SURNAME

FIRST NAME

MIDDLE NAME

Tax Registration Number: _____

Kindly tick the box where applicable

☐

Address

☐

Telephone number

☐

Employment Details

☐

Other

I wish to advise the **Firearm Licensing Authority** that:

1. I have relocated to _____

2. I have changed contact number(s) to:

Mobile:(876)_____ Home:(876)_____ Work:(876)_____

3. I am now employed to _____ **located at**

4. Other: _____

Kindly update your records accordingly

Signature: _____

Date: _____/_____/_____
DD MM YYYY

FOR FLA USE ONLY

Name: _____

Signature: _____

Date: _____/_____/_____
DD MM YYYY